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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 \$ 112,193,510 including grants of \$) (Revenue \$ 128,275,666)

FINANCE, AUDIT AND DEBT SERVICES - ADMINISTERS FINANCING PROGRAM AND REVIEWS THE CAPITAL FORMATION PROGRAM (FOR ELEVEN HOSPITALS AND FOUR CLINICS) IT ALSO OVERSEES THE AUDITS OF ITS RELATED AFFILIATES TO PROVIDE ASSURANCE REGARDING THE EFFECTIVENESS AND EFFICIENCY OF OPERATIONS AND THE RELIABILITY OF FINANCIAL REPORTING

4b

(Code) (Expenses \$ 23,282,045 including grants of \$) (Revenue \$ 21,078,448)

HUMAN RESOURCES - ADMINISTERS PROGRAMS AND OTHER SERVICES TO THE ELEVEN HOSPITALS, FOUR CLINICS AND VARIOUS FOR-PROFIT ENTITIES WHICH ARE AFFILIATES OF SCLHS PROGRAMS ADMINISTERED INCLUDE EMPLOYEE WELFARE BENEFIT PLANS, RETIREMENT PLANS, AND CERTAIN EXECUTIVE RECRUITING FUNCTIONS

4c

(Code) (Expenses \$ 125,714,147 including grants of \$) (Revenue \$ 113,815,566)

INFORMATION SYSTEMS - COORDINATES THE CENTRALIZATION OF MANY OF THE INFORMATION SYSTEMS OF THE HEALTH SYSTEM, INCLUDING AN ENTERPRISE RESOURCE PLANNING (ERP) SYSTEM, A RADIOLOGY INFORMATION SYSTEM (RIS) AND A CLINICAL AND PATIENT ADMINISTRATIVE SYSTEM

(Code) (Expenses \$ 38,268,227 including grants of \$) (Revenue \$)

ADMIN, QUALITY, RISK MANAGEMENT, COMMUNICATIONS

(Code) (Expenses \$ 30,653,112 including grants of \$) (Revenue \$)

GRANTS RELATED TO SCLHS MISSION

4d

Other program services (Describe in Schedule O)

(Expenses \$ 68,921,339 including grants of \$ 30,653,112) (Revenue \$ 34,646,219)






















4e

Total program service expenses

330,111,041

Form 990 (2013)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | |
|--|---|-----|-------|
| | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 359 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 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 | 1,875 |
| 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? If "No" to line 3b, provide an explanation in Schedule O. | 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 | Yes |
| b | If "Yes," enter the name of the foreign country: CJ, UK See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | No |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the 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? | | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | |
| c | Enter the amount of reserves on hand. | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | |

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

| | | | |
|--|---|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 15 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 14 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | 8a | Yes |
| 8b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

Section B. Policies

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

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

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 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 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, physical address, and telephone number of the person who possesses the books and records of the organization ▶SHARON OWENS 2420 W 26TH AVE STE 200B DENVER, CO 80211 (303) 813-5190 |

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

| | | | | |
|-----------|--|------------|---|-----------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 16,263,257 | 0 | 1,749,156 |

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 246

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| MEDIFAX EDI HOLDING COMPANY SUB, 3055 LEBANON PIKE STE 1000 Nashville TN 37214 | Information Systems | 3,033,316 |
| ERNST YOUNG US LLP, 200 PLAZA DR Secaucus NJ 070940000 | Audit | 2,351,279 |
| CATHOLIC HLTHCRE AUDIT NETWRK, 231 S BEMISTON St Louis MO 64112 | Internal Audit | 2,214,428 |
| HUSCH BLACKWELL LLP, 4801 MAIN ST Kansas City MO 64112 | Legal | 2,076,745 |
| DELOITTE CONSULTING LLP, PO BOX 402901 Atlanta GA 30384 | Consulting | 1,851,970 |

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 ▶73

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 | 131,980 | | | | |
| | e | Government grants (contributions) | 1e | 276,000 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 407,980 | | | | |
| Program Service Revenue | 2a | AFFILIATE MANAGEMENT FEES | Business Code 541900 | 271,209,501 | 271,179,501 | 30,000 | 0 | |
| | b | INTEREST INCOME FROM NOTE | 900099 | 17,606,303 | 17,606,303 | 0 | 0 | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 288,815,804 | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 18,257,970 | | 19,172 | 18,238,798 |
| | | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| 5 | | Royalties | | 0 | | | | |
| 6a | | (i) Real | | | | | | |
| | | (ii) Personal | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | | Less rental expenses | | | | | | |
| c | | Rental income or (loss) | | 0 | 0 | | | |
| d | | Net rental income or (loss) | | 0 | | | | |
| 7a | | (i) Securities | | | | | | |
| | | (ii) Other | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | | Less cost or other basis and sales expenses | | | 15,286 | | | |
| c | | Gain or (loss) | | 47,883,149 | -15,286 | | | |
| d | | Net gain or (loss) | | 47,867,863 | | | 47,867,863 | |
| 8a | | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | | a | | | | | | |
| | | b | Less direct expenses | | | | | 0 |
| c | Net income or (loss) from fundraising events | | 0 | | | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | | |
| | a | | | | | | | |
| | b | Less direct expenses | | | | | | |
| c | Net income or (loss) from gaming activities | | 0 | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | a | | | | | | | |
| | b | Less cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory | | 0 | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | VENDOR ADMINISTRATION REB | | 900099 | 7,788,017 | 7,788,017 | 0 | 0 | |
| | b | HEALTH INFORMATION REVENUE | | 900099 | 196,417 | 196,417 | 0 | 0 |
| | | | | 900099 | 93,910 | 93,910 | 0 | 0 |
| | | | | | 921,751 | 921,751 | 0 | 0 |
| | e | Total. Add lines 11a-11d | | 9,000,095 | | | | |
| 12 | Total revenue. See Instructions | | 364,349,712 | 297,785,899 | 49,172 | 66,106,661 | | |

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 governments and organizations in the United States. See Part IV, line 21. | 30,435,962 | 30,435,962 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | 171,150 | 171,150 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | 46,000 | 46,000 | | |
| 4 | Benefits paid to or for members. | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 12,612,963 | 10,671,892 | 1,941,071 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages. | 105,703,735 | 91,757,892 | 13,945,843 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 8,692,008 | 5,363,223 | 3,328,785 | 0 |
| 9 | Other employee benefits. | 12,302,369 | 8,054,699 | 4,247,670 | 0 |
| 10 | Payroll taxes. | 7,962,809 | 7,952,156 | 10,653 | 0 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | 0 | 0 | 0 | 0 |
| b | Legal. | 7,010,809 | 0 | 7,010,809 | 0 |
| c | Accounting. | 4,595,304 | 0 | 4,595,304 | 0 |
| d | Lobbying. | 104,531 | 0 | 104,531 | 0 |
| e | Professional fundraising services. See Part IV, line 17. | 0 | | | 0 |
| f | Investment management fees. | 3,651,596 | 0 | 3,651,596 | 0 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 33,382,842 | 32,007,469 | 1,375,373 | 0 |
| 12 | Advertising and promotion. | 0 | 0 | 0 | 0 |
| 13 | Office expenses. | 20,013,107 | 17,011,141 | 3,001,966 | 0 |
| 14 | Information technology. | 32,955,656 | 28,012,308 | 4,943,348 | 0 |
| 15 | Royalties. | 0 | 0 | 0 | 0 |
| 16 | Occupancy. | 4,924,998 | 4,186,248 | 738,750 | 0 |
| 17 | Travel. | 3,241,238 | 3,241,238 | 0 | 0 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings. | 547,912 | 547,912 | 0 | 0 |
| 20 | Interest. | 57,769,153 | 57,769,153 | 0 | 0 |
| 21 | Payments to affiliates. | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization. | 29,921,339 | 29,921,339 | 0 | 0 |
| 23 | Insurance. | 357,344 | 303,742 | 53,602 | 0 |
| 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 | SYSTEM DUES | 2,362,385 | 2,362,385 | 0 | 0 |
| b | OTHER EXPENSES | 295,132 | 295,132 | 0 | 0 |
| c | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 379,060,342 | 330,111,041 | 48,949,301 | 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). | 0 | | | |

