

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311018489

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

500 ELDORADO BLVD SUITE 4300

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

BROOMFIELD, CO 80021

F Name and address of principal officer

LYDIA JUMONVILLE

500 ELDORADO BLVD SUITE 4300

BROOMFIELD, CO 80021

D Employer identification number

23-7379161

E Telephone number

(303) 813-5190

G Gross receipts \$ 698,059,223

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SCLHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1972

M State of legal domicile KS

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

17

4 Number of independent voting members of the governing body (Part VI, line 1b)

16

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

3,968

6 Total number of volunteers (estimate if necessary)

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

522,222

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

1,497,354

9 Program service revenue (Part VIII, line 2g)

473,301,777

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

94,255,833

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

9,732,543

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

578,787,507

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

18,926,310

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

276,265,141

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

325,058,910

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

620,250,361

19 Revenue less expenses Subtract line 18 from line 12

-41,462,854

Expenses

20 Total assets (Part X, line 16)

2,650,842,450

21 Total liabilities (Part X, line 26)

2,424,054,848

22 Net assets or fund balances Subtract line 21 from line 20

226,787,602

Net Assets or Fund Balances

Beginning of Current Year

End of Year

Part II

Signature Block

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

Signature of officer

2019-11-07

Date

JANIE WADE EVP FINANCE & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01868655

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 370 17TH STREET 4800

Phone no (720) 931-4000

DENVER, CO 80202

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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 \$ 640,457,154 including grants of \$ 4,192,744) (Revenue \$ 539,046,570)
See Additional Data

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

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

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

4e Total program service expenses ▶ 640,457,154

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 Yes	
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	No
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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), 501(c)(4), and 501(c)(29) 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 "Yes," 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		No
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	Yes	
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 ComplianceCheck 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	495	
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	3,968	2b	Yes	
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 , EI , LU See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds.						
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 17		
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			
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
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	
b 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:			
a The governing body?	8a	Yes	
b 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
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c 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?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b 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	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records.
 ▶ KYLE ENGMAN 500 ELDORADO BLVD SUITE 4200 BROOMFIELD, CO 80021 (303) 813-5543

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

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

1

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	21,834,487	0	2,156,909

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 635

		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	No
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)	(B)	(C)
Name and business address	Description of services	Compensation
AYA HEALTHCARE INC 5935 CORNERSTONE CT WEST STE 300 SAN DIEGO, CA 92121	CONTRACT LABOR	6,894,251
DENTONS US LLP 233 S WACKER DRIVE STE 5900 CHICAGO, IL 60606	LEGAL SERVICES	4,887,397
SAUNDERS EXPRESS LLC 6950 SOUTH JORDAN ROAD CENTENNIAL, CO 80112	CONSTRUCTION SERVICES	4,196,904
CHG COMPANIES INC PO BOX 972651 DALLAS, TX 75397	CONTRACT LABOR	3,589,620
G & G ORGANIZATION LTD 7670 WOODWAY STE 250 HOUSTON, TX 77063	COLLECTION SERVICES	2,486,437

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 ► 102

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d	1,584,901		
e	Government grants (contributions)	1e	34,469		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	500		
g	Noncash contributions included in lines 1a - 1f \$		10,000		
h Total.	Add lines 1a-1f		1,619,870		

Program Service Revenue

	Business Code				
2a	MANAGEMENT SERVICES	561000	365,002,879	364,912,879	90,000
b	PATIENT SERVICE REVENUE	621110	147,792,296	146,801,610	990,686
c	PROGRAM RELATED INVESTMENTS	622110	21,041,657	21,041,657	
d	MEDICAL RESEARCH	541700	2,465,316	2,465,316	
e	JOINT VENTURES-MEDICAL SERVICES	621400	1,810,163	1,810,163	
f	All other program service revenue		-7,284,467	-7,284,467	
g Total.	Add lines 2a-2f		530,827,844		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		44,560,635		-558,464	45,119,099
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real 50,029	(ii) Personal			
b	Less rental expenses	0				
c	Rental income or (loss)	50,029				
d	Net rental income or (loss)		50,029			50,029
7a	Gross amount from sales of assets other than inventory	(i) Securities 112,782,119	(ii) Other			
b	Less cost or other basis and sales expenses	0	78,254			
c	Gain or (loss)	112,782,119	-78,254			
d	Net gain or (loss)		112,703,865			112,703,865
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b	Less direct expenses	b				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
11a	VENDOR ADMINISTRATION REBATE	900099	8,218,726	8,218,726		
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d		8,218,726			
12 Total revenue.	See Instructions		697,980,969	537,965,884	522,222	157,872,993

