

Form **990**
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SCL HEALTH - FRONT RANGE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
500 ELDORADO BLVD SUITE 4300

City or town, state or province, country, and ZIP or foreign postal code
BROOMFIELD, CO 80021

D Employer identification number
84-1103606

E Telephone number
(303) 813-5342

F Name and address of principal officer:
MARK KORTH
500 ELDORADO BLVD SUITE 4300
BROOMFIELD, CO 80021

G Gross receipts \$ 901,204,422

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SCLHEALTH.ORG/LOCATIONS

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1988 **M** State of legal domicile: CO

Part I Summary

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

2 Check this box 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	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5,765
6 Total number of volunteers (estimate if necessary)	6	962
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,988,855
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,019,799	15,772,374
9 Program service revenue (Part VIII, line 2g)	849,748,543	861,915,237
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,591,499	19,424,446
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,289,436	472,089
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	871,649,277	897,584,146
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,036,946	2,389,055
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)	385,007,351	395,960,851
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)	475,575,821	472,961,992
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	862,620,118	871,311,898
19 Revenue less expenses. Subtract line 18 from line 12	9,029,159	26,272,248

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	768,620,979	730,812,650
21 Total liabilities (Part X, line 26)	284,577,830	218,207,805
22 Net assets or fund balances. Subtract line 21 from line 20	484,043,149	512,604,845

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: 2020-11-04

MARK KORTH VICE CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	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

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 752,294,935 including grants of \$ 2,389,055) (Revenue \$ 864,493,427)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 752,294,935

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 []

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

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

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 5,765			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b Yes		
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)? . . .		4a	No	
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? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No	
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?		7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
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?				
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	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		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	Yes	
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	No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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:

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, or 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 dotted 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			
See Additional Data Table										

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, and 1d Total (add lines 1b and 1c).

Table for question 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. Includes questions 3, 4, and 5 regarding compensation reporting.

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.

Table for independent contractors with columns (A) Name and business address, (B) Description of services, and (C) Compensation. Lists contractors like Rocky Mountain Primary Care, CHG Companies Inc, Midtown Inpatient Medicine LLC, etc.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	15,769,592		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,782		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		15,772,374		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT SERVICE REVENUE		622110	860,722,049	858,320,208	2,401,841	
b MEDICAL DIRECTOR FEES		621110	1,193,188	1,193,188		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			861,915,237			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,158,885			12,158,885	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	879,163				
			(ii) Personal					
		b Less: rental expenses	6b		3,346,622			
		c Rental income or (loss)	6c		-2,467,459			
	d Net rental income or (loss)				-2,467,459		-742,986	-1,724,473
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities		7,265,561			
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b			0		
		c Gain or (loss)	7c			7,265,561		
	d Net gain or (loss)				7,265,561			7,265,561
	8a 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							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances	10a		305,012				
10b				273,654				
c Net income or (loss) from sales of inventory					31,358			31,358
11a CATERIA		Business Code						
		722514	2,555,296	2,555,296				
b MED. DIRECTORS' FEES - DAVITA		621110	330,000		330,000			
c VENDING MACHINE INCOME		454210	22,894	22,894				
d All other revenue								
e Total. Add lines 11a-11d			2,908,190					
12 Total revenue. See instructions			897,584,146	862,091,586	1,988,855		17,731,331	

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	2,293,829	2,293,829		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,500	3,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	91,726	91,726		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,284,363	6,067,600	216,763	
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	319,825,218	308,791,579	11,033,639	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,726,602	11,834,124	892,478	
9 Other employee benefits	35,792,300	34,743,166	1,049,134	
10 Payroll taxes	21,332,368	20,628,085	704,283	
11 Fees for services (non-employees):				
a Management				
b Legal	1,952		1,952	
c Accounting				
d Lobbying	11,107		11,107	
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 Schedule O)	77,007,275	71,027,210	5,980,065	
12 Advertising and promotion	4,437,194	1,987,030	2,450,164	
13 Office expenses	2,994,302	2,653,223	341,079	
14 Information technology	48,161,128	6,576,794	41,584,334	
15 Royalties				
16 Occupancy	17,285,944	17,069,351	216,593	
17 Travel	936,559	758,213	178,346	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,168,815	949,177	219,638	
20 Interest	14,067,132	14,067,132		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,294,370	36,294,370		
23 Insurance	5,179,865	5,179,865		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	114,518,557	114,518,557		
b MEDICAL PROVIDER TAXES	49,772,108	49,772,108		
c BILLING & COLLECTION -	19,225,314		19,225,314	
d BAD DEBT	16,924,739	16,924,739		
e All other expenses	64,975,631	30,063,557	34,912,074	
25 Total functional expenses. Add lines 1 through 24e	871,311,898	752,294,935	119,016,963	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	26,595	1	26,625
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	77,478,286	4	65,464,685
	5 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		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	1,377,817	7	633,036
	8 Inventories for sale or use	13,888,679	8	13,506,363
	9 Prepaid expenses and deferred charges	6,647,714	9	7,975,914
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,100,913,780		
	b Less: accumulated depreciation	10b 643,169,745	451,072,140	10c 457,744,035
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	941,040	14	0
	15 Other assets. See Part IV, line 11	217,188,708	15	185,461,992
16 Total assets. Add lines 1 through 15 (must equal line 34)	768,620,979	16	730,812,650	
Liabilities	17 Accounts payable and accrued expenses	61,606,256	17	67,097,515
	18 Grants payable		18	
	19 Deferred revenue	76,156	19	78,417
	20 Tax-exempt bond liabilities	1,601,494	20	0
	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	1,597,388	23	1,095,845
	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	219,696,536	25	149,936,028
	26 Total liabilities. Add lines 17 through 25	284,577,830	26	218,207,805
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	484,043,149	27	512,604,845
	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	484,043,149	32	512,604,845	
33 Total liabilities and net assets/fund balances	768,620,979	33	730,812,650	

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	897,584,146
2	Total expenses (must equal Part IX, column (A), line 25)	2	871,311,898
3	Revenue less expenses. Subtract line 2 from line 1	3	26,272,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	484,043,149
5	Net unrealized gains (losses) on investments	5	1,139
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 in Schedule O)	9	2,288,309
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	512,604,845

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 84-1103606

Name: SCL HEALTH - FRONT RANGE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
LYDIA JUMONVILLE FORMER OFFICER	0.00 50.00						X	0	1,773,465	396,591
JANIE WADE TREASURER	2.00 50.00	X		X				0	1,138,730	247,819
MICHAEL TAYLOR VICE CHAIR 1/1-6/24	2.00 50.00	X		X				0	1,119,054	142,889
BRIAN WITWER MD PHYSICIAN	50.00 0.00					X		1,104,288	0	47,938
BASHEAL AGRAWAL MD PHYSICIAN	50.00 0.00					X		1,075,560	0	44,414
ROBERT REPLOGLE MD PHYSICIAN	50.00 0.00					X		1,054,065	0	47,115
EDWARD MAURIN MD PHYSICIAN	50.00 0.00					X		1,049,887	0	48,220
J GRANT WICKLUND REGIONAL PRESIDENT WESTERN COLORADO & LMC	50.00 0.00			X				0	1,029,656	47,017
MARK KORTH VICE CHAIR 6/24-12/31	2.00 50.00	X		X				0	1,043,905	12,342
ROSLAND MCLEOD FORMER OFFICER	0.00 50.00						X	0	871,238	183,403

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JASON SHOFNOS MD PHYSICIAN	50.00 0.00					X		911,380	0	47,785
JENNIFER ALDERFER PRESIDENT GSMC & SYSTEM TRANSFORM OFCR	50.00 0.00			X				0	652,082	102,816
THOMAS MYDLER MD VP CHIEF MEDICAL OFFICER	50.00 0.00				X			0	492,965	89,028
KAREN SCREMIN FORMER OFFICER	0.00 50.00						X	0	503,958	74,802
THOMAS DONOHOE SECRETARY	2.00 50.00			X				0	439,390	119,222
BETH FORSYTH CHIEF OPERATING OFFICER-GSMC 1/1-2/6	50.00 0.00			X				0	497,605	49,505
STEVEN BROWN MD VP CHIEF MEDICAL OFFICER	50.00 0.00				X			0	489,584	40,254
FOREST BINDER VP FINANCE LMC	50.00 0.00			X				0	435,873	65,149
JAMES DOYLE FORMER OFFICER	0.00 50.00						X	0	434,491	65,371
JOHN HIGGINS VICE PRESIDENT AND CFO EGSMC 1/1-10/10	50.00 0.00			X				0	383,241	60,771

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ANDREA BURCH VP-COO-CNO-LMC	50.00 0.00				X			0	346,507	78,214
SCOTT DAY VP HUMAN RESOURCES LMC	50.00 0.00				X			0	335,221	58,783
GERALDINE TOWNDROW FORMER KEY EMPLOYEE	0.00 50.00						X	0	321,070	13,493
MEGAN DURNING VP STRATEGY & BUSINESS DEVELOPMENT LMC	50.00 0.00				X			0	273,713	33,668
PETER BENKOWSKI VP STRATEGY & BUSINESS DEVELOPMENT GSMC	50.00 0.00				X			0	245,807	57,477
AMY PACEY FORMER KEY EMPLOYEE	0.00 50.00						X	0	226,610	38,414
PATRICIA ELLISOR VP CHIEF NURSING OFFICER GSMC	50.00 0.00				X			0	212,407	50,636
HILDA DALFONSO VP FINANCE GSMC 11/20-12/31	50.00 0.00			X				0	115,994	40,390
CHRISTINE FORKNER MEMBER	1.00 0.00	X						0	0	0
LORI FOX MEMBER 1/1-5/13	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
FAYE HUMMEL RN MEMBER	1.00 0.00	X						0	0	0
MARK ISAKSON MEMBER	1.00 0.00	X						0	0	0
DAVID KINNARD MD MEMBER	1.00 0.00	X						0	0	0
BERRY MORTON MD MEMBER	1.00 0.00	X						0	0	0
MICHAEL SALEM MD MEMBER	1.00 0.00	X						0	0	0
MAREN STEWART MEMBER 1/1-5/13	1.00 0.00	X						0	0	0
BRUCE WARING MD MEMBER	1.00 0.00	X						0	0	0
BARTH WHITHAM CHAIR	2.00 0.00	X		X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SCL HEALTH - FRONT RANGE INC

Employer identification number
84-1103606

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 **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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
	7		
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>		
	8		
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>		
	9a		
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>		
	9b		
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>		
	9c		
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>		
	10a		
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>		
	10b		

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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):	1	
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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 84-1103606

Name: SCL HEALTH - FRONT RANGE INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

OMB No. 1545-0047

2019
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 the organization SCL HEALTH - FRONT RANGE INC	Employer identification number 84-1103606
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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 (grass roots 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.

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?

Yes **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) 2016	(b) 2017	(c) 2018	(d) 2019	(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		11,107
j	Total. Add lines 1c through 1i			11,107
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 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.

Return Reference	Explanation
PART II-B, LINE 1:	SCHEDULE C, PART II-B, QUESTION 1I LOBBYING EXPENDITURES LOBBYING EXPENDITURES INCLUDES THE PORTIONS OF VARIOUS MEMBERSHIP DUES THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH SCL HEALTH - FRONT RANGE, INC. OR ITS ENTITIES ARE MEMBERS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
SCL HEALTH - FRONT RANGE INC

Employer identification number
84-1103606

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 in 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	6,636,208	7,059,069	6,248,061	6,329,102	6,884,823
b Contributions	173,500	189,134		3,500	
c Net investment earnings, gains, and losses	934,761	-191,643	905,286	250,818	98,225
d Grants or scholarships					
e Other expenditures for facilities and programs	28,566	420,352	94,278	335,359	653,946
f Administrative expenses					
g End of year balance	7,715,903	6,636,208	7,059,069	6,248,061	6,329,102

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100.000 %
- c** Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,929,573		23,929,573
b Buildings		606,584,940	305,419,959	301,164,981
c Leasehold improvements		49,718,455	41,812,569	7,905,886
d Equipment		411,369,246	295,937,217	115,432,029
e Other		9,311,566		9,311,566
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				457,744,035

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. (Column (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. (Column (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	155,390,904
(2) OTHER RECEIVABLES	1,751,672
(3) LT ASSETS - ROU ASSETS	28,319,416
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	185,461,992

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	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	149,936,028

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 FIN 48 (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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-1103606

Name: SCL HEALTH - FRONT RANGE INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	<p>THE SCL HEALTH - FRONT RANGE, INC., ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY THE RELATED ORGANIZATION'S LUTHERAN MEDICAL CENTER FOUNDATION AND GOOD SAMARITAN MEDICAL CENTER FOUNDATION. THE ENDOWMENT FUNDS CONSIST OF: 1) THE HEALTH EDUCATION ENDOWMENT FUND. THE PURPOSE IS TO SUPPORT HEALTH EDUCATION IN THE COMMUNITY. DISTRIBUTIONS ARE LIMITED BY BOARD ACTION TO THREE PERCENT OF ANNUAL VALUE. 2) THE FRIENDS OF HOSPICE ENDOWMENT FUND. THE PURPOSE IS LIMITED TO PROGRAMS AT LUTHERAN HOSPICE. DISTRIBUTIONS ARE LIMITED TO THREE PERCENT OF ANNUAL VALUE. 3) THE VOLUNTEER ENDOWMENT FUND. THE PURPOSE IS TO SUPPORT PROGRAMS AND ACTIVITIES OF THE VOLUNTEERS AT LUTHERAN MEDICAL CENTER. DISTRIBUTIONS FROM THE FUND CAN ONLY BE MADE IF THE FUND BALANCE IS GREATER THAN \$1 MILLION AND IS DISTRIBUTED TWICE ANNUALLY - BASED ON THE BALANCE AS OF MARCH 31 AND SEPTEMBER 30. 4) THE SENIOR CARE ENDOWMENT FUND. THE PURPOSE IS TO SUPPORT THE HEALTH AND HEALING OF ELDERLY IN OUR COMMUNITY BY PROVIDING A WELLNESS WAY OF LIFE WITH QUALITY, EFFICIENCY AND EMPATHY TO THOSE ENTRUSTED IN OUR CARE TO INCLUDE BUT NOT LIMITED TO HOSPICE CARE, SENIOR EMERGENCY CARE AND SENIOR CHARITY CARE. DISTRIBUTIONS FROM THE FUND CAN ONLY BE MADE IF THE FUND BALANCE IS GREATER THAN \$1 MILLION. 5) HOSPICE ENDOWMENT FUND. THE PURPOSE IS LIMITED TO PROGRAMS AT LUTHERAN HOSPICE. DISTRIBUTIONS ARE DETERMINED UNDER THE SCL HEALTH ENDOWMENT SPENDING POLICY AND AMOUNT OF DISTRIBUTION DETERMINED BY THE SCL HEALTH PHILANTHROPIC IMPACT COMMITTEE. 6) COCHRAN FAMILY ONCOLOGY ENDOWMENT. THE PURPOSE IS TO PROVIDE CONTINUING EDUCATION SUPPORT TO ASSOCIATES EMPLOYED BY LUTHERAN MEDICAL CENTER. DISTRIBUTIONS ARE DETERMINED UNDER THE SCL HEALTH ENDOWMENT SPENDING POLICY AND AMOUNT OF DISTRIBUTION DETERMINED BY THE SCL HEALTH PHILANTHROPIC IMPACT COMMITTEE. 7) LILES FAMILY ENDOWED FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE SUPPORT AT COLLIER HOSPICE. 8) MATSUO FAMILY ENDOWED FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE SUPPORT AT COLLIER HOSPICE. 9) VILLANO FAMILY ENDOWED FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE SUPPORT THROUGH LUTHERAN MEDICAL CENTER. 10) HENDERSON FAMILY ENDOWMENT FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE SUPPORT AT COLLIER HOSPICE. 11) JOHN & ROBERTA NYBERG JUNIOR VOLUNTEER ENDOWMENT. THE PURPOSE IS TO PROVIDE SCHOLARSHIP SUPPORT TO JUNIOR VOLUNTEERS AT LUTHERAN MEDICAL CENTER. 12) EDWARD PYUN, JR, MD ENDOWMENT FUND - THE PURPOSE OF THE FUND IS TO PROVIDE SUPPORT FOR EDUCATION AND PATIENT ASSISTANCE IN THE TRAUMA DEPARTMENT AT GOOD SAMARITAN MEDICAL CENTER. ACCOUNTS FOR ENDOWMENT FUNDS WERE INVESTED, ALLOWING INCOME AND PRINCIPAL TO GROW OVER TIME.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SCL HEALTH - FRONT RANGE INC

Employer identification number
84-1103606

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANT	HOSPITAL & MEDICAL CENTER	91,726
3a Sub-total	0	0			91,726
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			91,726

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT SELIAN LUTHERAN HOSPITAL AND ITS SISTER HOSPITAL ARUSHA LUTHERAN MEDICAL CENTER IN TANZANIA.	89,350	WIRE TRANSFER	2,376	SUPPLIES, MEDICATION	BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	SCL HEALTH - FRONT RANGE, INC.(SCLHFR) PROVIDES ASSISTANCE TO ONLY ONE ORGANIZATION OUTSIDE THE U.S. SCLHFR OBTAINED AN INITIAL NEEDS ASSESSMENT REPORT FROM THE ORGANIZATION, WHICH ALSO OUTLINED THE COMMITMENT OF SCLHFR TO PROVIDE SUPPORT TO THE ORGANIZATION BASED ON AN INITIAL SITE VISIT. SCLHFR MAINTAINS REGULAR CONTACT WITH THE ORGANIZATION, SENDS A TEAM OF CLINICIANS FOR SITE VISITS TO THE ORGANIZATION EVERY YEAR AND REVIEWS THE ORGANIZATION'S ANNUAL REPORT.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
 SCL HEALTH - FRONT RANGE INC

Employer identification number
 84-1103606

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input 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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,406,272	1,331,767	5,074,505	0.590 %
b Medicaid (from Worksheet 3, column a)			158,676,156	119,036,260	39,639,896	4.640 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			630,457	472,857	157,600	0.020 %
d Total Financial Assistance and Means-Tested Government Programs			165,712,885	120,840,884	44,872,001	5.250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			989,457	14,635	974,822	0.110 %
f Health professions education (from Worksheet 5)			2,478,137	0	2,478,137	0.290 %
g Subsidized health services (from Worksheet 6)			44,996,468	36,480,267	8,516,201	1.000 %
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			658,650	990	657,660	0.080 %
j Total. Other Benefits			49,122,712	36,495,892	12,626,820	1.480 %
k Total. Add lines 7d and 7j			214,835,597	157,336,776	57,498,821	6.730 %

Part III 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			7,607	0	7,607	0 %
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			7,607		7,607	0 %

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 Yes	
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	16,924,739
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	255,737,857
6 Enter Medicare allowable costs of care relating to payments on line 5	6	372,471,081
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-116,733,224
8 Describe in Part VI the extent to which any shortfall reported in 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	Yes
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	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 E PLUS PET IMAGING X LP	RADIOLOGY SERVICES	42.860 %	0 %	57.140 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

2

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)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

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)
LUTHERAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment		Yes	No
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?		No
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.		No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
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.	Yes	
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? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

LUTHERAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</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 discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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):	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
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 LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

LUTHERAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		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?	17	Yes
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? 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)	19	No
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? 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)	21	Yes
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Part V Facility Information *(continued)*

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

LUTHERAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

- 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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** 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** 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** 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.