Part X

Balance Sheet

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

| | | | | (A) | | (B) |
|-----------------------------|---|--|----------------|-------------------|-----|---------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | | 18,165,168 | 2 | 5,911,616 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 51,294,336 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 60,000 | 7 | 60,000 |
| | 8 | Inventories for sale or use | | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 7,120,044 | 9 | 9,111,422 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10a276,835,199 | | | |
| | b | Less: accumulated depreciation | 10b139,464,288 | 110,450,147 | 10c | 137,370,911 |
| | 11 | Investments—publicly traded securities | | 582,828,653 | 11 | 1,547,715,028 |
| | 12 | Investments—other securities. See Part IV, line 11. | | 55,485,431 | 12 | 68,946,316 |
| | 13 | Investments—program-related. See Part IV, line 11. | | 469,602,160 | 13 | 442,342,441 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11. | | 52,254,400 | 15 | 77,531,645 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34). | | 1,347,260,339 | 16 | 2,288,989,379 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 104,356,018 | 17 | 80,543,482 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 1,324,260,577 | 20 | 1,570,537,980 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | | 0 | 21 | 0 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 230,000,000 | 24 | 0 |
| | 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. | | 76,895,070 | 25 | 928,827,578 |
| | 26 | Total liabilities. Add lines 17 through 25. | | 1,735,511,665 | 26 | 2,579,909,040 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | -415,989,235 | 27 | -315,967,078 |
| | 28 | Temporarily restricted net assets | | 25,737,909 | 28 | 23,047,417 |
| | 29 | Permanently restricted net assets | | 2,000,000 | 29 | 2,000,000 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | -388,251,326 | 33 | -290,919,661 |
| | 34 | Total liabilities and net assets/fund balances | | 1,347,260,339 | 34 | 2,288,989,379 |

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 | 364,349,712 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 379,060,342 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -14,710,630 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -388,251,326 |
| 5 | Net unrealized gains (losses) on investments | 5 | 38,557,687 |
| 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 | 73,484,608 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -290,919,661 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | 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 | Yes | |
| 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? | | No |
| 3b | 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 | | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

| | |
|---|--|
| Name of the organization SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC | Employer identification number 23-7379161 |
|---|--|

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 11, 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)
- 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 organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11

☒

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☒

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | No |
| 11g(ii) | | No |
| 11g(iii) | | No |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| See Additional Data Table | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 IV) | | | | | | |
| 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 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|----|--|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | | |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | | |
| 16a 33 1/3% support test—2013. 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 | | | ▶ |
| b 33 1/3% support test—2012. 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 | | | ▶ |
| 17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | | ▶ |
| b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | | ▶ |
| 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 | | | ▶ |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 IV.) | | | | | | |
| 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 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2013. 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—2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

Additional Data

Software ID:

Software Version:

EIN: 23-7379161

Name: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section) | (iv) Is the organization in (i) listed in your governing document? | | (v) Did you notify the organization in (i) of your support? | | (vi) Is the organization in (i) organized in the U S ? | | (vii) Amount of support? |
|--|-------------|---|---|----|---|----|--|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) PROVIDENCE MEDICAL CENTER INC | 480784446 | 03 | Yes | | | | | | 0 |
| (A) ST FRANCIS HEALTH CENTER INC | 480547719 | 03 | Yes | | | | | | 0 |
| (B) ST JAMES HEALTHCARE | 810231785 | 03 | Yes | | | | | | 0 |
| (C) SAINT JOHN HOSPITAL INC | 480543768 | 03 | Yes | | | | | | 0 |
| (D) SAINT JOHN'S HEALTH CENTER | 951684082 | 03 | Yes | | | | | | 0 |
| (E) SAINT JOSEPH HOSPITAL INC | 840417134 | 03 | Yes | | | | | | 0 |
| (F) SCL HEALTH - FRONT RANGE INC | 841103606 | 03 | Yes | | | | | | 0 |
| (G) ST MARY'S HOSPITAL AND MEDICAL CENTER INC | 840425720 | 03 | Yes | | | | | | 0 |
| (H) ST VINCENT HEALTHCARE | 810232124 | 03 | Yes | | | | | | 0 |
| (I) HOLY ROSARY HEALTHCARE | 810231792 | 03 | Yes | | | | | | 0 |
| (J) BETHANY COMMUNITY PLAZA INC | 481207407 | 03 | Yes | | | | | | 0 |
| (K) CARITAS CLINICS INC | 481009910 | 03 | Yes | | | | | | 0 |
| (L) MARIAN CLINIC INC | 481046905 | 03 | Yes | | | | | | 0 |
| (M) MARILLAC CLINIC INC | 841085822 | 03 | Yes | | | | | | 0 |
| (N) MOUNT ST VINCENT HOME INC | 840405260 | 09 | Yes | | | | | | 0 |

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.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

| | |
|--|--|
| Name of the organization SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC | Employer identification number 23-7379161 |
|--|--|

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

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

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
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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 | | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (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 to 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 | 0 |
| d | Mailings to members, legislators, or the public? | | No | 0 |
| e | Publications, or published or broadcast statements? | | No | 0 |
| f | Grants to other organizations for lobbying purposes? | | No | 0 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | 0 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | 0 |
| i | Other activities? | Yes | | 104,531 |
| j | Total Add lines 1c through 1i | | | 104,531 |
| 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, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| Sch C Part II-B | EXPENSES LISTED IN PART II-B INCLUDE RESOURCES DEDICATED TO TRACKING LEGISLATION THAT MAY ADVERSELY IMPACT THE FILING ORGANIZATION. INDIRECT ALLOCATION OF EXPENSES INCLUDE RELEVANT PORTIONS OF LOBBYING ACTIVITIES THAT ARE SEPARATELY STATED IN DUES PAID TO VARIOUS HOSPITAL AND OTHER MEDICAL ASSOCIATIONS. |
| | |
| | |
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| | |
| | |
| | |

Part IV

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC | Employer identification number 23-7379161 |
|--|--|

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

| | | |
|---|---|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

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, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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" to 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?