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,177,953	4,177,953		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	14,791	14,791		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	18,248,661	11,945,584	6,303,077	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	232,827,528	232,827,528		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	13,303,898	13,303,898		
9 Other employee benefits.	23,938,183	23,938,183		
10 Payroll taxes.	16,939,097	16,939,097		
11 Fees for services (non-employees):				
a Management.				
b Legal.	7,966,850		7,966,850	
c Accounting.	1,081,153		1,081,153	
d Lobbying.	146,044		146,044	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	5,546,713		5,546,713	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,714,081	29,714,081		
12 Advertising and promotion.	5,981,641	5,981,641		
13 Office expenses.	43,793,674	43,793,674		
14 Information technology.	3,050,202	3,050,202		
15 Royalties.				
16 Occupancy.	11,432,383	11,432,383		
17 Travel.	4,932,265	4,932,265		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,384,711	2,384,711		
20 Interest.	98,525,349	98,525,349		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	37,706,091	37,706,091		
23 Insurance.	1,412,984	1,412,984		
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 MAINTENANCE CONTRACTS	39,840,617	39,840,617		
b MEDICAL SUPPLIES	38,270,175	38,270,175		
c DUES AND SUBSCRIPTIONS	3,799,852	3,799,852		
d BANK FEES	3,291,190	3,291,190		
e All other expenses	13,174,905	13,174,905		
25 Total functional expenses. Add lines 1 through 24e.	661,500,991	640,457,154	21,043,837	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		110,275,171	2	175,041,651
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,716,424	4	10,280,492
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net		397,645	7	1,380,000
	8	Inventories for sale or use		2,949,579	8	1,811,880
	9	Prepaid expenses and deferred charges		24,578,482	9	28,192,654
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	508,096,811		
	b	Less: accumulated depreciation	10b	280,554,727		
				217,970,589	10c	227,542,084
	11	Investments—publicly traded securities		1,350,155,215	11	1,250,468,928
	12	Investments—other securities. See Part IV, line 11		466,085,433	12	467,024,313
	13	Investments—program-related. See Part IV, line 11		466,802,912	13	441,082,832
	14	Intangible assets		134,838	14	1,898
15	Other assets. See Part IV, line 11		1,776,162	15	1,161,083	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,650,842,450	16	2,603,987,815	
Liabilities	17	Accounts payable and accrued expenses		121,367,292	17	119,106,380
	18	Grants payable			18	
	19	Deferred revenue		497,892	19	338,431
	20	Tax-exempt bond liabilities		1,272,071,187	20	1,246,538,360
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,030,118,477	25	1,188,502,778
	26	Total liabilities. Add lines 17 through 25		2,424,054,848	26	2,554,485,949
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		214,444,632	27	33,851,550
	28	Temporarily restricted net assets		10,342,970	28	13,650,316
	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		226,787,602	33	49,501,866
	34	Total liabilities and net assets/fund balances		2,650,842,450	34	2,603,987,815

Part XI Reconciliation of Net AssetsCheck 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	697,980,969
2	Total expenses (must equal Part IX, column (A), line 25)	2	661,500,991
3	Revenue less expenses Subtract line 2 from line 1	3	36,479,978
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	226,787,602
5	Net unrealized gains (losses) on investments	5	-209,428,245
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	-4,337,469
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,501,866