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.

	Yes	No
23		No
24		No

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)
 GOOD SAMARITAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
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.		No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
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.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
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? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

GOOD SAMARITAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</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 discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
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 LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

GOOD SAMARITAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		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?	17	Yes
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? 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)	19	No
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? 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)	21	Yes
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Part V Facility Information *(continued)*

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

GOOD SAMARITAN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

- 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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** 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** 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** 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.

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.

	Yes	No
23		No
24		No

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? 99

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 16,924,739.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	GOOD SAMARITAN MEDICAL CENTER:COMMUNITY-BUILDING ACTIVITIES ARE THOSE THAT IMPROVE THE HEALTH AND SAFETY OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G. POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). GOOD SAMARITAN MEDICAL CENTER (GSMC) CONTINUES TO BE INTENTIONAL IN BUILDING COMMUNITY RELATIONSHIPS WITH LOCAL ORGANIZATIONS TO ADDRESS THE HEALTH OF OUR COMMUNITY. THIS IS ADDRESSED THROUGH STAFF PARTICIPATION ON SEVERAL COMMUNITY BOARDS, INVESTMENT IN COMMUNITY WORK GROUPS AND COALITIONS, SUCH AS THE MENTAL HEALTH TASK FORCE AND THE BOULDER COUNTY PUBLIC HEALTH IMPROVEMENT PROCESS (PHIP) STEERING COMMITTEE. PROVIDED SUPPORT FOR EMERGENCY PREPAREDNESS AND DISASTER READINESS. ACTIVELY WORK WITH LOCAL STAKEHOLDERS TO ENSURE SOCIAL DETERMINANTS OF HEALTH ARE INCLUDED IN COMMUNITY IMPROVEMENT PROJECTS - HEALTH PROFESSIONS EDUCATION, HOUSING, AND SAFETY.PART III, LINE 1THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO. 15 TO THE EXTENT THAT HFMA STATEMENT NO. 15 FOLLOWS THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR THE REPORTING OF BAD DEBT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Suplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	<p>THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS. THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS. CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID. THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE. HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE. THE FOLLOWING IS THE TEXT OF THE FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE: NET PATIENT SERVICE REVENUE GENERALLY RELATES TO CONTRACTS WITH PATIENTS IN WHICH THE PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO PATIENTS OVER A PERIOD OF TIME. REVENUE IS ESTIMATED FOR PATIENTS WHO HAVE NOT BEEN DISCHARGED AS OF THE REPORTING PERIOD BASED ON ACTUAL CHARGES INCURRED TO DATE IN RELATION TO TOTAL EXPECTED CHARGES. SCL HEALTH BELIEVES THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. THE CONTRACTUAL RELATIONSHIP WITH PATIENTS ALSO TYPICALLY INVOLVES A THIRD-PARTY PAYER (MEDICARE, MEDICAID, MANAGED CARE PLANS, AND COMMERCIAL INSURANCE COMPANIES), AND THE TRANSACTION PRICES FOR THE SERVICES PROVIDED ARE DEPENDENT UPON THE TERMS PROVIDED BY OR NEGOTIATED WITH THE THIRD-PARTY PAYERS. THE PAYMENT ARRANGEMENTS WITH THIRD-PARTY PAYERS FOR THE SERVICES PROVIDED TO THE RELATED PATIENTS TYPICALLY SPECIFY PAYMENT OR REIMBURSEMENT TO SCL HEALTH AT OTHER-THAN-STANDARD CHARGES. BECAUSE ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, SCL HEALTH HAS ELECTED TO APPLY THE OPTION EXEMPTION, AND THEREFORE, IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY SATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY SATISFIED PERFORMANCE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENERALLY COMPLETED WHEN PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD. NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES ESTIMATES OF IMPLICIT PRICE CONCESSIONS AND RETROACTIVE REVENUE ADJUSTMENTS DUE TO AUDITS, REVIEWS, AND INVESTIGATIONS. IMPLICIT PRICE CONCESSIONS RELATE PRIMARILY TO UNINSURED PATIENTS AND PATIENTS WITH CO-PAYS, CO-INSURANCE AND DEDUCTIBLES AND ARE ESTIMATED BASED ON HISTORICAL COLLECTION DATA. RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, OR INVESTIGATIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	AN INTEGRAL COMPONENT OF OUR MISSION IS TO BE GOOD FINANCIAL STEWARDS. THIS REQUIRES US TO DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH ARE ABLE TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED. WE MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND ENSURE THAT WE MANAGE OUR RESOURCES SO WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST. THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND DISCHARGE. IN ADDITION, THE PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS. PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>LUTHERAN MEDICAL CENTER:AS PART OF LUTHERAN MEDICAL CENTER'S CORE VALUE OF SERVICE TO THE POOR AND VULNERABLE, THE HOSPITAL TAKES STEPS TO DETERMINE WHERE THERE IS THE MOST NEED IN ORDER TO PROVIDE THE GREATEST GOOD THROUGH INCREMENTAL REVIEW OF CURRENT NEEDS ACROSS THE COMMUNITIES SERVED. AS AN ACTIVE MEMBER OF THE NEWLY FORMED JEFFERSON COUNTY HEALTH ALLIANCE, THE HOSPITAL IS IN TOUCH WITH CURRENT NEEDS AND POISED TO RESPOND WHEN NEW NEEDS ARE IDENTIFIED. GOOD SAMARITAN MEDICAL CENTER:IN ADDITION TO THE CHNA PROCESS, GSMC ACTIVELY PARTICIPATES WITH COMMUNITY COALITIONS AND WORK GROUPS WHO WORK ON SPECIFIC HEALTH ISSUES WITHIN THE COMMUNITY. THESE PARTNERSHIPS ENABLE AN ABILITY TO REVIEW OUTCOME METRICS ON HEALTH ISSUES IN A MORE DYNAMIC FASHION EITHER THROUGH PROGRAM DELIVERY RESULTS, SERVICES TO VULNERABLE POPULATIONS AND/OR ANNUAL MEETINGS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>LUTHERAN MEDICAL CENTER:LUTHERAN MEDICAL CENTER (LMC) IS SITUATED IN THE WESTERN PORTION OF THE DENVER METROPOLITAN AREA IN THE CITY OF WHEAT RIDGE, COLORADO. THIS ACUTE CARE FACILITY HAS A SERVICE AREA THAT SERVES SEVERAL COMMUNITIES IN THE WESTERN METROPOLITAN AREA INCLUDING WHEAT RIDGE, ARVADA, GOLDEN, LAKEWOOD, WESTMINSTER AS WELL AS COMMUNITIES IN THE FOOTHILLS OF THE FRONT RANGE. LMC'S PRIMARY SERVICE AREA CONSISTS OF 18 STANDARD ZIP CODES, MAINLY LOCATED IN JEFFERSON COUNTY (13 ZIP CODES), BUT ALSO REPRESENTED BY ZIP CODES IN THE COUNTIES OF DENVER (3 ZIP CODES), ADAMS (1 ZIP CODE) AND GILPIN (1 ZIP CODE). THE SECONDARY SERVICE AREA INCLUDES 20 ZIP CODES AND EXTENDS THROUGH ADAMS COUNTY, BROOMFIELD COUNTY, CLEAR CREEK COUNTY, DENVER COUNTY AND JEFFERSON COUNTY. THE PRIMARY SERVICE AREA IS DEFINED AS THE GEOGRAPHIC AREA OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS APPROXIMATELY 75% OF ITS INPATIENT DISCHARGES AND THE COMBINED PRIMARY AND SECONDARY SERVICE AREA IS BASED ON APPROXIMATELY 90% OF DISCHARGES. LMC'S MAIN CONCENTRATION OF CARE IS PROVIDED TO THE COMMUNITIES OF WHEAT RIDGE, ARVADA AND GOLDEN. 50% OF THE CARE SITE'S DISCHARGES COME FROM EIGHT ZIP CODES WITHIN THOSE CITIES. ADDITIONALLY, LMC SERVES THE MOST PATIENTS WITHIN ITS PRIMARY SERVICE AREA WHEN COMPARED TO OTHER HOSPITALS FURNISHING CLOSE TO 30% OF THE INPATIENT CARE. LMC AND SAINT ANTHONY HOSPITAL ARE THE ACUTE CARE PROVIDERS IN ALL OF JEFFERSON COUNTY WITH LMC BEING THE ONLY TO OFFER MATERNITY SERVICES. THERE ARE TWO ACUTE CARE HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA, NORTH SUBURBAN MEDICAL CENTER (AN AFFILIATE OF THE FOR-PROFIT HEALTHONE SYSTEM) AND DENVER HEALTH (GOVERNMENT OWNED). BESIDES LMC AND GOOD SAMARITAN MEDICAL CENTER, THERE ARE FIVE OTHER NOT-FOR-PROFIT HOSPITALS IN THE COMMUNITY:- ST. ANTHONY NORTH HOSPITAL-CENTURA HEALTH, WESTMINSTER- ST. ANTHONY WEST HOSPITAL-CENTURA HEALTH, LAKEWOOD- AVISTA ADVENTIST HOSPITAL-CENTURA HEALTH, LOUISVILLE- LONGMONT UNITED HOSPITAL, LONGMONT-BOULDER COMMUNITY HOSPITAL, BOULDERTHERE IS ALSO ONE FOR -PROFIT HOSPITAL, NORTH SUBURBAN MEDICAL CENTER-HEALTHONE, AND THORNTON.THE COMMUNITY SERVED BY LMC CONTAINS THE FOLLOWING DEMOGRAPHIC INFORMATION, UPDATED FOR 2018, USING THE RESOURCES OF COUNTY HEALTH RANKINGS, US CENSUS DATA, STATE HEALTH DEPARTMENT DATA AND THE EXISTING CHNA.POPULATIONIN 2016, THE POPULATION IN JEFFERSON COUNTY WAS 571,837. THE POPULATION IN JEFFERSON COUNTY WAS 50.3% FEMALE, AND 49.7% MALE.IN JEFFERSON COUNTY, THE MEDIAN AGE WAS 40.5 COMPARED TO 36.5 IN COLORADO. 20.6% OF THE POPULATION WAS UNDER THE AGE OF 18, 64.2% OF THE POPULATION WAS 18-64 YEARS OLD AND 15.2% WERE AGES 65 AND OVER. JEFFERSON COUNTY HAS A HIGHER PERCENTAGE OF OLDER ADULTS THAN FOUND IN THE STATE.RACE AND ETHNICITYTHE COUNTY POPULATION WAS PREDOMINATELY NON-HISPANIC WHITE (78.5%) COMPARED TO 70.1% FOR THE STATE. IN JEFFERSON COUNTY, 15.3% OF THE POPULATION WAS HISPANIC, 2.8% WERE ASIAN, 2.3% WERE NON-HISPANIC OTHER AND 1.1% WERE BLACK OR AFRICAN AMERICAN.LANGUAGEIN JEFFERSON COUNTY, 89.6% OF THE POPULATION SPEAKS ONLY ENGLISH, COMPARED TO 83.1% FOR THE STATE, 6.1% SPEAK SPANISH, COMPARED TO 11.8% FOR THE STATE. OF THE 10.4% IN JEFFERSON COUNTY WHO SPEAK ANOTHER LANGUAGE, 30.1% OF THOSE SPEAK ENGLISH "LESS THAN VERY WELL."LANGUAGE SPOKEN AT HOME, POPULATION 5 YEARS AND OLDER JEFFERSON COUNTY - COLORADO SPEAKS ONLY ENGLISH - 89.6% - 83.1% SPEAKS SPANISH - 6.1% - 11.8% SPEAKS GERMAN - 0.6% - 0.5% SPEAKS VIETNAMESE - 0.5% - 0.4% SPEAKS RUSSIAN - 0.4% - 0.3% SPEAKS CHINESE - 0.4% - 0.5% SPEAKS ANOTHER LANGUAGE - 2.4% - 3.4% ENGLISH LEARNERS THE PERCENTAGE OF STUDENTS WHO WERE ENGLISH LEARNERS IN AREA SCHOOLS WAS 7.8% IN JEFFERSON COUNTY WHICH WAS LOWER THAN THE STATE RATE OF ENGLISH LEARNERS IN SCHOOLS (14%).ENGLISH LEARNERS PERCENT JEFFERSON COUNTY - 7.8% COLORADO - 14.0% GOOD SAMARITAN MEDICAL CENTER:GOOD SAMARITAN MEDICAL CENTER (GSMC) IS LOCATED IN THE CITY OF LAFAYETTE, COLORADO. WHILE LAFAYETTE IS SITUATED IN BOULDER COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN ADAMS, BOULDER AND BROOMFIELD COUNTIES. IN PREPARING FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), GSMC SELECTED THE COUNTIES OF ADAMS, BOULDER AND BROOMFIELD AS THE DEFINED COMMUNITY FOR ITS CHNA IN ORDER TO FOCUS RESOURCES AND PLANNING ON THE MOST LOCAL GEOGRAPHIC AREA.DEMOGRAPHIC CONSTITUENTS, ACCORDING TO 2016 US CENSUS DATA:TOTAL POPULATION: ON AVERAGE, THE 2012 - 2016 ESTIMATED POPULATION OF GSMC SERVICE AREA WAS 1,072,775. ADAMS COUNTY HAD A POPULATION OF 479,977, BOULDER COUNTY'S POPULATION WAS 313,961, AND BROOMFIELD COUNTY'S POPULATION WAS 62,449.POPULATION BY GENDER: IN THIS SERVICE AREA, 50.1% WAS MALE AND 49.9% WAS FEMALE.POPULATION BY AGE: CHILDREN AND YOUTH, AGES 0-19, MAKE UP 27% OF THE POPULATION IN THE SERVICE AREA; 58.9% ARE ADULTS, AGES 20 - 64; AND 12% OF THE POPULATION ARE SENIORS, AGES 65 AND OVER.POPULATION BY YOUTH, AGES 0-17 AND SENIORS, AGES 65+, AND MEDIAN AGE: WHEN THE HOSPITAL SERVICE AREA</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>IS EXAMINED BY COMMUNITY, HENDERSON (23.9%) AND COMMERCE CITY (23.7%) HAD HIGH PERCENTAGES OF YOUTH, AGES 5-17. BOULDER HAD LOWER PERCENTAGES OF YOUTH IN THE SERVICE AREA. WHEAT RIDGE (19.3%) HAD THE HIGHEST PERCENTAGE OF SENIORS IN THE SERVICE AREA AND HENDERSON (5.3%) HAD THE LOWEST PERCENTAGE OF SENIORS IN THE SERVICE AREA. RACE/ETHNICITY: THE SERVICE AREA POPULATION WAS PREDOMINATELY WHITE (64.7%). 23.1% OF THE POPULATION WERE HISPANIC OR LATINO, 3.5% WERE ASIAN, AND 3.4% WERE AMERICAN INDIAN OR ALASKAN NATIVE. 