☐ 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" to Form 990, Part IV, line 10.

| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 3,521,063 | 3,524,552 | 3,639,978 | 3,502,137 | 3,435,586 |
| b Contributions | | | | 60,804 | |
| c Net investment earnings, gains, and losses | 142,786 | 140,511 | 17,492 | 277,272 | 261,551 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 144,000 | 132,918 | 200,235 | 195,000 |
| f Administrative expenses | | | | | |
| g End of year balance | 3,663,849 | 3,521,063 | 3,524,552 | 3,639,978 | 3,502,137 |

- 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

54 500 %
- c

Temporarily restricted endowment

45 500 %
- The percentages in 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

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐ Yes

☐ No
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to 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 | | 37,031,813 | | 37,031,813 |
| b Buildings | | 438,785 | 111,110 | 327,675 |
| c Leasehold improvements | | 3,662,616 | 822,332 | 2,840,284 |
| d Equipment | | 235,701,985 | 138,530,846 | 97,171,139 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 137,370,911 |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to 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 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' to 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 |
|----------------------------|---|
| Schedule D, Part V, Line 4 | Intended use of endowment funds SCLHS HAS A PERMANENT ENDOWMENT IN THE AMOUNT OF \$2,000,000 THE EARNINGS FROM THE PERMANENT ENDOWMENT ARE A TERM ENDOWMENT TO BE USED FOR EDUCATION PURPOSES AS DETERMINED BY SCLHS MANAGEMENT |
| | |
| | |
| | |
| | |
| | |

[illegible]

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. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Employer identification number
23-7379161

Part I

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

- 1 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
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites 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 region | (d) Activities conducted in region (by type) (e g , 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 region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| (1) Central America and the Caribbean | | | Program services | CAPTIVE INSURANCE PREM | 11,858,061 |
| (2) Central America and the Caribbean | | | Investments, program-relate | | 2,349,379 |
| (3) Europe (Including Iceland and Greenland) | | | Investments, program-relate | | 4,012,250 |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | 18,219,690 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 18,219,690 |

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | Sub-Saharan Africa | CONSTRUCT BUILDING | 46,000 | ACH | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

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 ▶

1

3

Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

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 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)*

☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ 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 |
|-----------------------|---|
| SCH F, PART I, LINE 2 | Procedures for Monitoring Use of Grants SCLHS' MISSION DEPARTMENT REQUIRES WRITTEN STATEMENTS THREE TIMES A YEAR REGARDING THE PROGRESS AND STATUS OF THE GRANT |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE F, PART I, LINE 3 | SCLHS' expenditures (premiums paid) for its captive insurance premiums were \$11,858,061 net of premium discounts |

| | | |
|--------------------------|---|------------------------------|
| Schedule I (Form 990) | <div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990</div> <div>▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</div> | OMB No 1545-0047 |
| | | 2013 |
| | | Open to Public Inspection |

| | | |
|--|--|--|
| Name of the organization SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC | | Employer identification number 23-7379161 |
|--|--|--|

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) Caritas Clinics Inc 636 TAUROMEE AVE KANSAS CITY, MO 63101 | 48-1009910 | 501(c)(3) | 26,416 | | | | General Support |
| (2) Marian Clinic 1001 SW GARFIELD TOPEKA, KS 66604 | 48-1046905 | 501(c)(3) | 25,430 | | | | General Support |
| (3) Saint Joseph Hospital 1835 FRANKIN STREET DENVER, CO 80218 | 84-0417134 | 501(c)(3) | 50,000 | | | | General Support |
| (4) American Heart Association 7272 GREENVILLE AVE DALLAS, TX 75231 | 13-5613797 | 501(c)(3) | 60,000 | | | | Event Sponsor |
| (5) Mount St Vincent Home 4159 LOWELL BLVD DENVER, CO 80211 | 84-0405260 | 501(c)(3) | 550,000 | | | | General Support |
| (6) Denver Museum of Nature and Science 2001 COLORADO BLVD DENVER, CO 80205 | 84-0518447 | 501(c)(3) | 25,000 | | | | Event Sponsor |
| (7) Volunteers of America 927 PENNSYLVANIA ST INDIANAPOLIS, IN 46204 | 35-1914815 | 501(c)(3) | 10,000 | | | | Event Sponsor |
| (8) Marillac Clinic 2333 N 6TH ST GRAND JUNCTION, CO 81501 | 84-1085822 | 501(c)(3) | 271,930 | | | | General Support |
| (9) University of St Mary 4100 SOUTH 4TH ST LEAVENWORTH, KS 66048 | 48-0547846 | 501(c)(3) | 16,018 | | | | Event Sponsor |
| (10) Catholic Relief Services 228 WEST LEXINGTON ST BALTIMORE, MD 21201 | 13-5563422 | 501(c)(3) | 402,000 | | | | General Support |
| (11) Providence Medical Center 8929 PARALLEL PKWY KANSAS CITY, KS 66112 | 48-0784446 | 501(c)(3) | 28,953,534 | | | | General Support |
| | | | | | | | |

| | | |
|---|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 11 |
| 3 | Enter total number of other organizations listed in the line 1 table | 0 |

Part III

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|-------------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) University of St Mary | 5 | 87,100 | | | |
| (2) Cristo Rey Kansas City School | 2 | 12,500 | | | |
| (3) Secondary Education Scholarship | 36 | 71,550 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
|--------------------------------------|--|
| Form 990, SCHEDULE I, PART I, LINE 2 | MONITORING OF GRANTS SCLHS' MISSION DEPARTMENT REQUIRES WRITTEN STATEMENTS THREE TIMES A YEAR REGARDING THE PROGRESS AND STATUS OF THE GRANT |

Additional Data

Software ID:
Software Version:
EIN: 23-7379161
Name: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Caritas Clinics Inc 636 TAUROMEE AVE KANSAS CITY,MO 63101 | 48-1009910 | 501(c)(3) | 26,416 | | | | General Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Marian Clinic 1001 SW GARFIELD TOPEKA, KS 66604 | 48-1046905 | 501(c)(3) | 25,430 | | | | General Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Saint Joseph Hospital 1835 FRANKIN STREET DENVER, CO 80218 | 84-0417134 | 501(c)(3) | 50,000 | | | | General Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| American Heart Association 7272 GREENVILLE AVE DALLAS, TX 75231 | 13-5613797 | 501(c)(3) | 60,000 | | | | Event Sponsor |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Mount St Vincent Home 4159 LOWELL BLVD DENVER, CO 80211 | 84-0405260 | 501(c)(3) | 550,000 | | | | General Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Denver Museum of Nature and Science 2001 COLORADO BLVD DENVER, CO 80205 | 84-0518447 | 501(c)(3) | 25,000 | | | | Event Sponsor |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Volunteers of America 927 PENNSYLVANIA ST INDIANAPOLIS, IN 46204 | 35-1914815 | 501(c)(3) | 10,000 | | | | Event Sponsor |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| Marillac Clinic 2333 N 6TH ST GRAND JUNCTION, CO 81501 | 84-1085822 | 501(c)(3) | 271,930 | | | | General Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| University of St Mary 4100 SOUTH 4TH ST LEAVENWORTH, KS 66048 | 48-0547846 | 501(c)(3) | 16,018 | | | | Event Sponsor |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Catholic Relief Services 228 WEST LEXINGTON ST BALTIMORE, MD 21201 | 13-5563422 | 501(c)(3) | 402,000 | | | | General Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Providence Medical Center 8929 PARALLEL PKWY KANSAS CITY, KS 66112 | 48-0784446 | 501(c)(3) | 28,953,534 | | | | General Support |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Employer identification number