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCL HEALTH) IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 100 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES MORE THAN 16,000 FULL-TIME ASSOCIATES AND MORE THAN 600 EMPLOYED PROVIDERS BASED IN DENVER, THE HEALTH NETWORK IS DEDICATED TO IMPROVING THE HEALTH OF THE COMMUNITIES AND INDIVIDUALS IT SERVES, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE IN 2018, SCL HEALTH SYSTEM CONTRIBUTED \$242 MILLION IN COMMUNITY BENEFIT, INCLUDING SERVICES FOR THE POOR, HEALTH SCREENINGS, EDUCATIONAL PROGRAMS, COMMUNITY DONATIONS AND RESEARCH SCL HEALTH WAS FOUNDED BY THE SISTERS OF CHARITY OF LEAVENWORTH (SCL), WHO TRACE THEIR ORIGIN AS A RELIGIOUS COMMUNITY TO THE 1600S IN FRANCE, WHERE VINCENT DE PAUL AND LOUISE DE MARILLAC ESTABLISHED THE DAUGHTERS OF CHARITY THESE WOMEN WERE DEDICATED TO SERVING THE SICK AND POOR THROUGH AN ACTIVE MINISTRY IN 1857, A SMALL CONGREGATION OF SISTERS FROM NASHVILLE, TENN , LED BY MOTHER XAVIER ROSS, VENTURED TO THE EDGE OF AN EXPANDING FRONTIER IN THE THEN-INDIAN TERRITORY OF KANSAS THEY OPENED THE FIRST PRIVATE HOSPITAL IN THE STATE IN 1864, WITH THE FIRST TRAINED NURSE IN THE STATE AND SURELY THE FIRST WOMAN IN THE WESTERN TERRITORY TO RUN A HOSPITAL IN 1873, THE SISTERS FOUNDED WHAT IS NOW SAINT JOSEPH HOSPITAL IN DENVER, THE OLDEST PRIVATE TEACHING HOSPITAL IN COLORADO, AND ONE OF THE FIVE COLORADO HOSPITALS OF SCL HEALTH SCL HEALTH WAS FORMED IN 1972 TO STRENGTHEN AND UNIFY THE HEALTHCARE FACILITIES SPONSORED BY SCL IN 2011, THE SISTERS TRANSFERRED SPONSORSHIP OF SCL HEALTH TO LEAVEN MINISTRIES OUR ORGANIZATION'S RICH HERITAGE AND ENDURING LEGACY SERVE AS THE FOUNDATION FOR OUR HEALTH MINISTRY TODAY, AND OUR MISSION, VISION AND VALUES SERVE AS THE FRAMEWORK FOR OUR SUCCESS SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE PARENT CORPORATION OF A LARGE HOSPITAL AND HEALTHCARE SYSTEM SCLHS IS THE MANAGEMENT COMPANY PROVIDING CENTRALIZED SERVICES FOR ALL SCL HEALTH SUBSIDIARIES SCLHS PERFORMS NUMEROUS COORDINATED AND CENTRALIZED SERVICES FOR THE ENTITIES & CARE SITES THAT COMPRISE ITS SYSTEM, SUCH AS ADMINISTERING FINANCING & CAPITAL FORMATION PROGRAMS, ETHICAL & RELIGIOUS DIRECTION, FINANCIAL REPORTING, TAX SERVICES, HUMAN RESOURCES FUNCTIONS INCLUDING EXECUTIVE RECRUITING & ADMINISTERING & MAINTAINING WELFARE, BENEFIT & RETIREMENT PLANS, INFORMATION TECHNOLOGY SERVICES INCLUDING ELECTRONIC MEDICAL RECORD SYSTEMS, BUSINESS MANAGEMENT SYSTEMS, EQUIPMENT & CONNECTIVITY, INTERNAL AUDIT FUNCTIONS, LEGAL SERVICES, PHYSICIAN NETWORK DEVELOPMENT, PROCUREMENT & SUPPLY CHAIN MANAGEMENT, INCLUDING MEDICAL DEVICES, SUPPLIES & EQUIPMENT, PROFESSIONAL LIABILITY INSURANCE THROUGH A CAPTIVE PROVIDER INCLUDING GROUP EXCESS COVERAGE AND REINSURANCE AND LITIGATION MANAGEMENT, PUBLIC RELATIONS, COMMUNICATIONS & LEGISLATIVE AFFAIRS, REAL ESTATE MANAGEMENT SERVICES, INCLUDING LEASING & CONSTRUCTION, PURCHASE & SALE, REGULATORY COMPLIANCE SERVICES, REVENUE CYCLE MANAGEMENT SERVICES INCLUDING BILLING & COLLECTIONS, RISK MANAGEMENT SERVICES INCLUDING SELF-INSURANCE, GROUP EXCESS COVERAGE & REINSURANCE, LITIGATION MANAGEMENT, INSPECTION & CONTROLS THE CENTRALIZATION OF MANAGEMENT SERVICES PROVIDES FOR HIGH QUALITY, COST EFFECTIVE AND COMPASSIONATE HEALTH CARE MANAGEMENT AND MEDICAL SERVICES FOR THE COMMUNITIES WE SERVE THEREFORE, THESE MANAGEMENT SERVICES RELATE DIRECTLY TO THE EXEMPT PURPOSE OF OWNING AND MANAGING PUBLIC HOSPITALS AND A HEALTHCARE SYSTEM OUR MISSION, VISION AND VALUES ARE LISTED BELOW MISSIONWE 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 VISIONINSPIRED BY OUR FAITH, WE WILL PARTNER WITH OUR PATIENTS AND COMMUNITIES TO EXCEED THEIR EXPECTATIONS FOR HEALTH VALUESCARING SPIRIT - WE HONOR THE SACRED DIGNITY OF EACH PERSON EXCELLENCE - WE SET AND SURPASS HIGH STANDARDS GOOD HUMOR - WE CREATE JOYFUL AND WELCOMING ENVIRONMENTS INTEGRITY - WE DO THE RIGHT THING WITH OPENNESS AND PRIDE SAFETY - WE DELIVER CARE THAT SEEKS TO ELIMINATE ALL HARM FOR PATIENTS AND ASSOCIATES STEWARDSHIP - WE ARE ACCOUNTABLE FOR THE RESOURCES ENTRUSTED TO US