1.1% OF THE POPULATION IN THE SERVICE AREA WERE BLACK OR AFRICAN AMERICAN. RACE/ETHNICITY BY PLACE: GOLDEN HAD THE HIGHEST PERCENTAGE OF WHITES (93.4%) IN THE SERVICE AREA. 62.3% OF DENVER (80221) WERE HISPANIC OR LATINO. LOUISVILLE (10.8%) AND BOULDER (80310) (10.5%) HAD THE HIGHEST PERCENTAGE OF ASIANS IN THE SERVICE AREA. COMMERCE CITY HAD THE HIGHEST PERCENTAGE OF BLACKS/AFRICAN AMERICANS (3.6%) IN THE SERVICE AREA. CITIZENSHIP: AMONG AREA COUNTIES, 15.3% OF ADAMS COUNTY RESIDENTS AND 10.7% OF BOULDER COUNTY RESIDENTS WERE FOREIGN BORN. THIS WAS HIGHER THAN 9.8% OF THE STATE POPULATION WHO WERE FOREIGN BORN. OF THE FOREIGN BORN IN ADAMS COUNTY, 69.5% WERE NOT U.S. CITIZENS. IN WELD COUNTY, 65.8% OF THE FOREIGN BORN POPULATION WAS NOT A U.S. CITIZEN. LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER: IN THE GSMC SERVICE AREA, 75.6% OF THE POPULATION SPEAKS ONLY ENGLISH AND 12.8% SPEAK SPANISH. 2.5% OF THE AREA POPULATION SPEAKS AN ASIAN AND PACIFIC ISLANDER LANGUAGE AND 2.3% SPEAK AN INDO-EUROPEAN LANGUAGE. SOCIAL AND ECONOMIC FACTORS RANKINGS: THE COUNTY HEALTH RANKINGS RANKS COUNTIES ACCORDING TO HEALTH FACTORS DATA. SOCIAL AND ECONOMIC INDICATORS ARE EXAMINED AS A CONTRIBUTOR TO THE HEALTH OF A COUNTY'S RESIDENTS. COLORADO'S 64 COUNTIES ARE RANKED ACCORDING TO SOCIAL AND ECONOMIC FACTORS WITH 1 BEING THE COUNTY WITH THE BEST FACTORS TO 64 FOR THAT COUNTY WITH THE POOREST FACTORS. THIS RANKING EXAMINES: HIGH SCHOOL GRADUATION RATES; UNEMPLOYMENT; CHILDREN IN POVERTY; SOCIAL SUPPORT; AND OTHERS. ADAMS COUNTY IS RANKED 51ST, IN THE BOTTOM THIRD OF ALL COLORADO COUNTIES ACCORDING TO SOCIAL AND ECONOMIC FACTORS. WELD COUNTY CAME IN 23RD, FOLLOWED BY GILPIN COUNTY AT 20TH, JEFFERSON COUNTY AT 15TH, BOULDER COUNTY 13TH, AND BROOMFIELD COUNTY RANKED 5TH OVER ALL. ECONOMICS: THE MEDIAN HOUSEHOLD INCOME IN 2014 WAS \$108,857 AS COMPARED TO THE STATE AVERAGE OF \$59,448. THE PERCENTAGE OF PERSONS LIVING IN POVERTY IN THE CITY OF LAFAYETTE IS 2.5%. ACCORDING TO 2015 COUNTY HEALTH RANKINGS DATA COMPILED BY THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE AND THE ROBERT WOOD JOHNSON FOUNDATION: OVERALL HEALTH RANK: THIS MEASURE RANKS THE OVERALL HEALTH OF COUNTY CITIZENS FOR ALL COUNTIES IN COLORADO. BOULDER COUNTY IS RANKED 4TH AND BROOMFIELD 13TH. HEALTH OUTCOMES RANKINGS: COUNTY HEALTH RANKINGS EXAMINES HEALTHY BEHAVIORS AND RANKS COUNTIES ACCORDING TO HEALTH BEHAVIOR DATA. COLORADO'S 64 COUNTIES ARE RANKED FROM 1 (HEALTHIEST) TO 64 (LEAST HEALTHY) BASED ON A NUMBER OF INDICATORS THAT INCLUDE: ADULT SMOKING, OBESITY, PHYSICAL INACTIVITY, EXCESSIVE DRINKING, SEXUALLY TRANSMITTED INFECTIONS, AND OTHERS. A RANKING OF 28 FOR ADAMS COUNTY, PUTS IT IN THE UPPER HALF OF COUNTIES, FOLLOWED BY GILPIN COUNTY AT 25, WELD COUNTY AT 17, JEFFERSON COUNTY AT 8, BROOMFIELD COUNTY AT 3, AND BOULDER COUNTY AT NUMBER 2 FOR COLORADO. EMPLOYMENT STATUS FOR THE POPULATION 16 AND OVER: WITHIN THE SERVICE AREA, UNEMPLOYMENT RATES RANGED FROM A LOW OF 2.3% IN DACONO AND ARVADA (80007) TO A HIGH OF 6.5% IN WESTMINSTER (80030). SEE CONTINUATION BELOW</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>LUTHERAN MEDICAL CENTER:LMC HAS A MULTITUDE OF PROGRAMS IN PLACE THROUGH ITS CANCER CENTER, NEUROVASCULAR CENTER, TRAUMA CENTER AND THROUGH COMMUNITY OUTREACH. A VARIETY OF CLASSES ARE OFFERED ON WEIGHT MANAGEMENT AND HEALTHY LIFESTYLE. SUPPORT GROUPS FOR CANCER PATIENTS ARE OFFERED. LMC ALSO ROUTINELY OFFERS COMMUNITY HEALTH EDUCATION, SKIN CANCER SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, CLASSES FOR PROSPECTIVE PARENTS AND DIABETES MANAGEMENT CLASSES, TO NAME A FEW. LMC PARTNERS WITH SAFETY NET CLINICS SUCH AS STRIDE. LMC ALSO RECOGNIZES THE ESSENTIAL NEED TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY CARE AND SERVICES. THE OBJECTIVES OF THE PROGRAM ARE TO BE A HIGHLY RELIABLE ORGANIZATION, OFFER HIGH QUALITY CARE, PROVIDE SAFETY FOR PATIENTS AND STAFF AND BE COST EFFECTIVE. THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR PUBLICLY COMPARABLE DATABASES INCLUDING THE COLORADO HEALTH AND HOSPITAL ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES. GOOD SAMARITAN MEDICAL CENTER:COLLECTIVELY WITH ITS 234 LICENSED BEDS, GOOD SAMARITAN MEDICAL CENTER (GSMC) HAS SERVED ITS COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL SERVICES INCLUDING CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEUROSURGERY,OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, SENIOR EMERGENCY DEPARTMENT CARE, PALLIATIVE & HOSPICE CARE AND INTEGRATIVE HEALTH SERVICES.COMMUNITY ACTIVITIES INCLUDE A VARIETY OF CLASSES OFFERED A NO, OR VERY LOW, COSTS ON SUCH TOPICS AS WEIGHT MANAGEMENT, MENTAL HEALTH AWARENESS, SAFETY AND FIRST AID/CPR CERTIFICATION. THERE ARE SUPPORT GROUPS FOR CANCER PATIENTS, STROKE PATIENTS AND FAMILIES, HEALTHY LIFESTYLE, SMOKING CESSATION, SKIN CANCER SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, AS WELL AS CLASSES FOR PROSPECTIVE PARENTS AND DIABETES MANAGEMENT. THE HEALTH & HEALING CENTER CONDUCTS HEART HEALTH SCREENINGS IN THE COMMUNITY INCLUDING CHOLESTEROL TESTING AND BLOOD PRESSURE SCREENINGS SEVERAL TIMES THROUGHOUT THE YEAR. PRESENTATIONS ARE GIVEN TO COMMUNITY GROUPS ON SUBJECTS SUCH AS BALANCE, EXERCISE AND STRETCHING. WE HAVE PARTNERED WITH SUCH ORGANIZATIONS AS THE LAFAYETTE SENIOR CENTER, THE LAFAYETTE RECREATION CENTER, BOULDER COUNTY HEALTH AND HUMAN SERVICES AS WELL AS BROOMFIELD COUNTY HEALTH AND HUMAN SERVICES TO PROVIDE SERVICES TO OUR COMMUNITY.WE ARE AN IMPORTANT PART OF OUR COMMUNITY AND SERVE IN MANY WAYS, IN RESPONSE TO DIRECT REQUESTS FROM COMMUNITY ORGANIZATIONS AND RESIDENTS. FROM DELIVERING CORE HEALTH CARE TO PREVENTIVE CARE AND SUPPORT OF OTHER CIVIC GROUPS, OUR COMMUNITY INVOLVEMENT TAKES MANY FORMS. OUR BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, AND ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF THE COMMUNITY. THEY ARE DEEPLY INVOLVED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND SERVICES, AND COMMUNITY OUTREACH TO ENSURE THAT RESIDENTS ARE INFORMED ABOUT AVAILABLE RESOURCES. WHEN GSMC HAS EXCESS REVENUE OVER OPERATING EXPENSES, WE USE THOSE FUNDS TO OBTAIN CURRENT HEALTH CARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO EXPAND ACCESS TO CARE FOR UNMET NEED AREAS.IN 2019, NEARLY \$110,000 WAS GIVEN AS GRANTS TO LOCAL NON-PROFITS WHOSE MISSIONS INTERSECT WITH THAT OF GSMC AND WHO PROVIDE INVALUABLE SERVICE TO THE POPULATION SERVED BY GSMC. THESE ORGANIZATIONS PROVIDE: PATIENT EDUCATION AND ADVOCACY, EMERGENCY MEDICAL CARE AND TRANSPORT, BEHAVIORAL HEALTH SERVICES, PRIMARY CARE AND DENTAL SERVICES, HOMELESSNESS AND HOUSING ASSISTANCE, FOOD ASSISTANCE, CARE MANAGEMENT, AND DOOR TO DOOR TRANSPORTATION FOR SENIORS AND THE DISABLED. THE FOLLOWING ORGANIZATIONS RECEIVED FUNDS: AMERICAN HEART ASSOCIATION, WESTMINSTER FIREFIGHTER'S FIRE VICTIM'S BENEFIT FUND, THORNTON FIRE FOUNDATION, NORTH METRO FIRE RESCUE DISTRICT COMMUNITY FOUNDATION, MOUNTAIN VIEW FIRE RESCUE FOUNDATION, LAFAYETTE PROFESSIONAL FIREFIGHTERS LOCAL 4620, SISTER CARMEN COMMUNITY CENTER, COMMUNITY REACH CENTER, FLATIRONS HABITAT FOR HUMANITY, CLINICA FAMILY HEALTH CENTERS AND VIA MOBILITY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>THE ORGANIZATION IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS). SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION: "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE." WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITIES, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME. SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 200 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA. THE HEALTH SYSTEM INCLUDES MORE THAN 15,900 EMPLOYEES AND MORE THAN 800 EMPLOYED PROVIDERS. AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE. WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEM-WIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT. WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE. WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES. THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>CONTINUED NARRATIVEGOOD SAMARITAN MEDICAL CENTER:POVERTY LEVELS: POVERTY THRESHOLDS ARE USED FOR CALCULATING OFFICIAL POVERTY POPULATION STATISTICS AND ARE UPDATED EACH YEAR BY THE CENSUS BUREAU. FOR 2016, THE FEDERAL POVERTY THRESHOLD FOR ONE PERSON WAS \$11,880, AND \$24,300 FOR A FAMILY OF FOUR. IN THE SERVICE AREA, 13.4% OF THE POPULATION IN BOULDER COUNTY, 12.9% OF ADAMS COUNTY AND 12.6% OF WELD COUNTY RESIDENTS WERE LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL). 33.4% OF ADAMS COUNTY RESIDENTS AND 30.9% OF WELD COUNTY RESIDENTS WERE CONSIDERED LOW-INCOME (LIVING AT OR BELOW 200% FPL). THESE POVERTY RATES WERE HIGHER THAN COLORADO RATES OF POVERTY.POVERTY LEVELS OF INDIVIDUALS, CHILDREN UNDER AGE 18, AND SENIORS: EXAMINING POVERTY LEVELS BY COMMUNITY PAINTS AN IMPORTANT PICTURE OF THE POPULATION WITHIN THE SERVICE AREA. 10.7% OF THE SERVICE AREA POPULATION WAS LIVING AT 100% OF FPL. CHILDREN SUFFER FROM POVERTY AT HIGHER RATES AS 12.6% OF CHILDREN IN THE SERVICE AREA WERE LIVING IN POVERTY. 6.7% SENIORS IN THE GSMC SERVICE AREA WERE LIVING IN POVERTY. AREAS WITH HIGH RATES OF POVERTY WERE BOULDER (80302, 80303), DENVER (80260) AND LONGMONT (80501). 18% OF COMMERCE CITY SENIORS WERE LIVING IN POVERTY.MEDIAN HOUSEHOLD INCOME: THE MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA RANGED FROM \$13,750 IN BOULDER (80310- UNIVERSITY OF COLORADO RESIDENCE HALLS) TO \$136,295 IN ARVADA (80007).EDUCATIONAL ATTAINMENT (25-): OF THE POPULATION AGE 25 YEARS AND OLDER IN THE SERVICE AREA, 9.4% HAD NO HIGH SCHOOL DIPLOMA; 20.1% WERE HIGH SCHOOL GRADUATES.HIGH SCHOOL GRADUATES, 2017 - 2018: HIGH SCHOOL GRADUATION RATES ARE THE PERCENTAGE OF HIGH SCHOOL GRADUATES THAT GRADUATED FOUR YEARS AFTER STARTING NINTH GRADE. IN THE SERVICE AREA THE HIGH SCHOOL GRADUATION RATES RANGED FROM 75.0% IN ADAMS COUNTY TO 87.7% IN BOULDER COUNTY. THE HEALTHY PEOPLE 2020 OBJECTIVE FOR HIGH SCHOOL GRADUATION IS 87%.HEART DISEASE DEATH RATE, AGE - ADJUSTED DEATH RATE PER 100,000 PERSONS, 2016: ADAMS COUNTY HAS AN AGE- ADJUSTED RATE OF DEATH DUE TO HEAT DISEASE OF 136.5 FOLLOWED BY JEFFERSON COUNTY OF 132.5, GILPIN COUNTY 132.0, WELD COUNTY 131.1, BROOMFIELD COUNTY 118.1, AND BOULDER COUNTY OF 115.2 PER 100,000 PERSONS.STROKE DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS, 2016: THE RATE OF DEATH FOR CEREBROVASCULAR DISEASE IN WELD COUNTY WAS 33.5, ADAMS COUNTY 33.1, BOULDER COUNTY 32.8, JEFFERSON COUNTY 32.3, BROOMFIELD COUNTY 30.2, AND GILPIN COUNTY 0 PER 100,000 PERSONS.UNINTENTIONAL INJURY DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS, 2016: IN GILPIN COUNTY THE RATE WAS 61.6, FOLLOWED BY ADAMS COUNTY WITH 53.8, JEFFERSON COUNTY 49.2, BOULDER COUNTY 46.5, WELD COUNTY 44.1, AND BROOMFIELD COUNTY 37.5 PER 100,000 PERSONS. THESE ALL EXCEED THE HEALTHY PEOPLE 2020 OBJECTIVE FOR UNINTENTIONAL INJURY DEATHS OF 36.4 PER 100,000 PERSONS.HEALTH INSURANCE COVERAGE, CIVILIAN NON-INSTITUTIONALIZED POPULATION, AGES 18-64: HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO ACCESS HEALTH CARE. IN THE SERVICE AREA, 89.7% OF THE POPULATION WAS INSURED. INSURANCE COVERAGE WAS HIGHER IN BROOMFIELD COUNTY (94.5%) AND LOWER IN ADAMS COUNTY (84.4%).UNINSURED CHILDREN, AGE 0-17: THE PERCENTAGE OF UNINSURED CHILDREN UNDER THE AGE OF 18 WAS HIGHEST ADAMS COUNTY AND GILPIN COUNTY (8.2%). BROOMFIELD COUNTY HAD THE LOWEST RATE OF UNINSURED CHILDREN IN THE SERVICE AREA (3.0%).ADULTS WITH UNMET MEDICAL NEED DUE TO COST: AMONG ADULTS IN BOULDER COUNTY AND BROOMFIELD COUNTY, 20.8% HAD AN UNMET MEDICAL NEED BECAUSE THEY WERE NOT ABLE TO AFFORD CARE OR BECAUSE THEY WERE UNABLE TO SCHEDULE MEDICAL APPOINTMENTS. WITH THE EXCEPTION OF JEFFERSON COUNTY, THE AREA COUNTIES HAD HIGHER RATES OF ADULTS WITH UNMET MEDICAL NEEDS THAN THE STATE (14%).MENTAL HEALTH PROVIDERS, NUMBER AND RATIO, 2017: MENTAL HEALTH PROVIDERS INCLUDE PSYCHIATRISTS, CLINICAL PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS, PSYCHIATRIC NURSE SPECIALISTS, AND MARRIAGE AND FAMILY THERAPISTS WHO MEET CERTAIN QUALIFICATIONS AND CERTIFICATIONS. AMONG SERVICE AREA COUNTIES, GILPIN COUNTY HAD THE HIGHEST RATIO (1,480:1) OF POPULATION TO MENTAL HEALTH PROVIDERS (FEWER PROVIDERS). BOULDER COUNTY HAD THE BEST RATIO (160:1) AMONG SERVICE AREA COUNTIES. THIS EXCEEDED THE STATE RATIO OF 392:1.SUICIDE DEATH RATE, AGE -ADJUSTED PER 100,000 PERSONS: THE RATE OF DEATH BY SUICIDE IN WELD COUNTY WAS 19.5, ADAMS COUNTY 17.6, JEFFERSON COUNTY 17.1, BOULDER COUNTY 16.3, BROOMFIELD COUNTY 13.6 AND GILPIN COUNTY 0 PER 100,000PERSONS. THESE RATES EXCEED THE HEALTHY PEOPLE OBJECTIVE OF 10.2 DEATHS PER 100,000 PERSONS FROM SUICIDE.</p>