23-7379161

Part I

Questions Regarding Compensation

| | | | |
|----|--|--------|----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b Yes | |
| 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 in line 1a? | 2 Yes | |
| 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4a Yes | |
| | | 4b Yes | |
| | | 4c | No |
| | | | |
| 5 | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III. | 5a | No |
| | | 5b | No |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III. | 6a | No |
| | | 6b | No |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 Yes | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 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 in 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 reported as deferred in 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 |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 1a | TAX INDEMNIFICATION AND GROSS-UP PAYMENTS SCLHS ALLOWS FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION AND TEMPORARY HOUSING. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE INDIVIDUALS LISTED THAT WERE TAXED FOR 2013 WERE RICHARD T. LOPES. |
| SCHEDULE J, PART I, LINE 1a | HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE SCLHS ALLOWS FOR CERTAIN HOUSING PAYMENTS IN THE INSTANCES OF RELOCATION AND TEMPORARY HOUSING. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE INDIVIDUALS LISTED THAT WERE TAXED FOR 2013 WERE ED BARKER. |
| SCHEDULE J, PART I, LINE 4a | SCLHS PERIODICALLY INCURS SEVERANCE PAYMENTS RELATED TO FORMER EMPLOYEES. THE AMOUNTS PAID TO LISTED INDIVIDUALS FOR SEVERANCE IN 2013 WERE EDWARD BARKER - \$247,721, IRMA NAPOLI - \$170,165, JILL KENNELLY - \$330,360, BRENDA CHILMAN - \$23,930, LOURDES LAZATIN - \$541,782, MICHELLE MOK - \$154,931, PETER WONG - \$341,640, MARY JO GREGORY - \$474,386 AND ROBERT BOYSEN - \$332,929. |
| SCHEDULE J, PART I, LINE 4b | PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. OTHER REPORTABLE COMPENSATION SHOWN IN SCHEDULE J PART II COLUMN (B) (III) CONTAINS AN ANNUAL REPORTING ADJUSTMENT FOR CERTAIN EMPLOYEES WHO PARTICIPATE IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. SCLHS PROVIDES NONQUALIFIED RETIREMENT PLANS FOR EXECUTIVES 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. ON THE ADVICE OF COUNSEL, SCLHS HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THEY ARE EARNED AND VESTED RATHER THAN WHEN THEY ARE RECEIVED. AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE ACCRUED AND VESTED IN THE CURRENT YEAR, ARE NOW CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS. AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE IRS AS WITHHOLDING ON THE TAXABLE BENEFIT. THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2013 WERE WILLIAM ANDERSON - \$40,759, TAJQUAH HUDSON - \$23,250, ROBERT LADENBURGER - \$209,955, RICHARD LOPES - \$87,107 AND MICHAEL SUBLOWSKI - \$33,930. IN ADDITION, VESTED AMOUNTS ARE PAYABLE UPON 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 RECIPIENTS W-2. THE AMOUNTS WITHDRAWN FROM THE PLAN IN 2013 WERE EDWARD BARKER - \$1,171,494, LOURDES LAZATIN - \$348,614, IRMA NAPOLI - \$682,366, JILL KENNELLY - \$155,299, PETER WONG - \$163,824 AND MICHELLE MOK - \$131,092. |
| SCHEDULE J, PART I, LINE 7 | OTHER NON-FIXED PAYMENTS SCLHS HAS MANAGEMENT INCENTIVE PLANS WHICH ARE BASED ON A COMBINATION OF MEASURES. MANAGEMENT AND SENIOR LEADERSHIP ARE ELIGIBLE FOR THE INCENTIVE COMPENSATION. PERFORMANCE CATEGORIES ARE MADE UP OF A COMBINATION OF CLINICAL QUALITY MEASURES AND OPERATING INCOME. THE OPERATING INCOME CATEGORY IS GENERALLY RELATED TO THE NET EARNINGS OF THE CARE SITE IN WHICH THE INDIVIDUAL WORKS, OR IN THE CASE OF SCLHS SENIOR MANAGEMENT, THE NET EARNINGS OF SCLHS. |
| SCHEDULE J | ADDITIONAL OFFICER AND BOARD DISCLOSURES. THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) CONSISTS OF ELEVEN HOSPITALS AND FOUR CLINICS (AFFILIATES) IN FOUR STATES. SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY. IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS' BOARD OF DIRECTORS (BOARD) IS COMPENSATED FOR THAT SERVICE. SCLHS' 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 IS CONSISTENT WITH MARKET VALUE AND THE PAY PHILOSOPHY SET BY THE BOARD. THE PAY PHILOSOPHY SET BY THE BOARD IS TO PAY AT THE MIDDLE OF THE MARKET FOR EXECUTIVES OF SIMILAR SIZED ORGANIZATIONS OVERALL. SCLHS' EXECUTIVE COMPENSATION IS COMPARABLE TO THAT PROVIDED BY SIMILAR, NOT-FOR-PROFIT HEALTHCARE SYSTEMS AND HOSPITALS. THE SISTERS WHO SERVE AS OFFICERS AND / OR BOARD MEMBERS OF THIS HEALTH SYSTEM ARE MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN). AS MEMBERS OF THIS ORDER, THEY HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES TO THE HEALTH SYSTEM. HOWEVER, 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: 23-7379161
Name: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Michael Slubowski President/CEO | (i) (ii) | 1,024,269 0 | 194,400 0 | 124,916 0 | 31,443 0 | 18,184 0 | 1,393,212 0 | 106,099 0 |
| Edward Barker Secretary/SVP General Counsel | (i) (ii) | 334,488 0 | 78,746 0 | 768,934 0 | 10,710 0 | 20,426 0 | 1,213,304 0 | 493,335 0 |
| Lydia Jumonville Treasurer & CFO/SVP | (i) (ii) | 524,798 0 | 83,282 0 | 13,844 0 | 79,573 0 | 21,062 0 | 722,559 0 | 0 0 |
| Mark Wilkinson Treasurer/VP | (i) (ii) | 228,514 0 | 28,607 0 | 2,397 0 | 40,965 0 | 11,404 0 | 311,887 0 | 0 0 |
| Robert Ladenburger COO & EVP | (i) (ii) | 698,525 0 | 583,719 0 | 675,201 0 | 139,611 0 | 16,740 0 | 2,113,796 0 | 656,519 0 |
| Richard Lopes SVP Health Networks | (i) (ii) | 552,017 0 | 85,014 0 | 300,700 0 | 57,152 0 | 19,174 0 | 1,014,057 0 | 272,379 0 |
| Irma Napoli VP Human Resources | (i) (ii) | 219,361 0 | 51,057 0 | 497,345 0 | 3,614 0 | 6,689 0 | 778,066 0 | 319,373 0 |
| Jill Kennelly VP & Chief Strategy Officer | (i) (ii) | 86,334 0 | 59,253 0 | 489,682 0 | 882 0 | 13,843 0 | 649,994 0 | 155,299 0 |
| William Anderson VP Human Resources Officer | (i) (ii) | 338,101 0 | 55,378 0 | 150,551 0 | 30,190 0 | 19,623 0 | 593,843 0 | 127,452 0 |
| John Byrnes MD VP & CMO Health Networks | (i) (ii) | 478,395 0 | 13,580 0 | 5,856 0 | 53,441 0 | 25,200 0 | 576,472 0 | 0 0 |
| Tajquah Hudson SVP & Chief of Strategy/Bus D | (i) (ii) | 337,541 0 | 38,742 0 | 97,308 0 | 18,360 0 | 8,736 0 | 500,687 0 | 85,911 0 |
| David Pecoraro VP & Chief Information Officer | (i) (ii) | 378,115 0 | 56,825 0 | 16,439 0 | 227,171 0 | 16,050 0 | 694,600 0 | 0 0 |
| Rosland Mcleod SVP Chief Legal Officer | (i) (ii) | 378,921 0 | 14,829 0 | 3,125 0 | 49,128 0 | 17,637 0 | 463,640 0 | 0 0 |
| Steve Chyung VP Supply Chain Manangement | (i) (ii) | 312,890 0 | 39,732 0 | 2,579 0 | 51,110 0 | 25,072 0 | 431,383 0 | 0 0 |
| Deborah Welle-Powell VP Payer Contract - Strategy | (i) (ii) | 283,776 0 | 34,435 0 | 14,754 0 | 47,560 0 | 9,638 0 | 390,163 0 | 0 0 |
| Brenda Chilman VP Revenue Services | (i) (ii) | 256,794 0 | 29,137 0 | 26,553 0 | 13,580 0 | 9,728 0 | 335,792 0 | 0 0 |
| Todd Conklin VP & CFO Hospital Operations | (i) (ii) | 235,434 0 | 63,308 0 | 5,568 0 | 6,780 0 | 9,323 0 | 320,413 0 | 0 0 |
| Lourdes Lazatin CEO St John's Health Center CA | (i) (ii) | 54,770 0 | 133,454 0 | 742,321 0 | 0 0 | 10,748 0 | 941,293 0 | 198,963 0 |
| Michelle Mok CFO ST JOHN'S HEALTH CENTER CA | (i) (ii) | 219,333 0 | 175,637 0 | 287,534 0 | 9,489 0 | 2,162 0 | 694,155 0 | 131,092 0 |
| Bain Farris CEO St Joseph Hospital | (i) (ii) | 477,226 0 | 124,491 0 | 17,913 0 | 320,295 0 | 16,954 0 | 956,879 0 | 0 0 |