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER LYNN CASEY SCL MEMBER	1 00 0 00	X						0	0	0
PAMELA FEDERBUSCH MEMBER	1 00 0 00	X						6,500	0	0
SISTER MAUREEN HALL SCL MEMBER	1 00 0 00	X						0	0	0
C GORDON HOWIE MEMBER	1 00 0 00	X						9,500	0	0
STEVEN HUEBNER VICE CHAIR	2 00 0 00	X		X				9,000	0	0
PAUL HUGHES-CROMWICK MEMBER	1 00 0 00	X						0	0	0
LYDIA JUMONVILLE SYSTEM PRESIDENT & CEO / TREASURER	50 00 0 00	X		X				1,995,079	0	385,181
SCOTT KELLER MEMBER	1 00 0 00	X						0	0	0
DONNA KING MEMBER	1 00 0 00	X						9,221	0	0
KNUTE KNUDSON PAST CHAIR	2 00 0 00	X		X				9,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHRYN PAUL CHAIR	2 00	X		X				10,000	0	0
SISTER CONSTANCE PHELPS SCL MEMBER	1 00	X						0	0	0
VINOD SAHNEY PHD MEMBER	1 00	X						6,000	0	0
MICHAEL SALEM MD MEMBER	1 00	X						0	0	0
J PAUL SOLVERSON MEMBER	1 00	X						0	0	0
ROBERT E WILSON MEMBER	1 00	X						7,000	0	0
ALAN YORDY MEMBER	1 00	X						5,500	0	0
ROSLAND MCLEOD SECRETARY / SVP CHIEF LEGAL OFFICER	50 00			X				1,148,199	0	177,948
LYNN SMITH ASST SECRETARY / BOARD GOV PROG MGR	50 00			X				116,445	0	19,320
MICHAEL TAYLOR VICE PRESIDENT / CHIEF OPER OFF-HOSP OPS	50 00			X				1,573,286	0	156,970

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANIE WADE EXEC VP FINANCE & CFO 2/26-12/31	50 00 0 00			X				852,889	0	13,525
LOUIS CAPPONI INTERIM CHIEF INFORMATION OFFICER	50 00 0 00				X			432,939	0	55,470
STEVEN CHYUNG SVP SUPPLY CHAIN & REAL ESTATE	50 00 0 00				X			806,199	0	97,731
SHAWN DUFFORD MD SVP CHIEF MEDICAL OFFICER SYS	50 00 0 00				X			1,036,866	0	113,068
TAJQUAH HUDSON EVP-CHIEF STRAT-BUS DEV OFCR	50 00 0 00				X			1,042,993	0	152,119
KERRY KOHNEN SVP PAYER & POP HEALTH STRAT 1/1-6/8	50 00 0 00				X			1,015,413	0	71,789
MEGAN MAHNCKE SVP AND CHIEF COMM-MKTG OFCR 10/5-12/31	50 00 0 00				X			351,193	0	64,397
DAVID PECORARO SVP-CHIEF INFORMATION OFCR 1/1-6/1	50 00 0 00				X			832,054	0	22,294
DAVID PRINGLE SVP MISSION INTEGRATION	50 00 0 00				X			665,962	0	41,258
TAMARA SAUNAITIS SVP-CHIEF HUMAN RESOURCES OFCR	50 00 0 00				X			778,161	0	90,309