Additional Data

Software ID:

Software Version:

EIN: 84-1103606

Name: SCL HEALTH - FRONT RANGE INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	LUTHERAN MEDICAL CENTER 8300 W 38TH AVENUE WHEAT RIDGE, CO 80211 WWW.SCLHEALTH.ORG/LOCATIONS/ 010440	X	X					X			
2	GOOD SAMARITAN MEDICAL CENTER 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 WWW.SCLHEALTH.ORG/LOCATIONS/ 01I529	X	X					X			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: LUTHERAN MEDICAL CENTER PARTICIPATED IN COLLABORATIVE PROCESS TO CONDUCT THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), ALONG WITH JEFFERSON COUNTY PUBLIC HEALTH AND ST. ANTHONY HOSPITAL (CENTURA). A NUMBER OF COMMUNITY BASED ORGANIZATIONS WERE INVOLVED IN THE PROCESS AS WELL. ADULT FOCUS GROUPS STUDENTS FROM THE COLORADO SCHOOL OF PUBLIC HEALTH, IN PARTNERSHIP WITH JEFFERSON COUNTY PUBLIC HEALTH, FACILITATED FOCUS GROUP DISCUSSIONS THAT WERE CONDUCTED AT KEY GEOGRAPHIC POINTS IN THE COUNTY TO ENSURE EQUAL REPRESENTATION OF THE COUNTY'S DIVERSE COMMUNITIES, AND TO INCLUDE BOTH MOUNTAIN AND URBAN/SUBURBAN POPULATIONS. 52 PARTICIPANTS ENGAGED IN SEVEN FOCUS GROUPS. THE FOCUS GROUP DISCUSSIONS WERE FACILITATED AT LOCATIONS IN ARVADA, CONIFER, EDGEWATER, INDIAN HILLS AND LAKEWOOD, AND INCLUDED TWO SPANISH LANGUAGE GROUPS. THESE COMMUNITIES WERE CHOSEN TO HIGHLIGHT GEOGRAPHIC, ETHNIC, LINGUISTIC, AND ECONOMIC DIVERSITY. PLACE - NUMBER - LANGUAGE ARVADA - 5 - ENGLISH CONIFER - 4 - ENGLISH EDGEWATER - 9 - ENGLISH INDIAN HILLS - 11 - ENGLISH LAKEWOOD - 6 - ENGLISH LAKEWOOD - 9 - SPANISH LAKEWOOD - 8 - SPANISH FOCUS GROUP RECRUITMENT WAS COORDINATED BY JEFFERSON COUNTY PUBLIC HEALTH. FLYERS WERE POSTED THROUGHOUT THE COMMUNITIES IN PUBLIC PLACES INCLUDING GROCERY STORES AND LIBRARIES. IN ADDITION, THE HEALTH DEPARTMENT WORKED WITH LOCAL PARTNERS AND COALITIONS TO RECRUIT PARTICIPANTS FROM THEIR ORGANIZATIONS. SOME OF THESE PARTNERS INCLUDED THE HEALTHY JEFFCO NETWORK, THE COMMUNITIES THAT CARE COALITION, MEMBERS OF TOBACCO COALITIONS, AND THE CHILD YOUTH LEADERSHIP COMMISSION. FOR THE CONIFER AND INDIAN HILLS FOCUS GROUPS, ANNOUNCEMENTS WERE MADE ON FACEBOOK COMMUNITY PAGES (E.G., INDIAN HILLS IMPROVEMENT ASSOCIATION). THE FOCUS GROUPS WERE PLANNED AND LED BETWEEN OCTOBER 25 AND NOVEMBER 10, 2017. THE DISCUSSIONS WERE USED TO GAIN UNIQUE INSIGHTS INTO JEFFERSON COUNTY'S HEALTH CHALLENGES FROM THE PERSPECTIVE OF RESIDENTS. YOUTH FOCUS GROUPS THE JEFFERSON COUNTY COMMUNITIES THAT CARE TEAM HIRED 21 YOUTH RESEARCHERS FROM FOUR JEFFERSON COUNTY HIGH SCHOOLS TO CONDUCT RESEARCH ON THEIR PEERS' PERCEPTIONS OF YOUTH SUBSTANCE MISUSE, VIOLENCE AND HOPELESSNESS/ANXIETY. COMMUNITIES THAT CARE STAFF LED TWO FOCUS GROUPS WITH THE YOUTH RESEARCHERS, AND THE YOUTH RESEARCHERS PLANNED AND LED SIX FOCUS GROUPS THAT EACH INCLUDED AT LEAST SIX OTHER STUDENTS FROM THEIR SCHOOLS. KEY INFORMANT INTERVIEWS KEY INFORMANT INTERVIEWS WERE FACILITATED WITH COMMUNITY LEADERS AND STAKEHOLDERS IN ORGANIZATIONS WITH SPECIAL KNOWLEDGE OF COMMUNITY HEALTH CONCERNS, ESPECIALLY THOSE AFFECTING OUR MOST VULNERABLE RESIDENTS. THESE DISCUSSIONS WERE AIMED AT PROVIDING DEEP INSIGHTS INTO THE HEALTH ISSUES IMPACTING OUR COMMUNITY, PARTICULARLY WITH AN EMPHASIS ON IDENTIFYING HEALTH DISPARITIES OR INEQUITIES AFFECTING THE MOST VULNERABLE SUCH AS ELDERLY, PEOPLE OF COLOR, LGBTQ GROUPS, INDIVIDUALS LIVING WITH DISABILITIES AND LOW-SOCIOECONOMIC AND GEOGRAPHICALLY DISTINCT POPULATION.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	<p>IONS. IN TOTAL, 30 KEY INFORMANT INTERVIEWS WERE COMPLETED. INTERVIEW QUESTIONS FOCUSED ON THE FOLLOWING TOPICS:- HEALTH AND QUALITY OF LIFE IN JEFFERSON COUNTY.- CHALLENGES AND BARRIERS RELATIVE TO THE IDENTIFIED HEALTH NEEDS (I.E. WHAT MAKES EACH HEALTH NEED A SIGNIFICANT ISSUE IN THE COMMUNITY? WHAT ARE THE CHALLENGES PEOPLE FACE IN ADDRESSING THESE NEEDS?).- SOCIOECONOMIC, BEHAVIORAL, OR ENVIRONMENTAL FACTORS CONTRIBUTING TO POOR HEALTH AND/OR QUALITY OF LIFE IN THE COMMUNITY.- WHAT ARE THE VENUES THAT INFORM RESIDENTS OF HEALTH RESOURCES/PROGRAMS?- WHAT MAKES A COMMUNITY HEALTHY, SAFE AND STRONG?- COMMUNITY ASSETS AND STRENGTHS.- ADDITIONAL COMMENTS AND CONCERNS. COMMUNITY FEEDBACK IN JANUARY 2018, ALL PRELIMINARY COMMUNITY HEALTH NEEDS ASSESSMENT DATA WERE POSTED ON THE JEFFERSON COUNTY PUBLIC HEALTH WEBSITE. THE PUBLIC HAD THE OPPORTUNITY TO REVIEW THE DATA ON GOOGLE SLIDES AND MAKE COMMENTS DIRECTLY ON THE DATA PAGES OR LEAVE COMMENTS AND VOTE ON TOP COMMUNITY PRIORITIES THROUGH A REDCAP SURVEY. THIS OPPORTUNITY TO PROVIDE FEEDBACK WAS PROMOTED ON JEFFERSON COUNTY PUBLIC HEALTH'S WEBSITE AND SOCIAL MEDIA PAGES AND OUR PARTNERS SHARED WITH THEIR NETWORKS AS WELL. THE COMMENTS RECEIVED WERE USED TO STRENGTHEN THE COMMUNITY HEALTH NEEDS ASSESSMENT DATA. ASSET MAPPING ASSET MAPPING IS A PARTICIPATORY EXERCISE WHERE THE COMMUNITY DOCUMENTS THE TANGIBLE AND INTANGIBLE RESOURCES WITHIN A COMMUNITY TO MOBILIZE PREVIOUSLY UNRECOGNIZED, BUT EXISTING, STRENGTHS AND CAPABILITIES THAT CAN BE HARNESSSED TO COLLECTIVELY IMPROVE OUR COMMUNITY'S HEALTH. ASSET MAPPING WAS CONDUCTED THROUGH AN ONLINE SURVEY DIRECTED TO JEFFERSON COUNTY RESIDENTS, WITH EXTERNAL PARTNERS, AND WITH JEFFERSON COUNTY PUBLIC HEALTH STAFF TO DETERMINE THE CAPACITY OF OUR COMMUNITY TO AFFECT POSITIVE CHANGES ON POPULATION HEALTH ISSUES IN TERMS OF RESOURCES, STAFF AND PARTNERSHIPS. A FULL LIST OF STAKEHOLDERS CAN BE PROVIDED UPON REQUEST.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: GOOD SAMARITAN MEDICAL CENTER (GSMC) IS AN ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF LAFAYETTE, COLORADO AND WHILE LAFAYETTE IS SITUATED IN BOULDER COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN BOULDER, BROOMFIELD, ADAMS, JEFFERSON, GILPIN AND WELD COUNTIES. WE ARE COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY. IN SO DOING, GSMC WORKED CLOSELY WITH COMMUNITY PARTNERS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2018. THE GOAL FOR THE CHNA WAS TO DETERMINE CURRENT AND PROJECTED FUTURE HEALTH CARE NEEDS IN THE GSMC PRIMARY COMMITMENT AREA AND TO IDENTIFY GAPS IN SERVICES TO IMPROVE THE HEALTH OF OUR COMMUNITY. FOCUS GROUPS A GROUP OF HOSPITAL LEADERS AND DEPARTMENTAL REPRESENTATIVES, AS WELL AS COMMUNITY LEADERS, WAS CONVENED ON AUGUST 7, 2018 TO PRIORITIZE THE PRELIMINARY LIST AND NARROW THE LIST TO SEVEN KEY ISSUES THAT WOULD BE FURTHER DISCUSSED THROUGH COMMUNITY INTERVIEWS. THE GROUP RECEIVED A SUMMARY OF THE SECONDARY DATA COMPILED FROM LOCAL, COUNTY AND STATE SOURCES. FOLLOWING THE PRESENTATION, THE ATTENDEES WERE GIVEN TIME IN SMALL GROUPS TO DISCUSS THE ISSUES AND WERE ASKED TO RANK THE TWELVE ISSUES (ON A SCALE OF 1-10) BASED ON THE FOLLOWING TWO QUESTIONS: BASED ON YOUR UNDERSTANDING OF THE COMMUNITY HEALTH FINDINGS THAT HAVE BEEN DISCUSSED, PLEASE RATE EACH OF THE FOLLOWING HEALTH ISSUES BASED ON: 1. THE SCOPE AND SEVERITY OF THE HEALTH ISSUE, AND 2. THE ABILITY OF THE HOSPITAL TO HAVE A POSITIVE IMPACT ON THE HEALTH ISSUE. TOTAL SCORES FOR EACH HEALTH ISSUE WERE CALCULATED AND DIVIDED BY THE TOTAL NUMBER OF RESPONSES FOR WHICH DATA WERE PROVIDED, RESULTING IN AN OVERALL AVERAGE FOR EACH HEALTH NEED SEPARATELY BY QUESTION. THIS RESULTED IN TWO SCORES FOR EACH HEALTH ISSUE. THE COMBINED SCORE WAS ARRIVED AT BY AVERAGING THE TWO SCORES. CALCULATIONS FROM THIS GROUP ACTIVITY RESULTED IN THE FOLLOWING PRIORITIZATION. PHONE SURVEYS GSMC CONDUCTED TARGETED INTERVIEWS TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE MEDICAL CENTER. SIXTEEN INTERVIEWS WERE COMPLETED IN JULY 2018. FOR THE INTERVIEWS, COMMUNITY STAKEHOLDERS AND HOSPITAL LEADERS WERE IDENTIFIED BY GSMC AND CONTACTED TO PARTICIPATE IN THE NEEDS ASSESSMENT. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND/OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, LOCAL HEALTH, OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE MEDICAL CENTER." INPUT WAS OBTAINED FROM AREA PUBLIC HEALTH DEPARTMENTS. PARTNERS ACTIVELY PARTICIPATED IN THE QUANTITATIVE REVIEW, INPUT ON QUALITATIVE ISSUES AND PRIORITIZATION COMPONENTS OF THE CHNA. PARTNERS INCLUDED BUT WERE NOT LIMITED TO: AVISTA HOSPITAL BOULDER COUNTY PUBLIC HEALTH, BOULDER COUNTY HOUSING AND HUMAN SERVICES, BROOMFIELD FISH, BROOMFIELD PUBLIC HEALTH AND ENVIRONMENT, CANCER CENTER OF COLORADO, COMMUNITIES THAT CARE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	<p>COMMUNITY REACH CENTER CLINICA FAMILY SERVICES, GOOD SAMARITAN MEDICAL CENTER: CARDIOLOGY, EMERGENCY, BUSINESS DEVELOPMENT, FOUNDATION, NURSING, MARKETING, MISSION INTEGRATION, TRAUMA OUTREACH, FOOTHILLS UNITED WAY, LAFAYETTE RECREATION CENTER, MENTAL HEALTH PARTNERS, SISTER CARMEN COMMUNITY CENTER, TRU COMMUNITY CARE VIA MOBILITY. KEY FINDINGS IDENTIFIED GAPS AND UNMET NEEDS FOR HEALTHCARE IN THE SERVICE AREA AND INFORMED RECOMMENDATIONS AND STRATEGIC IMPLEMENTATIONS FOR THE GSMC SERVICE DELIVERY MODEL TO FILL THE GAPS. GSMC'S PRIORITIES FOR 2019-2021 INCLUDE: CARDIOVASCULAR DISEASE (HEART DISEASE AND STROKE), UNINTENTIONAL INJURIES FOR THE 2018 CHNA AND CHIP, GSMC PARTNERED WITH MELISSA BIEL CONSULTANTS TO COLLECT THE SECONDARY DATA, INTERVIEW KEY INFORMANTS AND TO ASSIST WITH THE WRITING OF THE DOCUMENTS.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	PART V, SECTION B, LINE 6A: SAINT ANTHONY HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	PART V, SECTION B, LINE 6A: AVISTA HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	PART V, SECTION B, LINE 6B: PARTNERS INCLUDED JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH, ARVADA CHAMBER, ARVADA FIRE, BRIGHT BY THREE, CITY OF EDGEWATER, CITY OF LAKEWOOD, CITY OF LAKEWOOD RECREATION, CITY OF WESTMINISTER, CITY OF WHEAT RIDGE, COLORADO COMMUNITY HEALTH ALLIANCE, COMMUNITY FIRST FOUNDATION, CONSORTIUM OF OLDER ADULTS, CREA RESULTS, EVERGREEN FIRE, FAMILY TREE, JEFFCO VETERANS SERVICES, JEFFERSON CENTER FOR MENTAL HEALTH, CONSERVATION COLORADO, JEFFERSON COUNTY HOUSING AUTHORITY, JEFFERSON COUNTY PUBLIC LIBRARIES, METRO COMMUNITY PROVIDER NETWORK, REGIS UNIVERSITY, SENIOR RESOURCES CENTER, SCL LUTHERAN MEDICAL CENTER, STATE SENATOR DISTRICT 20, THE ACTION CENTER, WEST CHAMBER, WEST METRO FIRE, TRI COUNTY PUBLIC HEALTH, WEST PINES.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS LISTED PARTICIPATED IN PRIORITIZATION AND KEY INFORMANT INTERVIEWS. AVISTA HOSPITALBOULDER COUNTY PUBLIC HEALTH, BOULDER COUNTY HOUSING AND HUMAN SERVICESBROOMFIELD FISHBROOMFIELD PUBLIC HEALTH AND ENVIRONMENT, CANCER CENTER OF COLORADOCOMMUNITIES THAT CARECOMMUNITY REACH CENTER CLINICA FAMILY SERVICES, GOOD SAMARITAN MEDICAL CENTER: CARDIOLOGY, EMERGENCY, BUSINESS DEVELOPMENT, FOUNDATION, NURSING, MARKETING, MISSION INTEGRATION, TRAUMA OUTREACHFOOTHILLS UNITED WAYLAFAYETTE RECREATION CENTERMENTAL HEALTH PARTNERS SISTER CARMEN COMMUNITY CENTERTRU COMMUNITY CAREVIA MOBILITYLUTHERAN MEDICAL CENTER:PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/GOOD SAMARITAN MEDICAL CENTER:PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE: HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/LUTHERAN MEDICAL CENTER:PART V, SECTION B, LINE 7B, OTHER WEBSITE:JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENT WEBSITEHTTPS://INSIGHT.LIVESTORIES.COM/S/V2/CHA-HOME-PAGE/B08C9EBA-221C-41DE-B1FB-3540BCC51A76/LUTHERAN MEDICAL CENTER:PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED ON WEBSITE:HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/GOOD SAMARITAN MEDICAL CENTER:PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED ON WEBSITE:HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	PART V, SECTION B, LINE 7D: COPIES OF THE CHNA WERE DISTRIBUTED AT VARIOUS COMMUNITY COALITIONS AND RESOURCE MEETINGS BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: ACCESS TO HEALTHCARE THROUGH THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN COLLABORATION WITH SAINT ANTHONY HOSPITAL AND JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH, FOUR NEEDS SURFACED AS THE MOST PRESSING FOR JEFFERSON COUNTY: 1. ACCESS TO MENTAL HEALTH AND SUBSTANCE USE TREATMENT 2. FOOD INSECURITY 3. ALCOHOL AND SUBSTANCE USE 4. HOUSING. ACCESS TO MENTAL HEALTH AND SUBSTANCE USE TREATMENT THREE PROGRAMS HAVE BEEN DEVELOPED AT LUTHERAN MEDICAL CENTER TO ADDRESS THIS COMMUNITY HEALTH PRIORITY: 1. THE RECOVERY NURSE ADVOCATE PROGRAM (RNAP) AT LUTHERAN MEDICAL CENTER IS DESIGNED TO SUPPORT MOTHERS STRUGGLING WITH ADDICTION THROUGH HOME VISITATION AND CONNECTION TO RESOURCES. PARTICIPANTS ARE ELIGIBLE DURING PREGNANCY AND FOR UP TO ONE YEAR POST-PARTUM. A NURSE ADVOCATE GUIDES THE PATIENT TO ENSURE ACCESS TO THE FOLLOWING: PRENATAL AND PEDIATRIC CARE, SUBSTANCE ABUSE AND MENTAL HEALTH COUNSELING, HEALTH INSURANCE, STABLE AND SAFE HOUSING, FOOD AND CLOTHING, AND TRANSPORTATION TO PROVIDER VISITS. EDUCATION ABOUT ADDICTION/SUBSTANCE ABUSE EFFECTS ON PREGNANCY, LABOR AND DELIVERY, AND CARING FOR A NEWBORN WHO MAY WITHDRAW IS ALSO PROVIDED. SOON, LUTHERAN WILL BE ABLE TO PROVIDE THESE PREGNANT MOMS WITH AN OPPORTUNITY TO DETOX AND TRANSITION TO AN OPIOID ASSISTED MEDICATION CALLED SUBOXONE. PROGRAM OUTCOMES INCLUDE AN INCREASE IN THE NUMBER OF MOTHERS WHO REMAIN ABSTINENT FOR A MINIMUM OF 12 MONTHS AS SHOWN THROUGH RANDOM DRUG TESTING, AND AN INCREASE IN THE NUMBER OF BABIES ABLE TO REMAIN IN THE HOME. FUTURE STUDIES IN 2020 WILL LOOK AT BREASTFEEDING RATES AND NICU ADMISSIONS AS FURTHER EVIDENCE OF IMPACT. 2. THROUGH A PARTNERSHIP WITH ROCKY MOUNTAIN CRISIS PARTNERS, LUTHERAN MEDICAL CENTER'S EMERGENCY DEPARTMENT AND WEST PINES BEHAVIORAL HEALTH HAVE IMPLEMENTED A FOLLOW UP PROGRAM FOR INDIVIDUALS WHO HAVE ATTEMPTED SUICIDE. WHEN A PATIENT PRESENTS IN EITHER OF THESE SETTINGS WITH A SUICIDE RISK OR ATTEMPT THEY ARE OFFERED A WARM HAND OFF FOR FOLLOW UP BY ROCKY MOUNTAIN CRISIS PARTNERS. RESEARCH SHOWS THAT SUPPORT OFFERED DURING THIS CRITICAL PERIOD CAN LEAD TO STABILIZED MENTAL HEALTH, INCREASED LIKELIHOOD OF FOLLOW UP CARE, AND REDUCED FUTURE SUICIDE ATTEMPTS. IN 2019, 131 PATIENTS WERE REFERRED FOR FOLLOW UP CARE. OF THOSE REFERRED ONLY ONE RETURNED TO THE EMERGENCY DEPARTMENT WITH A MENTAL HEALTH CONCERN, ZERO ATTEMPTED SUICIDE, AND WHEN REPORTING AVERAGE STRENGTH OF SUICIDAL THOUGHTS (AVERAGE RISK 1.50 IN THE GENERAL POPULATION) THE AVERAGE FOR THIS GROUP WAS 1.29. 