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Jason Barker President/CEO SVB-MT Region | (i) (ii) | 441,730 0 | 151,297 0 | 13,509 0 | 59,133 0 | 16,604 0 | 682,273 0 | 0 0 |
| J Grant Wickland President CEO ELMC | (i) (ii) | 408,080 0 | 113,129 0 | 23,809 0 | 113,040 0 | 29,227 0 | 687,285 0 | 0 0 |
| Peter Wong SEVERENCE EXECUTIVE-FORMER KE | (i) (ii) | 47,779 0 | 52,712 0 | 506,017 0 | 0 0 | 15,957 0 | 622,465 0 | 163,824 0 |
| Mary Jo Gregory SEVERENCE EXECUTIVE-FORMER KE | (i) (ii) | 0 0 | 0 0 | 473,096 0 | 0 0 | 0 0 | 473,096 0 | 0 0 |
| Robert Boysen SEVERENCE EXECUTIVE-FORMER KE | (i) (ii) | 0 0 | 0 0 | 331,456 0 | 0 0 | 10,548 0 | 342,004 0 | 0 0 |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Employer identification number
23-7379161

Part I

Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|--|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A MONTANA FACILITY FINANCE AUTHORITY | 81-0302402 | 61204KBB6 | 12-05-2003 | 39,210,000 | 2/2/1994 REFINANCE+BLDGS+EQUIP | | X | | X | | X |
| B CALIFORNIA HEALTH FACILITIES | 52-1643828 | 13033FQU7 | 12-05-2003 | 49,755,000 | 2/2/1994 REFINANCE | | X | | X | | X |
| C COLORADO HEALTH FACILITIES AUTHORITY | 84-0752932 | 196474K58 | 12-05-2003 | 103,035,000 | 2/2/1994&9/9/1992 REFIN+BLDGS+EQUI | | X | | X | | X |
| D MONTANA FACILITY FINANCE AUTHORITY | 81-0302402 | 61204KBC4 | 03-07-2006 | 35,000,000 | CONSTRUCT/REMODEL HOSPITAL FACILIT | | X | | X | | X |

Part II

Proceeds

| | | A | | B | | C | | D | |
|----|--|------------|----|------------|----|-------------|----|------------|----|
| 1 | Amount of bonds retired | 1,730,000 | | 35,060,000 | | 44,705,000 | | 10,790,000 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 39,210,022 | | 49,755,055 | | 103,035,433 | | 35,028,997 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 270,531 | | 346,200 | | 714,438 | | 325,299 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 7,630,591 | | 55 | | 22,369,995 | | 34,703,698 | |
| 11 | Other spent proceeds | 31,308,900 | | 49,408,800 | | 79,951,000 | | 0 | |
| 12 | Other unspent proceeds | 0 | | 0 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2003 | | 2003 | | 2003 | | 2006 | |
| 14 | Were the bonds issued as part of a current refunding issue? | Yes | No | Yes | No | Yes | No | Yes | No |
| | | X | | X | | X | | | X |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III

Private Business Use

| | | A | | B | | C | | D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | Yes | No | Yes | No | Yes | No | Yes | No |
| | | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | |
|----|--|-----|----|-----|----|---------|----|---------|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 0 % | | 0 % | | 0 % | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | 0 % | | 2 937 % | | 3 093 % | |
| 6 | Total of lines 4 and 5 | 0 % | | 0 % | | 2 937 % | | 3 093 % | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | X | | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | 0 % | | 0 % | | 3 780 % | | 0 % | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | X | | X | X | | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | X | | X | | X | |

Part IV

Arbitrage

| | | A | | B | | C | | D | |
|----|--|--------------|----|--------------|----|--------------|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | | | | | | | |
| b | Exception to rebate? | | | | | | | | |
| c | No rebate due? | X | | X | | X | | X | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | X | | X | | X | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | X | | X | | X | |
| b | Name of provider | Merril Lynch | | MERRIL LYNCH | | MERRIL LYNCH | | | |
| c | Term of hedge | 20 | | 20 | | 20 | | 25 | |
| d | Was the hedge superintegrated? | | X | | X | | X | | X |
| e | Was the hedge terminated? | | X | | X | | X | | X |