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN SCREMIN VP FINANCE OPERATIONS	50 00 0 00				X			489,314	0	72,624
TROY SPRING VP REVENUE CYCLE	50 00 0 00				X			377,499	0	75,814
GERALDINE TOWNDROW SVP CHIEF NURSING OFFICER SYS	50 00 0 00				X			671,703	0	27,330
JAMES VALIN MD EXEC VICE PRESIDENT & CHIEF CLINICAL OFFICER	50 00 0 00				X			1,081,299	0	124,793
MARK WILKINSON VP TREASURER	50 00 0 00				X			387,685	0	59,525
CHRISTINE WOOLSEY SVP & CHIEF COMM-MKTG OFCR 1/1-10/5	50 00 0 00				X			670,727	0	101,291
JOHN WICKLUND PRESIDENT-CEO LMC	0 00 50 00					X		1,654,360	0	44,493
ROBERT TERRY MD PSO PHYSICIAN	50 00 0 00					X		1,281,112	0	45,577
BUUP KIM MD PSO PHYSICIAN CLINIC	50 00 0 00					X		917,489	0	40,900
ANASTASIOS SALIARIS MD PSO PHYSICIAN	50 00 0 00					X		799,639	0	55,968

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM ANDERSON MD MEDICAL DIRECTOR	50 00 0 00					X		784,261	0	47,215

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

11
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	11				3,974,832	0

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	Yes	
3a	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b	Yes	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 1	THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC IS THE PARENT OF EACH OF ITS SUP PORTED ORGANIZATIONS AND CONTROLS THEM AS PART OF AN INTEGRATED HEALTH SYSTEM EACH SUPPOR TED ORGANIZATION IS CONTROLLED BY THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC A CLOSE AND HISTORIC ORGANIZATIONAL RELATIONSHIP ENSURES THAT SISTERS OF CHARITY OF LEAV ENWORTH HEALTH SYSTEM, INC AND ITS SUPPORTED ORGANIZATIONS SHARE A SUBSTANTIAL IDENTITY O F INTERESTS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	SUPPORT WAS PROVIDED TO MEDICAL AND OTHER CHARITABLE ORGANIZATIONS NOT CONSIDERED SUPPORTED ORGANIZATIONS HOWEVER, THESE INSTITUTIONS ARE SUPPORTING MEDICAL AND OTHER ACTIVITIES BENEFITING THE COMMUNITIES SERVED BY SUPPORTED ORGANIZATIONS AMOUNTS GRANTED ARE INSIGNIFICANT TO THE OVERALL OPERATIONS OF SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 3A	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS SCLHS APPROVES MEMBERS OF THE SUPPORTED ORGANIZATIONS' BOARD OF DIRECTORS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINE 3B	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) HAS CERTAIN RESERVE POWERS TO APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND THE BYLAWS INCLUDING THE APPOINTMENT OR REMOVAL OF BOARD MEMBERS AND THE PRESIDENT/CEO SCLHS ALSO HAS CERTAIN RESERVE POWERS OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CHANGE IN MISSION, ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS

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 12g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ST FRANCIS HEALTH CENTER INC	480547719	3		No	0	0
(A) ST JAMES HEALTHCARE	810231785	3		No	0	0
(B) SAINT JOSEPH HOSPITAL INC	840417134	3		No	0	0
(C) SCL HEALTH - FRONT RANGE INC	841103606	3		No	0	0
(D) ST MARY'S HOSPITAL AND MEDICAL CENTER INC	840425720	3		No	31,832	0
(E) ST VINCENT HEALTHCARE	810232124	3		No	3,000,157	0
(F) HOLY ROSARY HEALTHCARE	810231792	3		No	0	0
(G) CARITAS CLINICS INC	481009910	3		No	236,377	0
(H) MARIAN CLINIC INC	481046905	3		No	157,013	0
(I) MOUNT ST VINCENT HOME	840405260	10		No	549,453	0
(J) BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	840482695	3		No	0	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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		146,044
j	Total. Add lines 1c through 1i			146,044
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING EXPENSES OF \$63,207 WERE DERIVED AS A PERCENTAGE OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION. ADDITIONAL LOBBYING EXPENSES OF \$82,837 WERE DERIVED FROM FEES FOR ADVOCACY SERVICES RELATED TO COLORADO LEGISLATIVE ACTIVITIES.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493311018489	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
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" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
		Held at the End of the Year			
a		Total number of conservation easements		2a	
b		Total acreage restricted by conservation easements		2b	
c		Number of conservation easements on a certified historic structure included in (a)		2c	
d		Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register		2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,000,000	2,000,000	2,000,000	3,813,121	3,663,849
b Contributions					
c Net investment earnings, gains, and losses				25,463	149,272
d Grants or scholarships					
e Other expenditures for facilities and programs				1,838,584	
f Administrative expenses					
g End of year balance	2,000,000	2,000,000	2,000,000	2,000,000	3,813,121