3. MENTAL HEALTH FIRST AID TRAINING OFFERS COMMUNITY MEMBERS AN OPPORTUNITY TO BE TRAINED TO KNOW HOW TO RESPOND TO AN INDIVIDUAL EXPERIENCING A MENTAL HEALTH CRISIS. ADDITIONALLY, THIS TRAINING REDUCES THE STIGMA ASSOCIATED WITH MENTAL HEALTH CONDITIONS AND INCREASES KNOWLEDGE ABOUT PREVALENCE AND SEVERITY. IN 2019, LUTHERAN MEDICAL CENTER OFFERED FOUR COMMUNITY TRAININGS INCLUDING TRAININGS SPECIFIC TO YOUTH AND OLDER ADULT POPULATIONS. 65 COMMUNITY ME</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	<p>MEMBERS PARTICIPATED. FOOD INSECURITY IN JEFFERSON COUNTY ONE IN TEN, RESIDENTS IS FOOD INSECURE AND 37% ARE OVERWEIGHT. EATING HEALTHY FOOD AND GETTING REGULAR EXERCISE CONTRIBUTE SIGNIFICANTLY TO AN INDIVIDUAL'S OVERALL HEALTH. ADDRESSING FOOD INSECURITY IN JEFFERSON COUNTY HAS INVOLVED A NUMBER OF EFFORTS FOCUSED ON BOTH GETTING FOOD INTO THE HANDS OF THOSE WHO LACK IT AND INCREASING NUTRITION LITERACY IN POPULATIONS WHERE LACK OF NUTRITION IS A MAIN FACTOR IN DISEASE. 2019 SAW THE CONTINUATION OF THE LUTHERAN MEDICAL CENTER COMMITMENT TO BEING A GOOD EXAMPLE OF HEALTHY EATING THROUGH MAINTAINING GOLD STATUS AS A HEALTHY HOSPITAL COMPACT (HHC) PARTNER. AS A PARTNER HOSPITAL, LMC AGREES TO PROTECT AND PROMOTE THE HEALTH OF OUR PATIENTS AND THEIR FAMILIES, VISITORS AND STAFF. WE ARE COMMITTED TO LEADING BY EXAMPLE AND IMPLEMENTED MEASURES TO IMPROVE THE QUALITY OF OUR NUTRITION. ADDITIONALLY, THE LUTHERAN MEDICAL CENTER FOOD SERVICES DEPARTMENT BEGAN DONATING UNUSED FOOD TO A FOOD RESCUE ORGANIZATION THAT REPURPOSES THE DONATION AND MAKES IT AVAILABLE TO THE HUNGRY IN JEFFERSON COUNTY. THE PROGRAM BEGAN AT THE END OF 2019 AND SAW SEVERAL HUNDRED POUNDS OF FOOD DONATED AND ULTIMATELY MADE AVAILABLE TO COMMUNITY MEMBERS. ANOTHER EXPRESSION OF THE LUTHERAN MEDICAL CENTER COMMITMENT TO HEALTHY EATING IS ANIMATED BY AN ACTIVE ROLE IN HEALTHY WHEAT RIDGE. IN 2019 HEALTHY WHEAT RIDGE CONNECTED COMMUNITY MEMBERS WITH OPPORTUNITIES TO INCREASE HEALTHY EATING AND ACTIVE LIVING IN WHEAT RIDGE. THE COMMUNITY WAS INVITED TO PARTICIPATE IN A VARIETY OF ACTIVITIES INCLUDING EVENTS, SCREENINGS, AND EDUCATION WITH A DIFFERENT FOCUS EACH QUARTER. ALONG WITH THE CITY OF WHEAT RIDGE AND OTHER COMMUNITY PARTNERS, LUTHERAN PLANNED AND ADMINISTERED A WEEK-LONG PROGRAM IN 2019 CALLED HEART HEALTHY WEEK. DURING THE ONE WEEK PERIOD IN FEBRUARY OVER 500 PARTICIPANTS LOGGED AT 17 FREE HEART HEALTHY WEEK ACTIVITIES UTILIZING 15 PARTNERS. 2019 SAW FURTHER DEVELOPMENT OF A PROGRAM INITIATED IN 2018 CALLED FOOD PHARMACY, AN INITIATIVE FOCUSED ON PATIENTS WITH DIABETES WHO IDENTIFY THEMSELVES AS FOOD INSECURE. IN JEFFERSON COUNTY 5.6% OF THE ADULT POPULATION IS DIAGNOSED WITH DIABETES AND THE FOOD PHARMACY OFFERS FOOD INSECURE COMMUNITY MEMBERS AN OPPORTUNITY TO LEARN ABOUT CONTROLLING THIS DISEASE WITH LIFESTYLE MODIFICATIONS. PARTICIPANTS MEET AT THE FOOD PHARMACY ONCE A WEEK FOR 2 HOURS AND GATHER AROUND A COMMUNITY TABLE TO SIP COFFEE AND BEVERAGES AS A REGISTERED DIETICIAN DISCUSSES EDUCATION REGARDING FOOD CHOICES AND REVIEWS RECIPES PROVIDED FOR THE WEEK. THE LUTHERAN MEDICAL CENTER CHEF PROVIDES A HEALTHY FOOD SAMPLING FROM ONE OF THE WEEKLY RECIPES, FOLLOWED BY A DIABETIC EDUCATOR FACILITATING A 30-45 MINUTE DISCUSSION ON DIABETES TOPICS. AFTER LIVELY DISCUSSION, PARTICIPANTS MEET ONE-ON-ONE WITH A SOCIAL WORKER TO ADDRESS AREAS OF NEED, SET GOALS AND COMPLETE A DEPRESSION SCREENING. REFERRALS TO OTHER COMMUNITY ORGANIZATIONS ARE MADE WHEN NECESSARY TO MEET INDIVIDUAL NEEDS. PART</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	<p>ICIPANTS THEN SHOP FOR HEALTHY FOODS AND HEAD HOME. THE ENTIRE PROGRAM IS COST-COVERED AND LUTHERAN PROVIDES TRANSPORTATION VIA LYFT IF NEEDED. EARLY RESULTS OF THE PILOT ARE ENCOU RAGING. NOT ONLY HAVE ALL PARTICIPANTS SHOWN IMPROVED SCORES AROUND MOOD AND FEELINGS OF I SOLATION, THEY HAVE ALSO DEMONSTRATED SIGNS OF BETTER CONTROL AND MANAGEMENT OF THEIR DIAB ETES. 2020 WILL SEE EXPANSION INTO OTHER CHRONIC DISEASES.HOUSINGAFFORDABLE, OBTAINABLE, S TABLE AND SAFE HOUSING IS A FUNDAMENTAL HUMAN NEED AND A KEY COMPONENT TO QUALITY OF LIFE AND A DETERMINANT OF HEALTH OUTCOMES. WITHIN THE LUTHERAN MEDICAL CENTER EFFORT TO ADDRESS HOUSING AS A SOCIAL DETERMINANT OF HEALTH, THE HOSPITAL SUPPORTED THREE IMPORTANT PROJECT S IN 2019: SUNSHINE HOME SHARESUNSHINE HOME SHARE COLORADO IS A NONPROFIT ORGANIZATION HEL PING HOME PROVIDERS ABOVE THE AGE OF 55 TO AGE IN PLACE. THEY LOOK TO BUILD RELATIONSHIPS WITHIN THE COMMUNITY BY THOUGHTFULLY AND SAFELY MATCHING A HOME PROVIDER WITH A HOME SEEKE R OF ANY AGE. HOME SHARING CREATES A MUTUALLY BENEFICIAL RELATIONSHIP, POTENTIALLY EXCHANG ING SUPPORTIVE SERVICES (GARDENING, HOUSEHOLD CHORES, ETC) AND COMPANIONSHIP FOR AFFORDABL E RENT. LUTHERAN MEDICAL CENTER IS HELPING TO INCREASE THE NUMBER OF HOME SHARE PARTICIPAN TS. THE CARE MANAGEMENT TEAM AT LUTHERAN HAS RECEIVED TRAINING TO MAKE REFERRALS TO THIS P ROGRAM. THE ASSOCIATES OF LUTHERAN MEDICAL CENTER HAVE BEEN INTRODUCED TO THIS CONCEPT. ON E OPTION IS TO REDUCE COST OF RENT AND COMMUTE TIME.THE HOPE AND OPPORTUNITY PROJECTTHE HO PE AND OPPORTUNITY PILOT PROJECT IS A GROUNDBREAKING COLLABORATION BETWEEN THE ACTION CENT ER, STRIDE, RED ROCKS COMMUNITY COLLEGE, AND LUTHERAN MEDICAL CENTER. THE PROJECT WAS CREA TED TO ADDRESS AN EPIDEMIC OF STUDENT HOMELESSNESS AND FOOD AND HEALTH INSECURITY OCCURRIN G FOR SOME EVEN WHILE INDIVIDUALS ARE WORKING HARD TO GRADUATE, GET AHEAD AND ATTAIN STABI LITY.THERE ARE FOUR PILLARS OF SUPPORT IN THIS PROJECT. TEMPORARY HOUSING AND SUPPORT AT T HE ACTION CENTER'S SHELTER, FOOD AND WRAP AROUND SUPPORT FROM THE ACTION CENTER. EDUCATION AL OPPORTUNITY THROUGH SCHOLARSHIPS AND SUPPORT FROM RED ROCKS, HEALTH CARE SERVICES FROM STRIDE'S MOBILE HEALTH VAN, CONNECTION TO A LONGER TERM MEDICAL HOME, MENTORING , CAREER OPPORTUNITIES AND CONNECTION THROUGH LUTHERAN MEDICAL CENTER.SEE CONTINUATION BEL OW</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: UNINTENTIONAL INJURIES- IN 2019, 12 "STOP THE BLEED" PUBLIC TRAININGS WERE OFFERED REACHING OVER 366 COMMUNITY MEMBERS. STOP THE BLEED IS A NATIONAL AWARENESS CAMPAIGN AND CALL-TO-ACTION. THE TRAINING IS INTENDED TO CULTIVATE GRASSROOTS EFFORTS THAT ENCOURAGE BYSTANDERS TO BECOME TRAINED, EQUIPPED, AND EMPOWERED TO HELP IN A BLEEDING EMERGENCY BEFORE PROFESSIONAL HELP ARRIVES. - FALLS PREVENTION TRAININGS AND RISK ASSESSMENTS WERE OFFERED TO DECREASE FALLS FOR HIGH RISK INDIVIDUALS. TWO CLASSES, "MATTER OF BALANCE AND "GET UP, GET UP" WERE PRIMARY INTERVENTIONS TARGETING OLDER ADULTS. APPROXIMATELY 90 PEOPLE TOOK ADVANTAGE OF THESE OFFERINGS. A SCREENING FOR BALANCE STRENGTH WAS PROVIDED AT THE ANNUAL HEALTH FAIR AS A MEANS FOR GENERAL ASSESSMENT AND PUBLIC EDUCATION. - PARTNER SUPPORT FOR THE "WALK WITH EASE" PROGRAM, A 6-WEEK WALKING INTERVENTION (3 DAYS A WEEK FOR ONE HOUR) THROUGH THE ARTHRITIS FOUNDATION. THIS PROGRAM HAS PROVEN TO REDUCE THE PAIN OF ARTHRITIS AND INCREASE OVERALL HEALTH AND MOBILITY. THIS PROGRAM PROVIDED ANOTHER FALLS PREVENTION MODEL AND SUPPORTED 27 PARTICIPANTS IN 2019.- FOCUSING ON PREVENTION OF HEAD INJURIES AND RECREATIONAL SAFETY, GSMC PROVIDED 60 HELMETS TO FAMILIES IN AN EFFORT TO REDUCE INJURIES FROM BICYCLE ACCIDENTS.- IN PARTNERSHIP WITH BOULDER VALLEY SCHOOLS AND COLORADO UNIVERSITY SPORTS MEDICINE, GSMC COORDINATED TO PROVIDE FREE SEMINARS ON PREVENTION, SIGNS, SYMPTOMS, AND TREATMENT OF CONCUSSIONS CALLED "CONCUSSION 101". TARGET POPULATION: FAMILIES WITH KIDS IN SCHOOL SPORTS PROGRAMS - 33 FAMILIES SERVED.- THE "FATAL VISION ALCOHOL IMPAIRMENT GOGGLES" WERE UTILIZED AT FOUR LOCAL FESTIVALS TO SIMULATE THE EFFECTS OF ALCOHOL ON SOBER INDIVIDUALS AND TO INCREASE AWARENESS ABOUT THE DANGERS OF IMPAIRED DRIVING.- A COMMUNITY CHILD CAR SEAT CHECK WAS OFFERED THROUGHOUT THE YEAR. SEATS WERE RECALLED IF FOUND TO BE DEFECTIVE, RECALLED OR OTHERWISE A DANGER TO THE CHILD. 993 CAR SEATS WERE EXAMINED. - A SIMILAR PROGRAM WAS OFFERED FOR OLDER ADULTS TO SUPPORT DRIVER SAFETY BY EVALUATING "CAR-FIT" STRATEGIES. ADAPTIVE EQUIPMENT WAS ADDED TO SUPPORT THE DRIVER IF NECESSARY.CARDIOVASCULAR DISEASE- POPULATION PREVENTION STRATEGIES WERE IMPLEMENTED TO DRIVE INCREASED AWARENESS, NUTRITION EDUCATION AND WARNING SIGNS FOR STROKE AND HEART DISEASE. PARTNERED WITH THE AMERICAN HEART ASSOCIATION TO ADVANCE OUTREACH.- PROVIDE A NATIONALLY ACCREDITED CARDIAC REHAB PROGRAM, THROUGH THE CARDIOLOGY DIAGNOSTIC AND TREATMENT SERVICES DEPARTMENT, FOR COMMUNITY MEMBERS WHO HAVE HAD A RECENT CARDIAC EVENT AND HAVE A REFERRAL FROM A PHYSICIAN. - OFFERED AN ANNUAL "WEAR RED" EVENT FOR THE COMMUNITY INCLUDING: BLOOD PRESSURE CHECKS, CPR TRAINING, EDUCATION ON SIGNS AND SYMPTOMS OF A STROKE, HEART HEALTHY MEAL DEMONSTRATION, AND AN OPPORTUNITY TO SPEAK WITH A CARDIOLOGIST AND REGISTERED DIETITIAN.- OFFERED A DIABETES PREVENTION CLASS FOR COMMUNITY MEMBERS WHO ARE AT HIGH RISK FOR DEVELOPING DIABETES- ERIE 9 HEALTH</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	<p>H FAIR PROVIDER OFFERING CARDIOVASCULAR SCREENINGS AND EDUCATION INCLUDING: BLOOD PRESSURE CHECKS, CARDIAC RISK ASSESSMENT AND LOW-COST BLOOD TESTS FOR CHOLESTEROL AND GLUCOSE.- GS MC ORGANIZED AND HOSTED AN ANNUAL WEEKEND STROKE CAMP TO PROVIDE SURVIVORS AND CAREGIVERS A CHANCE TO: MEET OTHER STROKE SURVIVORS/CAREGIVERS, ATTEND EDUCATIONAL SEMINARS, PARTICIP ATE IN THERAPEUTIC ACTIVITIES, RECEIVE SUPPORT AND RELAX.- HOSTED A BI-MONTHLY STROKE SUPP ORT GROUP IN PARTNERSHIP WITH THE ROCKY MOUNTAIN STROKE CENTER (ATTENDANCE IN 2019: 356).- PROVIDED TRAINING AND RE-CERTIFICATION CLASSES (CPR, PALS AND ACLS) AT NO COST TO LOCAL E MS PROFESSIONALS.- ORGANIZED AND HOSTED AN EMS SUMMIT FOR ALL AREA EMS PROVIDERS WITH AN E MPHASIS ON CARDIOVASCULAR DISEASE (42 PEOPLE ATTENDED).- PROVIDING FUNDING AND QUALITY IMP ROVEMENT SERVICES TO FIVE LOCAL EMS PROVIDERS TO SUPPORT THEIR EFFORTS WITH EMERGENCY RESP ONSE - THORNTON, WESTMINSTER, NORTH METRO, MOUNTAIN VIEW, AND LAFAYETTE FIRE DEPARTMENTS.H EALTH PRIORITIES NOT ADDRESSED THE REMAINDER OF NEEDS IDENTIFIED IN THE CHNA ARE IMPORTANT TO GSMC, BUT DUE TO LIMITED RESOURCES AT THE HOSPITAL LEVEL, AND THE AVAILABILITY OF COMMU NITY ORGANIZATIONS WHO ARE ALREADY ADDRESSING THESE NEEDS, GSMC WILL FOCUS PRIMARILY ON IT S SELECTED PRIORITIES. GSMC WILL CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO E NSURE OTHER NEEDS AND HEALTH INDICATORS ARE SUPPORTED. SOME OF THE ORGANIZATIONS ACTIVELY ADDRESSING OTHER HEALTH PRIORITIES INCLUDE: BOULDER COUNTY PUBLIC HEALTH, BROOMFIELD PUBLI C HEALTH DEPARTMENT, CATHOLIC CHARITIES, UNITED WAY, AMERICAN CANCER SOCIETY, MENTAL HEALT H PARTNERS, WOMEN'S HEALTH, AND OTHERS.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11</p>	<p>CONTINUED NARRATIVE LUTHERAN MEDICAL CENTER: THE PILOT PROJECT SERVES NINE CURRENTLY ENROLLED RED ROCKS STUDENTS WHO ARE EXPERIENCING HOMELESSNESS AND HUNGER. THESE INDIVIDUALS ARE WORKING TOWARDS A DEGREE OR CERTIFICATE THAT WILL ALLOW THEM TO BEGIN TO BUILD A SUSTAINABLE LIFE. THE PROJECT ELIMINATES PARTICIPANT HOUSING AND FOOD INSECURITIES ALLOWING THEM TO THRIVE AND BE OPEN TO THE DEVELOPMENT OF THEIR FUTURE CAREER AND PERSONAL PATHWAYS. WITH THE ADDITION OF HEALTH CARE, COUNSELING, AND LIFE SKILLS COACHING, THEY WILL BE ABLE TO ACHIEVE HOLISTIC HEALTH THAT WILL ALLOW THEM TO FLOURISH AND REALIZE A NEW LIFE. IN 2020, LUTHERAN MEDICAL CENTER WILL BE MEASURING SUCCESS BY TRACKING GRADUATION RATES AND THE LENGTH OF TIME IT TAKES A STUDENT TO SECURE EMPLOYMENT AND PERMANENT HOUSING. JEFFERSON COUNTY REGIONAL HOMELESS NAVIGATION TEAM COORDINATES AND ADDRESSES ISSUES RELATED TO HOMELESSNESS IN OUR COMMUNITIES. JEFFERSON COUNTY AND EACH MUNICIPALITY WITHIN THE COUNTY IS EMBARKING UPON A REGIONAL EFFORT TO CREATE A NETWORK OF LOCAL NAVIGATORS. STARTING IN 2020, THE NAVIGATORS WILL WORK WITHIN THEIR OWN JURISDICTIONS WHILE ALSO COLLABORATING REGIONALLY WITH THE OTHER CITY AND COUNTY NAVIGATORS TO COORDINATE EFFORTS. THE NAVIGATORS WORK ALONGSIDE FIRST RESPONDERS AND SERVICE PROVIDERS TO ASSIST HOMELESS PEOPLE IN CRISIS. NAVIGATORS PROVIDE IMMEDIATE ASSISTANCE WHILE PURSUING LONG-TERM SOLUTIONS. ADDITIONALLY, A HOMELESS COORDINATOR HIRED BY JEFFERSON COUNTY HUMAN SERVICES, COORDINATES THE EFFORTS OF THE REGIONAL NAVIGATION TEAM. THE COORDINATOR EXAMINES INFORMATION GATHERED THROUGH THE NAVIGATORS' WORK TO IDENTIFY TRENDS TO RECOMMEND SYSTEMS AND POLICY CHANGES AND SEEK ADDITIONAL FUNDING OPPORTUNITIES. LUTHERAN MEDICAL CENTER HAS FINISHED A COLLABORATIVE WORKING SPACE WITHIN ONE OF ITS MEDICAL OFFICE BUILDINGS TO HOUSE THE NAVIGATION TEAM. LUTHERAN CARE MANAGEMENT TEAM IS WORKING CLOSELY WITH THE NAVIGATION TEAM AROUND THE SPECIFICS OF SERVING THOSE IN THE HEALTH CARE SETTING EXPERIENCING HOMELESSNESS. ALCOHOL AND SUBSTANCE USE IS THIS PRIORITY HAS PROVEN CHALLENGING FOR LUTHERAN MEDICAL CENTER TO ADDRESS WITH MEANINGFUL IMPACT. A PLAN IS IN PLACE IN 2020 THAT WOULD TRAIN ASSOCIATES WITHIN WEST PINES BEHAVIORAL HEALTH TO DELIVER PRESENTATIONS AND OTHER MESSAGING WITHIN SCHOOLS AND STUDENT GROUPS FOCUSED ON DECREASING ALCOHOL AND SUBSTANCE USE. ADDITIONAL PRIORITIES NOT ADDRESSED LUTHERAN MEDICAL CENTER (LMC) RECOGNIZES THAT THE OTHER HEALTH NEEDS AND INDICATORS IDENTIFIED IN THE 2018 LMC COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ARE IMPORTANT FOR THE HOSPITAL AND THE COMMUNITIES IT SERVES. NUMEROUS OTHER ORGANIZATIONS ARE CONCURRENTLY ADDRESSING MANY OF THESE REMAINING NEEDS. THEREFORE, DUE TO LIMITED EXPERTISE AND RESOURCES AT THE INDIVIDUAL HOSPITAL LEVEL LMC HAS NARROWED ITS TOP PRIORITIES TO THE FOCUS AREAS LISTED ABOVE. LMC WILL, HOWEVER, CONTINUE TO BUILD PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN OUR PRIMARY SERVICE AREA IN ORDER TO EXPAND OUR FOOTPRINT.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	INT AS FAR AS POSSIBLE INTO ALL RELEVANT HEALTH PRIORITY AREAS WITHOUT OVERTAXING AVAILABL E RESOURCES IN OUR IDENTIFIED PRIORITY AREAS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16	LUTHERAN MEDICAL CENTER:PART V, SECTION B, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/GOOD SAMARITAN MEDICAL CENTER:PART V, SECTION B, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/LUTHERAN MEDICAL CENTER:PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/GOOD SAMARITAN MEDICAL CENTER:PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/LUTHERAN MEDICAL CENTER:PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/GOOD SAMARITAN MEDICAL CENTER:PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/