Part IV Arbitrage (Continued)

| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | A | | B | | C | | D | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| | | | X | | X | | X | | X |
| b | Name of provider | 0 | | 0 | | 0 | | 0 | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | A | | B | | C | | D | |
|--|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| | | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|---|---|
| PART IV, LINE 2C | REBATE COMPLETION DATES A MONTANA FACILITY FINANCE AUTHORITY 2003 - 1/30/14 B CALIFORNIA HEALTH FACILITIES FINANCE AUTHORITY 2003 - 1/30/14 C COLORADO HEALTH FACILITIES AUTHORITY 2003 - 1/30/14 D MONTANA FACILITY FINANCE AUTHORITY 2006 - 6/10/13 A COLORADO HEALTH FACILITIES AUTHORITY 2010 - 10/29/13 B MONTANA FACILITY FINANCE AUTHORITY 2010 - 10/29/13 C KANSAS DEVELOPMENT FINANCE AUTHORITY 2010 - 10/29/13 D COLORADO HEALTH FACILITIES AUTHORITY 2011 - 6/26/13 A KANSAS DEVELOPMENT FINANCE AUTHORITY 2012 - 5/14/14 |
| Part III KANSAS DEVELOPMENT AUTHORITY ISSUED 05/20/2010 | LINE 4 COLUMN C THE TEMPORARY SPIKE IN PRIVATE BUSINESS TO 11 3615% FOR CALENDAR YEAR 2012 WAS DRIVEN BY A NON-COMPLIANT CONTRACT FROM KANSAS EMERGENCY ROOM SERVICES AT PROVIDENCE MEDICAL CENTER SIGNED 08/25/11 THE PRIVATE BUSINESS USE PERCENTAGE OVER THE ENTIRE MEASUREMENT PERIOD IS WITHIN THE ALLOWABLE THRESHOLD PART III, LINE 8B PROVIDENCE MEDICAL CENTER (KANSAS CITY, KS) AND SAINT JOHN'S HOSPITAL (LEAVENEWORTH, KS) WERE SOLD IN APRIL 2013 AND REMEDIAL ACTIONS (REISSUANCE AND REDEMPTION)WERE TAKEN WITH RESPECT TO THE OUTSTANDING BONDS |
| PART I COLUMN (E) & PART II LINE 3 | ANY DIFFERENCE BETWEEN ISSUE PRICE REPORTED ON PART I, COLUMN (E) AND TOTAL PROCEEDS REPORTED ON PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS |
| PART II LINE 12 | THE \$17,989,171 UNSPENT PROCEEDS ARE BEING HELD BY THE TRUSTEE IN THE MONTANA PROJECT FUND FOR FUTURE MONTANA CAPITAL PROJECTS |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Employer identification number
23-7379161

Part I

Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|--|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A COLORADO HEALTH FACILITIES AUTHORITY | 84-0752932 | 19648AST3 | 05-20-2010 | 605,460,143 | 3/24/98&11/13/02&7/18/02 REFI+HOSP | | X | | X | | X |
| B MONTANA FACILITY FINANCE AUTHORITY | 81-0302402 | 61204KHV6 | 05-20-2010 | 217,535,868 | 3/24/98&5/25/00 REFI+HOSP FAC | | X | | X | | X |
| C KANSAS DEVELOPMENT FINANCE AUTHORITY | 48-1066589 | 48542K5N5 | 05-20-2010 | 202,625,401 | 3/24/98&5/25/00 REFI+HOSP FAC | | X | | X | | X |
| D COLORADO HEALTH FACILITIES AUTHORITY | 84-0752932 | | 06-15-2011 | 62,620,000 | REFI 7/18/02&2/4/09 | | X | | X | | X |

Part II

Proceeds

| | | A | | B | | C | | D | |
|----|--|-------------|----|-------------|----|-------------|----|------------|----|
| | | | | | | | | | |
| 1 | Amount of bonds retired | 33,880,000 | | 17,140,000 | | 15,250,000 | | 1,990,000 | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | 0 | |
| 3 | Total proceeds of issue | 605,500,535 | | 217,665,076 | | 202,625,401 | | 62,620,000 | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | 0 | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | 0 | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | 0 | |
| 7 | Issuance costs from proceeds | 6,836,215 | | 2,529,281 | | 2,488,006 | | 420,000 | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | 0 | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | 0 | |
| 10 | Capital expenditures from proceeds | 310,650,923 | | 83,964,849 | | 77,008,019 | | 0 | |
| 11 | Other spent proceeds | 288,013,397 | | 113,181,775 | | 123,129,376 | | 62,200,000 | |
| 12 | Other unspent proceeds | 0 | | 17,989,171 | | 0 | | 0 | |
| 13 | Year of substantial completion | 2010 | | 2010 | | 2010 | | 2011 | |
| 14 | Were the bonds issued as part of a current refunding issue? | Yes | No | Yes | No | Yes | No | Yes | No |
| | | X | | X | | X | | X | |
| 15 | Were the bonds issued as part of an advance refunding issue? | X | | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | | X | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

Part III

Private Business Use

| | | A | | B | | C | | D | |
|---|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | |
|----|--|---------|----|---------|----|----------|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | X |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 1 535 % | | 2 791 % | | 0 % | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 033 % | | 0 135 % | | 0 % | | 0 % | |
| 6 | Total of lines 4 and 5 | 0 033 % | | 1 670 % | | 2 791 % | | 0 % | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | X | | | X |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | X | | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | 0 % | | 0 % | | 64 520 % | | 0 % | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | X | | X | X | | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | X | | X | | X | |

Part IV

Arbitrage

| | | A | | B | | C | | D | |
|----|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | X | | X | | X | |
| b | Exception to rebate? | | | | | | | | |
| c | No rebate due? | | | | | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | X | | X | X | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b | Name of provider | 0 | | 0 | | 0 | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |

Part IV

Arbitrage (Continued)

| | | A | | B | | C | | D | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | |
| b | Name of provider | 0 | | 0 | | 0 | | 0 | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V

Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | X | | X | | X | | X | |

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Employer identification number
23-7379161

Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|---|--------------------------------------|----------------|-------------|-----------------|-----------------|-----------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | KANSAS DEVELOPMENT FINANCE AUTHORITY | 48-1066589 | | 04-04-2012 | 76,290,000 | REFI 3/7/06 | | X | | X | | X |
| B | COLORADO HEALTH FACILITY AUTHORITY | 84-0752932 | 19648AN84 | 11-12-2013 | 302,719,375 | CONSTRUCT HOSPITAL FACILITY | | X | | X | | X |
| C | KANSAS DEVELOPMENT FINANCE AUTHORITY | 48-1066589 | 48542K5N5 | 04-01-2013 | 32,775,000 | REISSUANCE OF KANSAS 2010 | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|----|--|------------|----|-------------|----|------------|----|-----|----|
| 1 | Amount of bonds retired | 11,055,000 | | 0 | | 0 | | | |
| 2 | Amount of bonds legally defeased | 0 | | 0 | | 0 | | | |
| 3 | Total proceeds of issue | 76,290,000 | | 302,719,375 | | 32,775,000 | | | |
| 4 | Gross proceeds in reserve funds | 0 | | 0 | | 0 | | | |
| 5 | Capitalized interest from proceeds | 0 | | 0 | | 0 | | | |
| 6 | Proceeds in refunding escrows | 0 | | 0 | | 0 | | | |
| 7 | Issuance costs from proceeds | 265,000 | | 3,005,563 | | 0 | | | |
| 8 | Credit enhancement from proceeds | 0 | | 0 | | 0 | | | |
| 9 | Working capital expenditures from proceeds | 0 | | 0 | | 0 | | | |
| 10 | Capital expenditures from proceeds | 0 | | 0 | | 0 | | | |
| 11 | Other spent proceeds | 76,025,000 | | 299,713,812 | | 28,196,634 | | | |
| 12 | Other unspent proceeds | 0 | | 0 | | 4,578,366 | | | |
| 13 | Year of substantial completion | 2012 | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | X | | X | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | |
| 16 | Has the final allocation of proceeds been made? | X | | | X | | X | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | |

Part III Private Business Use

| | | | | A | | B | | C | | D | |
|---|--|--|--|-----|----|-----|----|-----|----|-----|----|
| | | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | X | | X | | X | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | | X | | | X | X | | | |

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | |
|----|--|----------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | X | X | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | X | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 241 % | | 0 % | | 0 % | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 007 % | | 0 % | | 0 % | | | |
| 6 | Total of lines 4 and 5 | 0 248 % | | 0 % | | 0 % | | | |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | X | | |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | X | | | X | | X | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | 15 070 % | | 0 % | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | X | | | X | | X | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | X | | X | | X | | | |

Part IV

Arbitrage

| | | A | | B | | C | | D | |
|----|--|---------------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | X | | X | | X | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | X | | X | | | |
| b | Exception to rebate? | | | | | | | | |
| c | No rebate due? | | | | | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | X | | | X | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | X | | | X | | |
| b | Name of provider | DEUTSCHE BANK | | 0 | | 0 | | | |
| c | Term of hedge | 25 | | | | | | | |
| d | Was the hedge superintegrated? | | X | | | | | | |
| e | Was the hedge terminated? | | X | | | | | | |

Part IV

Arbitrage (Continued)

| | | A | | B | | C | | D | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | |
| b | Name of provider | 0 | | 0 | | 0 | | | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | | |

Part V

Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| | X | | X | | X | | | |

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► See separate instructions.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Employer identification number

23-7379161

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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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) DELTA DENTAL OF COLORADO | SEE PART V | 9,717,874 | SEE PART V | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|-------------------|---|
| PART IV, COLUMN D | SUPPLEMENTAL INFORMATION Board member, Kathryn Paul, is an officer (CEO) of Delta Dental of Colorado SCLHS's Dental Plan is through Delta Dental All transactions with Delta Dental are conducted at arm's length |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

| | |
|--|--|
| Name of the organization SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC | Employer identification number 23-7379161 |
|--|--|

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|-------------|
| FORM 990, PART VI (GOVERNANCE, MANAGEMENT, & DISCLOSURE) | |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Employer identification number

23-7379161

| 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 |
| | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. | | | | | | | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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Part III

Identification of Related Organizations Taxable as a Partnership

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropportionate 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 | |
| See Additional Data Table | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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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 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 48-0941069 | HEALTHCARE | KS | NA | C Corp | 13,279,336 | 26,021,755 | 100 000 % | Yes | |
| (2) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN, Grand Cayman KY1-1102 CJ 98-0370522 | INSURANCE | CJ | NA | C CORP | 13,652,794 | 67,757,385 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

1s

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 |
|-------------------------------------|----------------------------------|------------------------|--|
| See Additional Data Table | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

[illegible]

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: 23-7379161

Name: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM 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 |
| (1) CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910 | CLINIC SVCS | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| (1) MARIAN CLINIC INC 1001 SW GARFIELD TOPEKA, KS 66604 48-1046905 | CLINIC SVCS | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| (2) MARILLAC CLINIC INC 2333 N 6TH STREET GRAND JUNCTION, CO 81501 84-1085822 | CLINIC SVCS | CO | 501(C)(3) | 3 | SCLHS | Yes | |
| (3) PROVIDENCE MEDICAL CENTER INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112 48-0784446 | HEALTHCARE | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| (4) ST JOHN HOSPITAL INC 3500 SOUTH FOURTH STREET LEAVENWORTH, KS 66048 48-0543768 | HEALTHCARE | KS | 501(C)(3) | 3 | PMC | Yes | |
| (5) PROVIDENCEST JOHN FOUNDATION INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 661121689 48-0925688 | SUPPORT 501C3 | KS | 501(C)(3) | 7 | PMC | Yes | |
| (6) ST FRANCIS HEALTH CENTER INC 1700 SW 7TH STREET TOPEKA, KS 66606 48-0547719 | HEALTHCARE | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| (7) ST FRANCIS HEALTH CENTER FOUNDATION 1700 SW 7TH STREET TOPEKA, KS 66606 48-1092520 | SUPPORT 501C3 | KS | 501(C)(3) | 11A-TYPE I | SFHC | Yes | |
| (8) ST MARYS HOSPITAL & MEDICAL CENTER INC 2635 N 7TH STREET GRAND JUNCTION, CO 81502 84-0425720 | HEALTHCARE | CO | 501(C)(3) | 3 | SCLHS | Yes | |
| (9) ST MARYS HOSPITAL DEVELOPMENT FOUNDATION 2635 N 7TH STREET GRAND JUNCTION, CO 81502 23-7001007 | SUPPORT 501C3 | CO | 501(C)(3) | 11A-TYPE I | SMHMC | Yes | |
| (10) HOLY ROSARY HEALTHCARE 2600 WILSON MILES CITY, MT 59301 81-0231792 | HEALTHCARE | MT | 501(C)(3) | 3 | SCLHS | Yes | |
| (11) HOLY ROSARY HEALTHCARE FOUNDATION INC 2600 WILSON MILES CITY, MT 59301 20-2270238 | SUPPORT 501C3 | MT | 501(C)(3) | 11A-TYPE I | HRHC | Yes | |
| (12) ST VINCENT HEALTHCARE 1233 NORTH 30TH BILLINGS, MT 59101 81-0232124 | HEALTHCARE | MT | 501(C)(3) | 3 | SCLHS | Yes | |
| (13) ST VINCENT HEALTHCARE FOUNDATION PO BOX 35200 BILLINGS, MT 591075200 81-0468034 | SUPPORT 501C3 | MT | 501(C)(3) | 7 | SVHC | Yes | |
| (14) ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE, MT 597012328 81-0231785 | HEALTHCARE | MT | 501(C)(3) | 3 | SCLHS | Yes | |
| (15) ST JAMES HEALTHCARE FOUNDATION 400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190 | SUPPORT 501C3 | MT | 501(C)(3) | 11A-TYPE I | SJHC | Yes | |
| (16) SAINT JOHN'S HEALTH CENTER 2121 SANTA MONICA BLVD SANTA MONICA, CA 904042091 95-1684082 | HEALTHCARE | CA | 501(C)(3) | 3 | SCLHS | Yes | |
| (17) JOHN WAYNE CANCER INSTITUTE 2000 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515 | CANCER R&D | CA | 501(C)(3) | 4 | SJHC | Yes | |
| (18) SAINT JOHN'S HOSPITAL & HLTH CENTER FND 2121 SANTA MONICA BLVD SANTA MONICA, CA 904042091 95-6100079 | SUPPORT 501C3 | CA | 501(C)(3) | 7 | SJHC | Yes | |
| (19) SCL HEALTH-FRONT RANGE INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 84-1103606 | HEALTHCARE | CO | 501(C)(3) | 3 | SCLHS | Yes | |