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,285,932		49,285,932
b Buildings		25,831,114	10,959,510	14,871,604
c Leasehold improvements		15,989,130	10,881,775	5,107,355
d Equipment		399,556,677	258,713,442	140,843,235
e Other		17,433,958		17,433,958
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				227,542,084

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	467,024,313	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) NOTES REC - SCL HEALTH - FRONT RANGE, INC	251,390,000	C
(2) NOTES REC - ST JOSEPH HOSPITAL, INC	186,637,829	C
(3) NOTES REC - ST MARY'S HOSPITAL & MEDICAL CENTER, INC	3,055,003	C
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	441,082,832	

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY PAYABLE	1,127,249,262
DEFERRED COMPENSATION PLAN PAYABLE	32,441,212
INTEREST RATE SWAP PAYABLE	13,638,747
BROKER PAYABLE	15,173,557
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,188,502,778

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) ABSOLUTE RETURN INVESTMENTS	348,489	F
(A) EXECUTIVE DB PLAN INVESTMENTS	21,422,736	F
(B) HEDGE FUNDS	102,837,749	F
(C) JOINT VENTURE - NORTHERN ROCKIES HEALTHCARE ALLIANCE, LLC	5,530	F
(D) JOINT VENTURE - DENVER WEST ENDOSCOPY CTR, LLC	732,258	F
(E) JOINT VENTURE - E + PET IMAGING X, LP	152,856	F
(F) JOINT VENTURE - LUTHERAN CAMPUS ASC, LLC	1,319,344	F
(G) JOINT VENTURE - ASC	1,800,771	F
(H) JOINT VENTURE - SCLH-GI ENDOS CTR HLDGS, LLC	354,586	F
(I) JOINT VENTURE - TOUCHSTONE IMAGING	8,175,858	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) JOINT VENTURE - REHAB HOSPITAL OF MT	88,342	F
(A) OPPORTUNISTIC INVESTMENTS	50,270,302	F
(B) REAL RETURN INVESTMENTS	270,022,622	F
(C) SWEEP ACCOUNTS	8,846,013	F
(D) VHA STOCK INVESTMENT	646,857	F

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	SCLHS HAS A PERMANENT ENDOWMENT IN THE AMOUNT OF \$2,000,000 THE EARNINGS FROM THE PERMANENT ENDOWMENT ARE TO BE USED FOR EDUCATIONAL PURPOSES AS DETERMINED BY SCLHS MANAGEMENT

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2018

**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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			20,444,444
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			20,444,444

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	INVESTMENTS REPORTED IN SCHEDULE F ARE ACCOUNTED FOR ON THE ACCRUAL BASIS OF ACCOUNTING SCLHS' EXPENDITURES (PREMIUMS PAID) FOR ITS CAPTIVE INSURANCE PREMIUMS WERE \$15,942,177 NET OF PREMIUM DISCOUNTS

Additional Data

Software ID:

Software Version:

EIN: 23-7379161

Name: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	CAPTIVE INSURANCE PREMIUM	15,942,177
EUROPE/CARIBBEAN	0	0	INVESTMENTS, PROGRAM-RELATED		4,502,267

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service

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

Employer identification number
23-7379161

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 50000 0000000000 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			701,291	0	701,291	0 110 %
b Medicaid (from Worksheet 3, column a)			24,409,419	9,588,956	14,820,463	2 250 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			25,110,710	9,588,956	15,521,754	2 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			17,383	0	17,383	0 %
g Subsidized health services (from Worksheet 6)			4,750,514	2,666,168	2,084,346	0 320 %
h Research (from Worksheet 7)			2,637,609	2,522,671	114,938	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			7,405,506	5,188,839	2,216,667	0 340 %
k Total. Add lines 7d and 7j			32,516,216	14,777,795	17,738,421	2 700 %

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

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

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes		
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,084,805		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	17,404,118
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	41,106,435
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,702,317
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 DENVER WEST ENDOSCOPY CENTER LLC	OUTPATIENT ENDOSCOPY SERVICES	51 000 %	0 %	49 000 %
2 2 LUTHERAN CAMPUS ASC LLC	OUTPATIENT SURGERY	54 890 %	0 %	45 110 %
3 3 SCLH-GI ENDOSCOPY CENTER HOLDINGS LLC	ENDOSCOPY SERVICES	51 000 %	0 %	49 000 %
4 4 NORTHGLENN ENDOSCOPY CENTER LLC	ENDOSCOPY SERVICES	51 000 %	0 %	49 000 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