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? _____

Name and address	Type of Facility (describe)
1 1 - SCL HEART & VASCULAR INSTITUTE - WHEAT R 3655 LUTHERAN PKWY STE 201 WHEAT RIDGE, CO 800336010	OUTPATIENT PHYSICIAN CLINIC
1 2 - SCL HEALTH MEDICAL GROUP - ORTHOPAEDICS 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
2 3 - SCL HEALTH MEDICAL GROUP - THORNTON 1181 E 120TH AVE UNIT A THORNTON, CO 802335729	OUTPATIENT PHYSICIAN CLINIC
3 4 - SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 WELLINGTON AVE STE 3C GRAND JUNCTION, CO 815016124	OUTPATIENT PHYSICIAN CLINIC
4 5 - SCL HEALTH MEDICAL GROUP - LUNG & SLEEP 1050 WELLINGTON AVE GRAND JUNCTION, CO 815018121	OUTPATIENT PHYSICIAN CLINIC
5 6 - SCL HEALTH MEDICAL GROUP - CTR FOR BRAIN 750 WELLINGTON AVE STE 3A GRAND JUNCTION, CO 815016124	OUTPATIENT PHYSICIAN CLINIC
6 7 - SCL HEALTH MEDICAL GROUP - MIDTOWN 1960 N OGDEN ST STE 120 DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
7 8 - SCL HEALTH MEDICAL GROUP - LUTHERAN 3550 LUTHERAN PKWY G-20 WHEAT RIDGE, CO 800336016	OUTPATIENT PHYSICIAN CLINIC
8 9 - SCL HEALTH MEDICAL GROUP - BROOMFIELD 12169 SHERIDAN BLVD BROOMFIELD, CO 800202459	OUTPATIENT PHYSICIAN CLINIC
9 10 - SCL HEALTH HEART & VASCULAR- DENVER CTS 1960 N OGDEN ST STE 540 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
10 11 - SCL HEALTH MEDICAL GROUP - LAFAYETTE 2600 CAMPUS DR STE A LAFAYETTE, CO 800263358	OUTPATIENT PHYSICIAN CLINIC
11 12 - SCL HEART & VASCULAR INSTITUTE - LAFAYET 300 EXEMPLA CIR STE 310 LAFAYETTE, CO 800263394	OUTPATIENT PHYSICIAN CLINIC
12 13 - SCL HEART & VASCULAR INSTITUTE - DENVER 1960 N OGDEN ST STE 110 DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
13 14 - SCL HEART & VASCULAR INSTITUTE - DENVER 1960 N OGDEN ST STE 110 DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
14 15 - SCL HEALTH MEDICAL GROUP - FOOTHILLS 1726 COLE BLVD SUITE 350 LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
16 16 - SCL HEALTH MEDICAL GROUP - CHERRY CREEK 400 S COLORADO BLVD SUITE 900 DENVER, CO 80246	OUTPATIENT PHYSICIAN CLINIC
1 17 - SCL HEALTH MEDICAL GROUP- GOOD SAM SURGE 300 EXEMPLA CIR STE 400 LAFAYETTE, CO 800263396	OUTPATIENT PHYSICIAN CLINIC
2 18 - SCL HEALTH MEDICAL GROUP - COMM FOOT & A 11900 GRANT ST STE 220 NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
3 19 - SCL HEALTH MEDICAL GROUP - GREEN MOUNTAI 12790-A W ALAMEDA PKWY LAKEWOOD, CO 802282850	OUTPATIENT PHYSICIAN CLINIC
4 20 - SCL HEALTH CANCER CENTERS OF COLORADO 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
5 21 - SCL HEALTH MEDICAL GROUP - STAPLETON OB- 2823 ROSLYN ST DENVER, CO 802382624	OUTPATIENT PHYSICIAN CLINIC
6 22 - SCL HEALTH MEDICAL GROUP - OBGYN SERVIC 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
7 23 - WEST PINES TMS 3400 LUTHERAN PKWY WHEAT RIDGE, CO 800336035	OUTPATIENT PHYSICIAN CLINIC
8 24 - SCL HEALTH MEDICAL GROUP - HEART & VASCU 2643 PATTERSON RD STE 403 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
9 25 - SCL HEALTH MEDICAL GROUP - STAPLETON 2803 ROSLYN ST DENVER, CO 802382624	OUTPATIENT PHYSICIAN CLINIC
10 26 - SCL HEALTH MEDICAL GROUP - LARKRIDGE 16570 WASHINGTON ST THORNTON, CO 800238964	OUTPATIENT PHYSICIAN CLINIC
11 27 - SCL HEART & VASCULAR INSTITUTE - NORTHGL 11900 GRANT ST SUITE 240 NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
12 28 - SCL HEALTH MEDICAL GROUP - WESTMINSTER 8758 WOLFF CT STE 200 WESTMINSTER, CO 800316904	OUTPATIENT PHYSICIAN CLINIC
13 29 - SCL HEALTH MEDICAL GROUP - DENVER OB-GYN 1960 N OGDEN ST STE 230 DENVER, CO 802183668	OUTPATIENT PHYSICIAN CLINIC
14 30 - LUTHERAN SPINE CENTER 1687 COLE BLVD STE 103 LAKEWOOD, CO 804013322	OUTPATIENT PHYSICIAN CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
31 31 - SCL HEALTH MEDICAL GROUP - PHYSICAL MEDI 2686 PATTERSON ROAD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
1 32 - SCL HEALTH MEDICAL GROUP - HEART & VASCU 2643 PATTERSON RD SUITE 401 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
2 33 - SCL HEALTH MEDICAL GROUP- WHEAT RIDGE PT 9830 I-70 FRONTAGE ROAD S WHEAT RIDGE, CO 800331724	OUTPATIENT PHYSICIAN CLINIC
3 34 - SCL HEALTH MEDICAL GROUP - BELMAR 325 S TELLER ST STE 250 LAKEWOOD, CO 802267429	OUTPATIENT PHYSICIAN CLINIC
4 35 - SCL HEALTH MEDICAL GROUP - OCCUPATIONAL 2686 PATTERSON RD GRAND JUNCTION, CO 815068817	OUTPATIENT PHYSICIAN CLINIC
5 36 - SCL HEALTH MEDICAL GROUP - WHEAT RIDGE 9830 I-70 FRONTAGE ROAD S WHEAT RIDGE, CO 800331724	OUTPATIENT PHYSICIAN CLINIC
6 37 - SCL HEALTH MEDICAL GROUP - DENVER UROGYN 1960 N OGDEN ST STE 520 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
7 38 - SCL HEALTH CANCER CENTERS OF COLORADO 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
8 39 - SCL HEALTH MEDICAL GROUP- WHEAT RIDGE DI 3555 LUTHERAN PKWY STE 180 WHEAT RIDGE, CO 800336000	OUTPATIENT PHYSICIAN CLINIC
9 40 - SCL HEALTH HEART & VASCULAR- WHEAT RIDGE 3555 LUTHERAN PARKWAY STE 380 WHEAT RIDGE, CO 800336023	OUTPATIENT PHYSICIAN CLINIC
10 41 - SCL HEALTH HEART & VASCULAR-STRUCTURAL H 1960 N OGDEN ST STE 540 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
11 42 - LUTHERAN MEDICAL CENTER - RADIATION ONCO 8300 W 38TH AVE WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
12 43 - SCL HEALTH MEDICAL GROUP - FIRESTONE 8350 COLORADO BLVD STE 160 FIRESTONE, CO 805046803	OUTPATIENT PHYSICIAN CLINIC
13 44 - SCL HEALTH MEDICAL GROUP - ENDOCRINOLOGY 2686 PATTERSON RD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
14 45 - SCL HEALTH MEDICAL GROUP - MATERNAL-FETA 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC

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? _____

Name and address	Type of Facility (describe)
46 46 - SCL HEALTH MEDICAL GROUP - QUAIL CREEK 2055 WEST 136TH AVE UNIT B118 BROOMFIELD, CO 800239308	OUTPATIENT PHYSICIAN CLINIC
1 47 - SCL HEALTH MEDICAL GROUP - LITTLETON 8515 W COAL MINE AVE STE 240 LITTLETON, CO 80123	OUTPATIENT PHYSICIAN CLINIC
2 48 - LUTHERAN MEDICAL CENTER - CANCER CENTERS 3550 LUTHERAN PKWY STE 100A WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
3 49 - SCL HEALTH MEDICAL GROUP - PEDIATRIC SPE 2643 PATTERSON RD STE 603 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
4 50 - SCL HEALTH MEDICAL GROUP - DENVER SPORTS 1830 FRANKLIN ST SUITE 340 DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
5 51 - LUTHERAN MATERNAL FETAL MEDICINE 3455 LUTHERAN PARKWAY STE 210 WHEAT RIDGE, CO 800336012	OUTPATIENT PHYSICIAN CLINIC
6 52 - SCL HEALTH MEDICAL GROUP - AURORA 23770 E SMOKEY HILL RD STE 240 AURORA, CO 80016	OUTPATIENT PHYSICIAN CLINIC
7 53 - SCL HEALTH MEDICAL GROUP - DENVER BREAST 1960 N OGDEN ST STE 690 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
8 54 - SCL HEALTH MEDICAL GROUP - DENVER SURGE 1960 N OGDEN ST STE 530 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
9 55 - PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 800336019	OUTPATIENT PHYSICIAN CLINIC
10 56 - SCL HEALTH MEDICAL GROUP- BROOMFIELD PT 12169 SHERIDAN BLVD BROOMFIELD, CO 800202459	OUTPATIENT PHYSICIAN CLINIC
11 57 - SCL HEALTH MEDICAL GROUP - INFECTIOUS DI 2643 PATTERSON RD STE 406 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
12 58 - SCL HEALTH MEDICAL GROUP-DENVER DIAB & E 1960 N OGDEN ST STE 120A DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
13 59 - SCL HEALTH MEDICAL GROUP-LAFAYETTE DIAB 300 EXEMPLA CIR STE 300 LAFAYETTE, CO 800263395	OUTPATIENT PHYSICIAN CLINIC
14 60 - SAINT JOSEPH HOSPITAL - CANCER CENTERS O 1825 MARION ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
61 61 - SCL HEALTH MEDICAL GROUP- STAPLETON PT 2807 ROSLYN ST DENVER, CO 802382624	OUTPATIENT PHYSICIAN CLINIC
1 62 - SCL HEALTH MEDICAL GROUP- LARKRIDGE PT 16571 WASHINGTON ST THORNTON, CO 800238964	OUTPATIENT PHYSICIAN CLINIC
2 63 - SCL HEALTH MEDICAL GROUP-SUPERIOR 3 SUPERIOR DRIVE SUITE 400 SUPERIOR, CO 800278656	OUTPATIENT PHYSICIAN CLINIC
3 64 - GOOD SAMARITAN MEDICAL CENTER - CANCER C 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
4 65 - SCL HEALTH MEDICAL GROUP- ASSOCIATE HEAL 500 ELDORADO BLVD BLDG 4 STE 4250 BROOMFIELD, CO 800213408	OUTPATIENT PHYSICIAN CLINIC
5 66 - SCL HEALTH SAINT JOSEPH EMERGENCY DEPART 23770 E SMOKY HILL RD AURORA, CO 800163089	OUTPATIENT PHYSICIAN CLINIC
6 67 - LUTHERAN WEIGHT LOSS CENTER 3455 LUTHERAN PKWY STE 220 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
7 68 - GSMC CRITICAL CARE & PULMONOLOGY 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
8 69 - WEST PINES MEDICATION MANAGEMENT CLINIC 3400 LUTHERAN PKWY WHEAT RIDGE, CO 800336035	OUTPATIENT PHYSICIAN CLINIC
9 70 - SCL HEALTH SAINT JOSEPH EMERGENCY DEPART 11900 GRANT ST NORTHGLENN, CO 802331117	OUTPATIENT PHYSICIAN CLINIC
10 71 - SCL HEALTH MEDICAL GROUP- GREEN MOUNTAIN 12792 C-1 W ALAMEDA PKWY LAKEWOOD, CO 802282850	OUTPATIENT PHYSICIAN CLINIC
11 72 - SCL HEALTH MEDICAL GROUP - NEUROLOGY CRA 2020 W VICTORY WAY CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
12 73 - SCL HEALTH MEDICAL GROUP - LAFAYETTE URO 300 EXEMPLA CIR STE 300 LAFAYETTE, CO 800263392	OUTPATIENT PHYSICIAN CLINIC
13 74 - SCL HEALTH MEDICAL GROUP - CENTER FOR BR 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
14 75 - GOOD SAMARITAN MEDICAL CENTER - CANCER C 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC

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? _____

Name and address	Type of Facility (describe)
76 76 - SCL HEALTH MEDICAL GROUP- WHEAT RIDGE DI 3555 LUTHERAN PKWY STE 180 WHEAT RIDGE, CO 800336000	OUTPATIENT PHYSICIAN CLINIC
1 77 - SCL HEALTH MEDICAL GROUP - NEUROLOGY COR 1280 N MILDRED RD STE 1 CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
2 78 - SCL HEALTH MEDICAL GROUP - NEUROLOGY BAS 350 MARKET AVE STE 316 BASALT, CO 816217405	OUTPATIENT PHYSICIAN CLINIC
3 79 - SCL HEALTH MEDICAL GROUP - BARIATRIC CLI 2440 N 11TH STREET GRAND JUNCTION, CO 815018102	OUTPATIENT PHYSICIAN CLINIC
4 80 - SCL HEALTH MEDICAL GROUP - NEUROLOGY GUN 711 N TAYLOR ST GUNNISON, CO 812302243	OUTPATIENT PHYSICIAN CLINIC
5 81 - SCL HEALTH MEDICAL GROUP-BRIGHTON DIAB & 1610 PRAIRIE CENTER PARKWAY SUITE 2300 BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
6 82 - SCL HEALTH MEDICAL GROUP- WHEATRIDGE URO 1960 N OGDEN ST STE 520 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
7 83 - SCL HEALTH CANCER CENTERS OF COLORADO 600 RUSSELL ST CRAIG, CO 816258750	OUTPATIENT PHYSICIAN CLINIC
8 84 - SCL HEALTH MEDICAL GROUP - NEUROLOGY MOA 476 WEST WILLIAM WAY MOAB, UT 84532	OUTPATIENT PHYSICIAN CLINIC
9 85 - SCL HEALTH MEDICAL GROUP - CENTER FOR BR 575 RIVERGATE LN STE 109 DURANGO, CO 813017488	OUTPATIENT PHYSICIAN CLINIC
10 86 - SCL HEALTH MEDICAL GROUP - CENTER FOR BR 20 S MARKET ST CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
11 87 - SCL HEALTH CANCER CENTERS OF COLORADO MOAB REGIONAL HOSPITAL 450 WEST WILLIAMS MOAB, UT 845322185	OUTPATIENT PHYSICIAN CLINIC
12 88 - SCL HEALTH MEDICAL GROUP - NEUROLOGY DUR 450 S CAMINO DEL RIO HWY 550 DURANGO, CO 813016856	OUTPATIENT PHYSICIAN CLINIC
13 89 - SCL HEALTH CANCER CENTERS OF COLORADO 2643 PATTERSON RD SUITE 503 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
14 90 - SCL HEART & VASCULAR INSTITUTE - EVERGRE 32135 CASTLE COURT PEAK BDG STE 100A EVERGREEN, CO 80439	OUTPATIENT PHYSICIAN CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
91 91 - SCL HEALTH MEDICAL GROUP - MATERNAL-FETA 711 N TAYLOR ST GUNNISON, CO 812302243	OUTPATIENT PHYSICIAN CLINIC
1 92 - GOOD SAMARITAN TRAUMA PROFESSIONAL FEES 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
2 93 - SCL HEALTH MEDICAL GROUP - CENTER FOR BR 711 N TAYLOR ST GUNNISON, CO 812302296	OUTPATIENT PHYSICIAN CLINIC
3 94 - SCL HEALTH CANCER CENTERS OF COLORADO 2643 PATTERSON RD SUITE 503 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
4 95 - SCL HEALTH MEDICAL GROUP - CENTER FOR BR 785 RUSSELL ST CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
5 96 - ORTHOPEDIC HOSPITALIST 3455 LUTHERAN PKWY WHEAT RIDGE, CO 800336034	OUTPATIENT PHYSICIAN CLINIC
6 97 - LUTHERAN WEIGHT LOSS CENTER - LAFAYETTE 300 EXEMPLA CIR STE 360 LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
7 98 - SCL HEALTH MEDICAL GROUP - RHEUMATOLOGY 1050 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
8 99 - E PLUS PET IMAGING X LP 104 WOODMONT BLVD STE 500 NASHVILLE, TN 37205	RADIOLOGY SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

SCL HEALTH - FRONT RANGE INC

Employer identification number

84-1103606

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION KEEPS RECORDS TO SUPPORT THE AMOUNTS PROVIDED OR REASON FOR SUCH SUPPORT. ELIGIBILITY FOR FUNDING IS DETERMINED ON AN INDIVIDUAL BASIS, CONSIDERING THE USE OF THE FUNDS AND HOW THE USE RELATES TO THE ORGANIZATION'S MISSION.

Additional Data

Software ID:
Software Version:
EIN: 84-1103606
Name: SCL HEALTH - FRONT RANGE INC

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

(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
LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033	20-8846152	501 (C) (3)	835,916				PROGRAM SUPPORT
GOOD SAMARITAN MEDICAL CENTER FOUNDATION 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026	84-1649162	501 (C) (3)	772,716				PROGRAM SUPPORT

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

(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
PROJECT CURE INTERNATIONAL HEADQUARTERS 10377 E GEDDES AVENUE CENTENNIAL, CO 80112	84-1568566	501 (C) (3)		248,473	BOOK	SURGICAL SUPPLIES	PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501 (C) (3)	137,500				PROGRAM SUPPORT

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

(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
METRO COMMUNITY PROVIDER NETWORK 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501 (C) (3)	64,000				PROGRAM SUPPORT
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501 (C) (3)	25,000				PROGRAM SUPPORT

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

(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
JEFFCO ACTION CENTER INC 8755 W 14TH AVE DENVER, CO 80215	23-7019679	501 (C) (3)	22,500				PROGRAM SUPPORT
COLLEGE TRACK COLORADO 1391 SPEER BLVD SUITE 405 DENVER, CO 80204	94-3279613	501 (C) (3)	20,000				PROGRAM SUPPORT

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

(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
VIA MOBILITY SERVICES 2855 63RD ST BOULDER, CO 80301	84-0777296	501 (C) (3)	15,000				PROGRAM SUPPORT
CLINICA CAMPESINA FAMILY HEALTH SERVICES 1345 PLAZA COURT N LAFAYETTE, CO 80026	84-0743432	501 (C) (3)	15,000				PROGRAM SUPPORT

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

(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
SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DR LAFAYETTE, CO 80026	84-0820308	501 (C) (3)	10,000				PROGRAM SUPPORT
YOUNG AMERICANS CENTER FOR FINANCIAL EDUCATION 3550 EAST FIRST AVE DENVER, CO 80206	84-1564926	501 (C) (3)	10,000				PROGRAM SUPPORT

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

(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
HOSPITAL SISTERS MISSION OUTREACH CORP 4930 LAVERNA ROAD SPRINGFIELD, IL 62705	35-2271729	501 (C) (3)	8,920				PROGRAM SUPPORT
MOUNT SAINT VINCENT HOME 4159 LOWELL BLVD DENVER, CO 80211	84-0405260	501 (C) (3)	6,750				PROGRAM SUPPORT

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

(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
MENDING FACES 422 HUMBOLT STREET DENVER, CO 80218	27-2151804	501 (C) (3)	6,000				PROGRAM SUPPORT
UPLIFT INTERNATIONAL PO BOX 2195 WHEAT RIDGE, CO 80034	84-1129849	501 (C) (3)	6,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SCL HEALTH - FRONT RANGE INC

Employer identification number
84-1103606

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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 (e.g., maid, chauffeur, chef)		
<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 idemnification 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 (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 are not 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				
See Additional Data Table							

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.

Return Reference	Explanation
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 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 THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.
PART I, LINES 4A-B	SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE PAYMENTS TO FORMER EMPLOYEES. THE INDIVIDUALS AND THE AMOUNTS PAID FOR SEVERANCE IN 2019 WERE: BETH FORSYTH - \$227,996, JOHN HIGGINS - \$40,997. SCHEDULE J, PART I, LINE 4B PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE. IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COST AND HAVE GREATER CONTROL OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO A DEFINED CONTRIBUTION (DC) DESIGN. CERTAIN MEMBERS OF SENIOR MANAGEMENT WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS. THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE TERMS OF THE DC SERP (I.E., AFTER THREE YEARS) AND ARE PAID TO THE EXECUTIVE UPON VESTING. NQDC SERP PLANS PRIOR TO 2014 PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013. THE RELATED ORGANIZATION HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THE AMOUNTS ARE VESTED RATHER THAN WHEN THEY ARE RECEIVED. AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE VESTED IN THE CURRENT YEAR, ARE CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS. FOR SOME OF THE PARTICIPANTS, AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE FEDERAL AND STATE GOVERNMENTS AS WITHHOLDING ON THE TAXABLE BENEFIT. NO CASH PAYMENT IS MADE DIRECTLY TO THE PARTICIPANT AND THE REMAINING BENEFIT AMOUNT STAYS IN THE RETIREMENT PLAN. THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2019 WERE: NONE. FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT. THE VESTED AMOUNTS WITHDRAWN INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW. 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 2019. VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT. THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2. THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2019 WERE: MICHAEL TAYLOR - \$126,638, FOREST BINDER - \$34,590, BETH FORSYTH - \$67,226, JOHN HIGGINS - \$58,143, JOHN WICKLUND - \$265,044, STEVE BROWN - \$41,538, SCOTT DAY - \$22,170, THOMAS MYDLER - \$43,165, JAMES DOYLE - \$24,547, LYDIA JUMONVILLE - \$224,709, ROSLAND MCLEOD - \$139,089, KAREN SCREMIN - \$29,009, AMY PACEY - \$49,112, GERALDINE TOWNDRON - \$53,879. 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 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, PATIENT AND ASSOCIATE SAFETY AND PATIENT EXPERIENCE AND TARGETS AND FULFILLMENT OF OUR MISSION. AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR. THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE ISSUED THEREUNDER. THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON.
SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES	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 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.

Additional Data

Software ID:
Software Version:
EIN: 84-1103606
Name: SCL HEALTH - FRONT RANGE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1LYDIA JUMONVILLE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,071,348	454,944	247,173	378,365	18,226	2,170,056	224,709
1JANIE WADE TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	856,985	267,976	13,769	224,622	23,197	1,386,549	0
2MICHAEL TAYLOR VICE CHAIR 1/1-6/24	(i)	0	0	0	0	0	0	0
	(ii)	663,225	306,569	149,260	133,290	9,599	1,261,943	126,638
3BRIAN WITWER MD PHYSICIAN	(i)	991,839	102,615	9,834	20,160	27,778	1,152,226	0
	(ii)	0	0	0	0	0	0	0
4BASHEAL AGRAWAL MD PHYSICIAN	(i)	961,516	102,615	11,429	18,252	26,162	1,119,974	0
	(ii)	0	0	0	0	0	0	0
5ROBERT REPLOGLE MD PHYSICIAN	(i)	935,358	99,514	19,193	17,360	29,755	1,101,180	0
	(ii)	0	0	0	0	0	0	0
6EDWARD MAURIN MD PHYSICIAN	(i)	935,718	102,615	11,554	19,600	28,620	1,098,107	0
	(ii)	0	0	0	0	0	0	0
7J GRANT WICKLUND REGIONAL PRESIDENT WESTERN COLORADO	(i)	0	0	0	0	0	0	0
	(ii)	534,258	195,268	300,130	22,400	24,617	1,076,673	0
8MARK KORTH VICE CHAIR 6/24-12/31	(i)	0	0	0	0	0	0	0
	(ii)	983,869	0	60,036	0	12,342	1,056,247	0
9ROSLAND MCLEOD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	511,474	204,160	155,604	156,639	26,764	1,054,641	139,089
10JASON SHOFNOS MD PHYSICIAN	(i)	815,875	75,000	20,505	22,400	25,385	959,165	0
	(ii)	0	0	0	0	0	0	0
11JENNIFER ALDERFER PRESIDENT GSMC & SYSTEM TRANSFORM OF	(i)	0	0	0	0	0	0	0
	(ii)	472,328	165,306	14,448	79,173	23,643	754,898	0
12THOMAS MYDLER MD VP CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	352,086	93,327	47,552	63,181	25,847	581,993	43,165
13KAREN SCREMIN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	374,599	97,774	31,585	66,725	8,077	578,760	29,009
14THOMAS DONOHOE SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	358,528	79,491	1,371	93,065	26,157	558,612	0
15BETH FORSYTH CHIEF OPERATING OFFICER-GSMC 1/1-2/6	(i)	0	0	0	0	0	0	0
	(ii)	59,069	77,267	361,269	34,931	14,574	547,110	0
16STEVEN BROWN MD VP CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	345,215	91,999	52,370	18,696	21,558	529,838	0
17FOREST BINDER VP FINANCE LMC	(i)	0	0	0	0	0	0	0
	(ii)	303,326	80,316	52,231	52,812	12,337	501,022	0
18JAMES DOYLE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	272,963	112,866	48,662	41,438	23,933	499,862	24,547
19JOHN HIGGINS VICE PRESIDENT AND CFO EGSMC 1/1-10/	(i)	0	0	0	0	0	0	0
	(ii)	178,196	59,528	145,517	35,270	25,501	444,012	23,196

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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				
21 ANDREA BURCH VP-COO-CNO-LMC	(i)	0	0	0	0	0	0	
	(ii)	282,957	61,321	2,229	50,307	27,907	424,721	
1 SCOTT DAY VP HUMAN RESOURCES LMC	(i)	0	0	0	0	0	0	
	(ii)	234,312	62,852	38,057	37,704	21,079	394,004	
2 GERALDINE TOWNDROW FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	
	(ii)	139,988	131,031	50,051	10,054	3,439	334,563	
3 MEGAN DURNING VP STRATEGY & BUSINESS DEVELOPMENT L	(i)	0	0	0	0	0	0	
	(ii)	215,846	56,144	1,723	33,169	499	307,381	
4 PETER BENKOWSKI VP STRATEGY & BUSINESS DEVELOPMENT G	(i)	0	0	0	0	0	0	
	(ii)	194,228	48,890	2,689	30,841	26,636	303,284	
5 AMY PACEY FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	
	(ii)	138,813	63,239	24,558	33,833	4,581	265,024	
6 PATRICIA ELLISOR VP CHIEF NURSING OFFICER GSMC	(i)	0	0	0	0	0	0	
	(ii)	189,519	20,000	2,888	41,301	9,335	263,043	
7 HILDA DALFONSO VP FINANCE GSMC 11/20- 12/31	(i)	0	0	0	0	0	0	
	(ii)	99,141	14,394	2,459	7,424	32,966	156,384	

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SCL HEALTH - FRONT RANGE INC

Employer identification number 84-1103606

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.

Table with 5 columns: (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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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
(1) JUDY CABOT	SEE PART V	58,031	KEY EMPLOYEE ANDREA BURCH, IS THE DAUGHTER OF AN EMPLOYEE OF SCL HEALTH FRONT RANGE, INC., JUDY CABOT.		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

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.

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
SCL HEALTH - FRONT RANGE INC