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 |
| (21) EXEMPLA LUTHERAN MEDICAL CENTER FNDTN 2480 W 26TH AVESUITE 360B DENVER, CO 80211 20-8846152 | SUPPORT 501C3 | CO | 501(C)(3) | 7 | SCLHEALTH-FR | Yes | |
| (1) EXEMPLA GOOD SAMARITAN MEDICAL CTR FNDTN 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162 | SUPPORT 501C3 | CO | 501(C)(3) | 7 | SCLHEALTH-FR | Yes | |
| (2) LUTH MED CNTR PRO&GEN LIAB SELF-INS TRS 2480 W 26TH AVESUITE 360B DENVER, CO 80211 74-2571584 | INSURANCE | CO | 501(C)(3) | 11A-TYPE I | SCLHEALTH-FR | Yes | |
| (3) SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218 84-0417134 | HEALTHCARE | CO | 501(C)(3) | 3 | SCLHS | Yes | |
| (4) SAINT JOSEPH HOSPITAL FOUNDATION 1835 FRANKLIN STREET DENVER, CO 80218 84-0735096 | SUPPORT 501C3 | CO | 501(C)(3) | 11A-TYPE I | SJH | Yes | |
| (5) MOUNT ST VINCENT HOME INC 4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260 | RESIDENT CARE | CO | 501(C)(3) | 11A-TYPE I | SCLHS | Yes | |
| (6) BETHANY COMMUNITY PLAZA INC 15 NORTH 12TH STREET KANSAS CITY, KS 66102 48-1207407 | INACTIVE | KS | 501(C)(3) | 3 | PMC | Yes | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in Box 20 of K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|-------------------------|---|--|---|---------------------------------|--|--|----|--|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| PAVILION IMAGING LLC 750 WELLINGTON GRAND JUNCTION, CO 81501 03-0516198 | RADIOLOGY | CO | NA | N/A | | | | | | | | |
| HEALTHCARE MANAGEMENT LLC PO BOX 2907 GRAND JUNCTION, CO 81502 84-1238904 | MGMT SVCS | CO | NA | N/A | | | | | | | | |
| SAN JUAN CANCER CENTER LLC 600 SOUTH 5TH STREET MONTROSE, CO 81401 20-2856331 | OP CANCER | CO | NA | N/A | | | | | | | | |
| LUTHERAN CAMPUS ASC LLC 3455 LUTHERAN PKWY STE 150 WHEATRIDGE, CO 800336028 02-0749532 | OP SURGERY | CO | NA | N/A | | | | | | | | |
| DENVER WEST ENDOSCOPY CENTER LLC 382 S ARTHUR AVENUE LOUISVILLE, CO 80027 46-0788218 | OP ENDOSCOPY | CO | NA | N/A | | | | | | | | |
| COLORADO SURGICAL VENTURES LLC 250 S WACKER DR SUITE 500 CHICAGO, IL 60606 20-8038915 | OP SURGERY | CO | NA | N/A | | | | | | | | |
| COLORADO SURGICAL HOSPITAL LLC 250 S WACKER DR SUITE 500 CHICAGO, IL 60606 20-8038977 | OP SURGERY | CO | NA | N/A | | | | | | | | |
| MED-MAP LLC PO BOX 1295 BILLINGS, MT 59103 81-0491356 | RENTAL REAL EST | MT | NA | N/A | | | | | | | | |
| YELLOWSTONE SURGERY CENTER LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 72-1519467 | OP SURGERY | MT | NA | N/A | | | | | | | | |
| ATHLETIC MEDICINE & PERFORMANCE LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 27-2270640 | PHYS THERAPY | MT | NA | N/A | | | | | | | | |
| TWENTIETH STREET GENERAL PARTNERSHIP 201 SOUTH LAKE AVENUE STE 507 PASADENA, CA 91101 95-3974903 | RENTAL REAL EST | CA | NA | N/A | | | | | | | | |
| SAINT JOHN'S MEDICAL PLAZA A CA Ltd Pa 201 SOUTH LAKE AVENUE STE 507 PASADENA, CA 91101 95-3983096 | RENTAL REAL EST | CA | NA | N/A | | | | | | | | |
| ALL CARE HOME HEALTH SOLUTIONS LLC 10170 E MISSISSIPPI AVENUE DENVER, CO 80247 46-2418729 | HOME CARE | DE | NA | N/A | | | | | | | | |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|---|
| ST MARYS HOSPITAL & MEDICAL CENTER INC | a | 1,362,324 | FMV |
| ST JAMES HEALTHCARE | a | 574,594 | FMV |
| SAINT JOHN'S HEALTH CENTER | a | 2,847,909 | FMV |
| SCL HEALTH-FRONT RANGE INC | a | 12,771,238 | FMV |
| MOUNT ST VINCENT HOME INC | b | 550,000 | FMV |
| MARILLAC CLINIC INC | b | 271,930 | FMV |
| PROVIDENCE MEDICAL CENTER INC | r | 28,953,534 | FMV |
| SCL HEALTH-FRONT RANGE INC | d | 9,370,000 | FMV |
| PROVIDENCE MEDICAL CENTER INC | d | 3,672,442 | FMV |
| ST JOHN HOSPITAL INC | d | 1,370,188 | FMV |
| ST JAMES HEALTHCARE | d | 2,792,289 | FMV |
| ST MARYS HOSPITAL & MEDICAL CENTER INC | d | 5,973,192 | FMV |
| SAINT JOHN'S HEALTH CENTER | d | 4,081,609 | FMV |
| LEAVEN INSURANCE COMPANY LTD | f | 12,000,000 | FMV |
| ST FRANCIS HEALTH CENTER INC | l | 29,771,564 | FMV |
| PROVIDENCE MEDICAL CENTER INC | l | 4,539,115 | FMV |
| ST JOHN HOSPITAL INC | l | 1,340,990 | FMV |
| ST VINCENT HEALTHCARE | l | 34,229,008 | FMV |
| HOLY ROSARY HEALTHCARE | l | 4,261,398 | FMV |
| ST JAMES HEALTHCARE | l | 9,470,625 | FMV |
| ST MARYS HOSPITAL & MEDICAL CENTER INC | l | 33,303,391 | FMV |
| SCL HEALTH-FRONT RANGE INC | l | 57,642,995 | FMV |
| SAINT JOSEPH HOSPITAL | l | 47,533,435 | FMV |
| SAINT JOHN'S HEALTH CENTER | l | 16,821,421 | FMV |
| JOHN WAYNE CANCER INSTITUTE | l | 440,868 | FMV |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of other organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-----------------------------------|---------------------------------|------------------------|---|
| LEAVEN INSURANCE COMPANY LTD | p | 11,858,061 | FMV |
| LEAVEN INSURANCE COMPANY LTD | c | 131,980 | FMV |
| PROVIDENCE MEDICAL CENTER INC | B | 28,953,534 | FMV |
| Saint Joseph Hospital | B | 50,000 | FMV |