Employer identification number

84-1103606

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4D	<p>DESCRIPTION OF PROGRAM SERVICE ACHIEVEMENTS SCL HEALTH - FRONT RANGE, INC. (SCLHFR) OPERATES LUTHERAN MEDICAL CENTER (LMC) SERVING PRIMARILY WESTERN AND SOUTHERN SUBURBAN AREAS OF METRO DENVER AND GOOD SAMARITAN MEDICAL CENTER (GSMC), SERVING PRIMARILY BOULDER AND NORTH WEST COUNTIES OF METRO DENVER, AND OTHER AFFILIATED MEDICAL OPERATIONS. THE SYSTEM'S COLLECTIVE PROGRAM SERVICES ACCOMPLISHMENTS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING: MEDICAL SERVICES ARE PROVIDED TO ALL WHO SEEK SERVICE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL FOR THE OPERATION AND STABILITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. THE MISSION OF SCL HEALTH IS "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE". THEREFORE, IN KEEPING WITH SCLHFR'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE WILL BE CONSIDERED AND PROVIDED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY EXIST. IN ADDITION, SCLHFR RECOGNIZES THE ESSENTIAL NEED TO BE EXCEPTIONAL STEWARDS OF MEDICARE, MEDICAID AND COMMUNITY/PRIVATE FUNDING DOLLARS. DURING THE YEAR, SCL HEALTH - FRONT RANGE, INC. PROVIDED BENEFITS TO THE COMMUNITY WHICH WENT TO CARING FOR THOSE WHO ARE POOR AND VULNERABLE THROUGH CHARITY CARE, UNREIMBURSED MEDICAID AND OTHER MEANS - TESTED GOVERNMENT PROGRAMS. SCLHFR PROVIDED ADDITIONAL BENEFITS TO THE COMMUNITY WHICH WENT TO IMPROVING THE HEALTH OF THE HOSPITAL'S COMMUNITY THROUGH HEALTH EDUCATION, COMMUNITY PROGRAMS, SUBSIDIZED HEALTH SERVICES AND ENVIRONMENTAL IMPROVEMENTS. SCLHFR ALSO RECOGNIZES THE ESSENTIAL NEED TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY AND SERVICES. IN RESPONSE, A BEST IN THE NATION STRATEGY AND PROGRAM WAS IMPLEMENTED. THE OBJECTIVES OF THE PROGRAM ARE TO BE THE BEST IN THE NATION IN PREDEFINED QUALITY, SERVICE AND COST INDICATORS. THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR PUBLICLY COMPARABLE DATABASES, INCLUDING THE COLORADO HEALTH AND HOSPITAL ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES. COLLECTIVELY WITH ITS 572 LICENSED BEDS AT LMC AND GSMC, SCLHFR SERVED THE COMMUNITY WITH 26,601 INPATIENT ADMISSIONS AND 287,876 TOTAL OUTPATIENT VISITS WHILE PROVIDING SURGICAL SERVICES TO 13,953 RECIPIENTS. TOTAL BIRTHS AT SCLHFR WERE 3,650. TOTAL ER VISITS WERE 102,372. TOTAL LAB TESTS PERFORMED WERE 1,382,510. -COMPREHENSIVE MEDICAL SERVICES INCLUDE, BUT ARE NOT LIMITED TO, CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY, PEDIATRICS, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEURO SURGERY, OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, HOSPICE CARE AND INTEGRATIVE HEALTH SERVICES. A STRONG COMMITMENT TO THE HEALTH OF THE COMMUNITY IS FURTHER EXE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINES 4A - 4D</p>	<p>MPLIFIED BY, BUT NOT LIMITED TO, THE FOLLOWING PROGRAMS; -THE CANCER CENTER AT LMC INCLUDE S ALL STAGES OF CARE INCLUDING INITIAL DIAGNOSIS; PROVIDING MONITORING, AND MANAGING MEDIC ATIONS. THE CENTER INCLUDES STATE-OF-THE-ART-RADIATION ONCOLOGY CENTER, INFUSION CENTER, O NCOLOGY UNIT, CLINICAL TRIALS, NUTRITION COUNSELING, SOCIAL WORK SERVICES, SITE SPECIFIC C ARE TEAM, EDUCATION AND SUPPORT SERVICES. -AT THE HEART AND NEUROVASCULAR CENTER, PATIENTS ARE TREATED BY AN INTERDISCIPLINARY TEAM FOR CARDIAC AND NEUROLOGICAL CARE. PATIENTS DO N OT NEED TO BE TRANSFERRED TO ANOTHER FACILITY. THE CENTER FEATURES ADVANCED IMAGING EQUIPM ENT AND NEUROLOGICAL SUITES TO SPEED PATIENTS' CARE. -THE BREAST CARE CENTER, ACCREDITED B Y THE AMERICAN COLLEGE OF RADIOLOGY AND THE NATIONAL ACCREDITATION BREAST CARE CENTER, PRO VIDES A FULL RANGE OF HIGH-TECH SERVICES IN ITS SCREENING AND DIAGNOSTIC SUITES INCLUDING DIGITAL MAMMOGRAPHY SCREENINGS AND DIAGNOSTIC SERVICES, ULTRASOUND, STEREOTACTIC BIOPSIES, MEDICAL CONSULTATION, EDUCATION, AS WELL AS AN ALTERNATIVE HEALTH CENTER AND EMOTIONAL SU PPORT. -THE WOMEN AND FAMILY CENTER INCLUDES A LEVEL III NEONATAL INTENSIVE CARE UNIT AND COMPREHENSIVE PRENATAL AND PARENTING EDUCATION. THE ANTEPARTUM FAMILY UNIT HELPS PREGNANT WOMEN WHO NEED SPECIALIZED CARE FOR THEMSELVES AND/OR THEIR UNBORN BABIES. SUPPORT FOR THE NEW UNIT HELPS US REACH OUR GOAL TO HELP WOMEN HAVE HEALTHY PREGNANCIES, BIRTHS AND BABIE S. THE DIAGNOSTIC IMAGING CENTER IS ONE OF DENVER'S MOST ADVANCED IMAGING CENTERS FEATURIN G COMPREHENSIVE STATE-OF-THE-ART DIAGNOSTIC IMAGING SERVICES INCLUDING 40 SLICE CT SCANNER , 3.0 TESLA MRI SYSTEM, 3D MAMMO EQUIPMENT ULTRASOUND ROOMS WITH ADJOINED CHANGING ROOMS A ND RESTROOMS AND DIAGNOSTIC TECHNOLOGY IN ALL-DIGITAL ENVIRONMENT. -THE HUMAN MOTION INSTI TUTE (HMI) OFFERS STATE-OF-THE-ART MUSCULOSKELETAL CARE. HMI COMBINES THE MOST ADVANCED ME DICAL TECHNOLOGY WITH A DEDICATED TEAM OF PHYSICIANS AND MEDICAL PROFESSIONALS. THE FOCUS IS ON PREVENTION, ASSESSMENT, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL INJURIES. -C OLLIER HOSPICE CENTER PROVIDES COMPASSIONATE, COMPREHENSIVE, INTERDISCIPLINARY END-OF-LIFE CARE FOR TERMINALLY ILL PATIENTS AND SUPPORT FOR THEIR FAMILIES. PATIENTS ARE SERVED IN T HEIR HOMES, IN NURSING HOMES AND IN THE HOSPICE INPATIENT UNIT LOCATED ON LMC'S CAMPUS. TH ERE ARE FREE COMMUNITY SERVICES INCLUDING VOLUNTEER-BASED PRE-HOSPICE SUPPORT, GRIEF SUPPO RT GROUPS, GRIEF EDUCATION WORKSHOPS, CAREGIVER SUPPORT GROUPS AND GRIEF SUPPORT FOR YOUNG PEOPLE. -WEST PINES IS A BEHAVIORAL HEALTH FACILITY THAT PROVIDES INPATIENT AND OUTPATIEN T PSYCHIATRIC AND ADDICTION SERVICES TO ADULTS. THE WEST PINES RECOVERY CENTER OFFERS AN I NNOVATIVE TWO-WEEK ADDICTION RECOVERY PROGRAM TO CLIENTS AND THEIR FAMILIES WHO STRUGGLE W ITH ADDICTION, OR ADDICTION PLUS MENTAL ILLNESS. AFTER THE TWO-WEEK STAY, CLIENTS RECEIVE INTENSIVE OUTPATIENT ASSISTANCE AND OPTIONAL MEDICATION MANAGEMENT. THE PROGRAM PROVIDES S HORTER STAYS AND LOWER COSTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4D	<p>THE SENIOR BEHAVIORAL HEALTH IS A 20 BED UNIT LOCATED AT LMC TO TREAT SENIORS WITH PSYCHIA TRIC ILLNESSES. -BRIDGES INTEGRATIVE HEALTH AND WELLNESS OFFERS INTEGRATIVE CARE ACUPUNCTU RE, MASSAGE, HEALING TOUCH, PULMONARY REHABILITATION, PHYSICAL THERAPY AND CARDIAC REHABIL ITATION. -ESTES STREET COMMUNITY CLINIC IS A PARTNERSHIP BETWEEN LMC, THE JEFFCO ACTION CE NTER AND METRO COMMUNITY PROVIDER NETWORK. THE CLINIC SERVES HOMELESS AND LOW-INCOME CHILD REN AND ADULTS WITHOUT INSURANCE. IT PROVIDES ACUTE AND PREVENTIVE CARE, IMMUNIZATIONS, WE LL-CHILD AND WELL-WOMEN CHECKUPS. -LMC PROVIDES COMPREHENSIVE EDUCATION PROGRAMS WITH OPPO RTUNITIES FOR ALL AGES. THROUGH EDUCATION, RELIABLE HEALTH INFORMATION AND SUPPORT, THE PR OGRAM PARTNERS WITH DOCTORS AND OTHER HEALTH CARE EXPERTS TO IMPROVE COMMUNITY HEALTH. -CA RDIAC AND VASCULAR SERVICES INCLUDES THE CARDIAC CALCIUM SCORE FOR DETECTING HEART DISEASE RISK. -EMERGENCY AND TRAUMA SERVICES INCLUDES A LEVEL III TRAUMA CENTER. -BONE AND JOINT INSTITUTE INCLUDES A COMPREHENSIVE TREATMENT OF ALL JOINT INJURIES AND REPLACEMENT. FULL S ERVICE PHYSICAL THERAPY IS ALSO AVAILABLE. -NEUROSCIENCES: THE GOOD SAMARITAN MEDICAL CENT ER ADDED TWO BREAKTHROUGH NEUROSCIENCE TECHNOLOGIES - THE INFRARED 800TM AND THE OPMI PENT ERO - FOR TREATMENT OF STROKES, ANEURYSMS, BRAIN TUMORS AND OTHER CONDITIONS. THE HOSPITAL EMPLOYS A STROKE FELLOWSHIP-TRAINED PHYSICIAN AND HAS CREATED A STROKE CENTER. -OTOLARYNG OLOGY INCLUDES BALLOON SINUPLASTY. -WOMEN AND FAMILY CENTER INCLUDES A LEVEL II NEONATAL I NTENSIVE CARE AND COMPREHENSIVE PRENATAL AND PARENTING EDUCATION. SUPPORT FOR THE UNIT HEL PS US REACH OUR GOAL TO HELP WOMEN HAVE HEALTHY PREGNANCIES, BIRTHS AND BABIES. GSMC ALSO IS THE FIRST HOSPITAL TO RECEIVE THE BABY-FRIENDLY DESIGNATION IN COLORADO. INPATIENT AND OUTPATIENT SURGICAL SERVICES INCLUDES A BONE & JOINT INSTITUTE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4D (CONT'D)	<p>-NEUROSURGERY, INCLUDING O-ARM TECHNOLOGY FOR COMPLEX NEUROSURGICAL CASES AND THE OPMI PENTERO MICROSCOPE, A STATE OF THE ART IMPROVEMENT IN INTRA-OPERATIVE VISUALIZATION FOR BRAIN TUMORS AND ANEURYSMS, THE ONLY ONE OF ITS KIND IN THE REGION. GSMC ALSO BEGAN A DEEP BRAIN STIMULATION SERVICE FOR TREATMENT OF SEVERE MOVEMENT DISORDER LIKE ADVANCED PARKINSON'S DISEASE. -INTERVENTIONAL AND DIAGNOSTIC RADIOLOGY INCLUDING A 64-SLICE CT SCANNER. OTHER SERVICES INCLUDE MRI, ULTRASOUND AND DIAGNOSTIC IMAGING. -GSMC'S HEALTH & HEALING CENTER OFFERS INPATIENT AND OUTPATIENT INTEGRATIVE CARE (ACUPUNCTURE, MASSAGE, HEALING TOUCH, PULMONARY REHABILITATION, PHYSICAL THERAPY AND CARDIAC REHABILITATION). -GSMC PROVIDES WELLNESS QUEST, A COMPREHENSIVE EDUCATION PROGRAM WITH OPPORTUNITIES FOR ALL AGES. THROUGH EDUCATION, RELIABLE HEALTH INFORMATION AND SUPPORT, THE PROGRAM PARTNERS WITH DOCTORS, OTHER HEALTH CARE EXPERTS AND SCHOOLS TO IMPROVE COMMUNITY HEALTH. -GSMC WORKS CLOSELY WITH CLINICA CAMPESINA, A LAFAYETTE-BASED, FEDERALLY-QUALIFIED CLINIC FOR INDIGENT AND LOW INCOME INDIVIDUALS IN BOULDER COUNTY, PROVIDING ASSISTANCE TO FAMILIES IN NEED. LMC WORKS CLOSELY WITH METRO COMMUNITY PROVIDER NETWORK, A FEDERALLY QUALIFIED HEALTH CENTER ALSO SERVING INDIGENT AND LOW INCOME INDIVIDUALS AND FAMILIES IN JEFFERSON COUNTY. -GSMC AND LMC ARE DESIGNATED "BABY-FRIENDLY HOSPITALS" THAT SUPPORT BREASTFEEDING ON NEWBORNS AND PROMOTES THE INITIATION OF BREASTFEEDING WITHIN 1 HOUR OF BIRTH AND ALLOWS MOTHERS AND INFANTS TO REMAIN TOGETHER 24 HOURS A DAY. -GSMC AND LMC OFFER THE "BABY'S FIRST RIDE PROGRAM" AS A SERVICE TO ALL FAMILIES DELIVERING AT OUR HOSPITAL. PARENTS ARE TAUGHT THE PROPER WAY TO INSTALL AND USE A CAR SEAT TO ENSURE THEIR BABY'S FIRST RIDE IS A SAFE ONE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OR STOCKHOLDERS SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) IS THE SOLE MEMBER OF SCL HEALTH-FRONT RANGE, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	POWER TO ELECT OR APPOINT MEMBERS SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC., THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE, INC., APPROVES MEMBERS OF SCL HEALTH - FRONT RANGE, INC. BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS; SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) HAS CERTAIN RESERVE POWERS TO APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND THE BYLAWS INCLUDING THE APPOINTMENT OR REMOVAL OF BOARD MEMBERS AND THE PRESIDENT/CEO. SCLHS ALSO HAS CERTAIN RESERVE POWERS OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CHANGE IN MISSION, ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS USED TO REVIEW THE FORM 990; THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS). THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. ANY QUESTIONS ARE ADDRESSED TO THE TAX DIRECTOR OF SCLHS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY: SCL HEALTH - FRONT RANGE, INC., AND THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (COLLECTIVELY REFERRED TO AS SCL HEALTH), REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY PROVIDING EDUCATION AND TRAINING FOR ITS EMPLOYEES, STAFF, OFFICERS AND DIRECTORS. PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS BOARD MEMBERS, OFFICERS, PHYSICIANS, EXECUTIVES AND DIRECTOR LEVEL MANAGERS ARE ALL REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT UPON HIRE/APPOINTMENT AND ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICT ISSUES. THESE STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT AND APPROPRIATE LEADERSHIP. A REPORT IS PROVIDED TO SCL HEALTH'S PRESIDENT/CEO AND THE BOARD OF DIRECTORS. THE BUSINESS AND AFFAIRS OF SCL HEALTH WILL AT ALL TIMES BE CONDUCTED IN A MANNER THAT IS SOLELY IN THE BEST INTERESTS OF SCL HEALTH AND NOT BE INFLUENCED BY CONFLICTING INTERESTS OF PERSONS RESPONSIBLE FOR ADMINISTERING THOSE AFFAIRS. THE EXISTENCE OF ANY CONFLICTS OF INTEREST WILL BE DISCLOSED AND THE PROCEDURES SET FORTH HEREIN WILL BE FOLLOWED. CERTAIN TRANSACTIONS DETERMINED TO CONSTITUTE A CONFLICT OF INTEREST ARE PROHIBITED. ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SCL HEALTH IS CONSIDERED AN INTERESTED PERSON. THIS TERM INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING: - BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS; - SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS); - EMPLOYED PHYSICIANS AND PHYSICIANS IN MEDICAL STAFF LEADERSHIP ROLES (E.G., DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES); - MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCHASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT; - DEPARTMENT DIRECTORS; AND - OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHIP WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE. UPON BECOMING AN INTERESTED PERSON AND ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT CONSTITUTE OR MIGHT LEAD TO A CONFLICT OF INTEREST BY COMPLETING THE CURRENT CONFLICT OF INTEREST AND GIFT DISCLOSURE STATEMENT ("STATEMENT") AS APPROVED BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER. THE CHIEF INTEGRITY AND COMPLIANCE OFFICER WILL OVERSEE THE REVIEW OF THE STATEMENTS AND THE RESOLUTION OF ANY IDENTIFIED CONFLICTS OF INTEREST AND ALERT THE SCL HEALTH CEO AND/OR THE CHAIR OF THE SCL HEALTH BOARD OF DIRECTORS TO ANY ITEMS OF CONCERN. WHEN AN INTERESTED PERSON BECOMES AWARE OF A CONFLICT OF INTEREST WHICH HAS NOT BEEN DISCLOSED ON A STATEMENT, HE OR SHE SHALL CONTACT THE LOCAL 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>. 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 ORGANIZATION'S 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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>FORM 990, PART VI, SECTION B (POLICIES) LINES 15(A) & 15(B) THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE SCL HEALTH BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO SCL HEALTH'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY SCL HEALTH AND CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY SCL HEALTH'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT. AS PART OF THE REVIEW PROCESS, SCL HEALTH USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT. 1) COMPENSATION COMMITTEE 2) INDEPENDENT COMPENSATION CONSULTANT 3) FORM 990 OF OTHER ORGANIZATIONS 4) WRITTEN EMPLOYMENT CONTRACTS 5) COMPENSATION SURVEYS AND STUDIES 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER FROM FOUNDATION FOR REIMBURSEMENT OF CAPITAL ACQUISITIONS 27,000. BOOK VS. TAX DEPRECIATION 2,261,309.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SCL HEALTH - FRONT RANGE INC

Employer identification number

84-1103606

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GOOD SAMARITAN MEDICAL CENTER LLC 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 43-1982139	HOSPITAL SERVICES	CO	322,620,325	247,471,703	SCL HEALTH - FRONT RANGE INC
(2) SCL HEALTH MEDICAL GROUP - DENVER LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80026 46-3778226	PHYSICIAN SERVICES	CO	125,738,652	43,758,191	SCL HEALTH - FRONT RANGE INC
(3) SCL PHYSICIANS - RMPC LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80026 35-2563201	PHYSICIAN SERVICES	CO	0	0	SCL HEALTH MEDICAL GROUP - DENVER LLC
(4) SCL HEALTH MEDICAL GROUP - GRAND JUNCTION LLC 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81502 46-3778277	PHYSICIAN SERVICES	CO	74,947,332	12,190,392	SCL HEALTH - FRONT RANGE INC

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

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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
(1) CARITAS INC AND SUBSIDIARIES 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0941069	HEALTHCARE	KS	N/A	C					No
(2) ST FRANCIS ACCOUNTABLE HEALTH NETWORK INC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 46-2874128	HEALTHCARE	KS	N/A	C					No
(3) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	N/A	C					No

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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	B	772,716	CASH
(2) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	C	154,375	CASH
(3) LUTHERAN MEDICAL CENTER FOUNDATION	B	835,916	CASH
(4) LUTHERAN MEDICAL CENTER FOUNDATION	C	1,820,097	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-1103606
Name: SCL HEALTH - FRONT RANGE INC

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 23-7379161	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KS	501(C)(3)	LINE 12C, III-FI	N/A		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-3290526	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCLHS		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-4520350	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12C, III-FI	SCLHS		No
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 84-0482695	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	INTEGRITY HEALTH		No
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 74-2255936	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION		No
4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)(3)	LINE 10	SCLHS		No
500 ELDORADO BLVD SUITE 4300 DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)(3)	LINE 12A, I	SCLHS		No
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0417134	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL INC		No
200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 84-0425720	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	ST MARYS HOSPITAL & MEDICAL CENTER INC		No
818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
3164 SE 6TH AVENUE TOPEKA, KS 66607 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0547719	HOSPITAL SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE		No
400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	ST JAMES HEALTHCARE		No

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
1233 NORTH 30TH STREET BILLINGS, MT 59101 81-0232124	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	ST VINCENT HEALTHCARE		No