3

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SCL HEALTH WESTMINSTER LLC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	No
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 _____	10	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SCL HEALTH WESTMINSTER LLC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SCL HEALTH WESTMINSTER LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SCL HEALTH WESTMINSTER LLC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SCL HEALTH SOUTHWEST LLC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SCL HEALTH SOUTHWEST LLC			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SCL HEALTH SOUTHWEST LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SCL HEALTH SOUTHWEST LLC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

SCL HEALTH NORTHGLENN LLC

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**3****Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SCL HEALTH NORTHGLENN LLC

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SCL HEALTH NORTHGLENN LLC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SCL HEALTH NORTHGLENN LLC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **94**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THIS ORGANIZATION IS PART OF SCL HEALTH SYSTEM WHICH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A CONSOLIDATED BASIS THE REPORT IS PREPARED BY THE PARENT COMPANY, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 4,084,805

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	N/APART III, LINE 1 THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO 15 TO THE EXTENT THAT HFMA STATEMENT NO 15 FOLLOWS THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR THE REPORTING OF BAD DEBT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE THE FOLLOWING IS THE TEXT OF THE FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE IN MAY 2014, THE FASB ISSUED ASU 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), AND HAS SUBSEQUENTLY ISSUED SUPPLEMENTAL AND/OR CLARIFYING ASUS (COLLECTIVELY, ACCOUNTING STANDARDS CODIFICATION (ASC) 606) ASC 606 OUTLINES A FIVE-STEP FRAMEWORK THAT INTENDS TO CLARIFY THE PRINCIPLES FOR RECOGNIZING REVENUE AND ELIMINATE INDUSTRY-SPECIFIC GUIDANCE IN ADDITION, ASC 606 REVISES CURRENT DISCLOSURE REQUIREMENTS IN AN EFFORT TO HELP FINANCIAL STATEMENT USERS BETTER UNDERSTAND THE NATURE, AMOUNT, TIMING, AND UNCERTAINTY OF REVENUE THAT IS RECOGNIZED SCL HEALTH ADOPTED ASC 606 EFFECTIVE JANUARY 1, 2018 USING THE MODIFIED RETROSPECTIVE APPROACH AS A RESULT OF ADOPTION, AMOUNTS PREVIOUSLY CLASSIFIED AS PROVISION FOR BAD DEBTS IN THE CONSOLIDATED STATEMENT OF OPERATIONS ARE NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS AND THEREFORE INCLUDED AS A REDUCTION OF NET PATIENT SERVICE REVENUE IN 2018 FOR PERIODS PRIOR TO THE ADOPTION OF ASC 606, THE PROVISION FOR BAD DEBTS HAS BEEN PRESENTED CONSISTENT WITH PREVIOUS REVENUE RECOGNITION STANDARDS THAT REQUIRED IT TO BE PRESENTED SEPARATELY AS A COMPONENT OF NET PATIENT SERVICE REVENUE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM BY ABSORBING THE MEDICARE SHORTFALL COSTS WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS THE ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST REPORT COST TO CHARGE RATIO</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	SCL HEALTH WESTMINSTER, LLC THE COMMUNITY HEALTH NEEDS ASSESSMENT IS THE PRIMARY TOOL USED TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES DUE TO THE CLOSING OF THE FACILITIES IN 2018, THERE WERE NO OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED SCL HEALTH SOUTHWEST, LLC THE COMMUNITY HEALTH NEEDS ASSESSMENT IS THE PRIMARY TOOL USED TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES DUE TO THE CLOSING OF THE FACILITIES IN 2018, THERE WERE NO OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED SCL HEALTH NORTHGLENN, LLC THE COMMUNITY HEALTH NEEDS ASSESSMENT IS THE PRIMARY TOOL USED TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES DUE TO THE CLOSING OF THE FACILITIES IN 2018, THERE WERE NO OTHER COMMUNITY NEEDS ASSESSMENTS CONDUCTED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE. NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL. IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS. THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE. THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST. THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SCL HEALTH WESTMINSTER, LLC WESTMINSTER COMMUNITY HOSPITAL IS LOCATED IN THE CITY OF WESTMINSTER, COLORADO. WESTMINSTER IS LOCATED IN JEFFERSON COUNTY, BUT INCLUDES A UNIQUE SERVICE AREA OF THREE INTERSECTING COUNTIES (ADAMS, BROOMFIELD AND JEFFERSON) WITH THE POSITIONING OF THE COMMUNITY HOSPITAL, ALONG A MAJOR TRANSPORTATION CORRIDOR, THE PRIMARY SERVICE AREA IS DEFINED BY A GEOGRAPHIC RADIUS OF 50 MILES FOR HEALTH DATA REVIEW. DATA SHARED BELOW REPRESENTS A COMBINATION OF COUNTY AND SERVICE MARKET DATA AS OF 2016 GATHERED FROM US CENSUS BUREAU, COUNTY RANKINGS AND PUBLIC HEALTH SOURCES. DEMOGRAPHICS OF THE COMMUNITY (U.S. CENSUS BUREAU 2016): JEFFERSON COUNTY'S POPULATION AS OF 2016 WAS 571,837, ADAMS COUNTY 498,187, AND BROOMFIELD 66,529. PRIMARY SERVICE AREA POPULATION FOR SCL COMMUNITY HOSPITAL IS 302,901 WHICH REPRESENTS APPROXIMATELY 115,911 HOUSEHOLDS. GENDER: THE POPULATION OF MALES AND FEMALES IS NEARLY EQUAL - 49.6% (MALE) AND 50.4% (FEMALE). AGE: SERVICE AREA SHOWS A DOMINANCE OF PERSONS BETWEEN THE AGES OF 18 AND 64 (53.4%) WITH A MEDIAN AGE OF 36.1. RACIAL AND ETHNIC DIVERSITY: THE POPULATION IN JEFFERSON AND BROOMFIELD COUNTIES IS PREDOMINANTLY WHITE, WITH HISPANIC ORIGIN FOLLOWING. PRIMARY SERVICE AREA PERCENTAGES SHOW 78.4% (WHITE) AND 15.1% (HISPANIC). OTHER RACES (ASIAN, BLACKS/AFRICAN AMERICAN AND AMERICAN INDIAN/ALASKA NATIVES) HAVE RELATIVELY SMALL PERCENTAGES. EDUCATION: WITHIN SERVICE AREA, 40,207 HOLD HIGH SCHOOL DIPLOMAS AND 43,464 HOLD BACHELOR'S DEGREES. 23,183 REPRESENT A GRADUATE DEGREE OR HIGHER. ADAMS COUNTY HAS ONE OF THE LOWEST EDUCATION LEVELS IN THE STATE WITH ONLY 81% HAVING A HIGH SCHOOL EDUCATION AND 20% WITH A BACHELOR DEGREE OR HIGHER. BY COMPARISON, JEFFERSON COUNTY HAD THE HIGHEST HIGH SCHOOL COMPLETION RATE AT 84.5% AND THE HIGHEST PORTION OF THE POPULATION AGE 25 AND OLDER WHO HAVE COMPLETED HIGH SCHOOL AT 94.0%. JEFFERSON ALSO HAD THE HIGHEST PORTION OF THE POPULATION AGE 25 AND OLDER WITH A BACHELOR'S DEGREE OR HIGHER AT 41.6%. LANGUAGE: FOR JEFFERSON COUNTY ONLY 10.5% OF PERSONS AGE 5 YEARS AND OVER SPEAK A LANGUAGE OTHER THAN ENGLISH IN THE HOME, THE PORTION OF HOUSEHOLDS THAT ONLY SPOKE ENGLISH WAS HIGHEST IN JEFFERSON COUNTY AT 89%, BROOMFIELD COUNTY HAD AN ESTIMATED PERCENTAGE OF 13.3% OF HOUSEHOLDS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH WITH SPANISH HAVING THE HIGHEST PERCENTAGE AT 5.9%, FOLLOWED BY ASIAN AND PACIFIC ISLAND LANGUAGES AT 3.6%, AND OTHER INDO-EUROPEAN LANGUAGES AT 3.5%. ECONOMICS: THE MEDIAN HOUSEHOLD INCOME IS \$62,890 FOR SERVICE AREA, COMPARED TO \$61,303 FOR THE STATE. HOWEVER ADAMS COUNTY HAS ONE OF THE HIGHEST POVERTY RATES IN THE STATE AT 13.3% AND BROOMFIELD IS ONE OF THE LOWEST LEVELS IN THE STATE AT 4.9%. OVERALL HEALTH RANK: THIS MEASURE RANKS THE OVERALL HEALTH OF COUNTY CITIZENS FOR ALL COUNTIES IN COLORADO. THE RANKINGS ARE BASED ON A MODEL OF POPULATION HEALTH THAT EMPHASIZES THE MANY FACTORS THAT, IF IMPROVED, CAN HELP TO MAKE COMMUNITIES HEALTHIER PLACES TO LIVE, LEARN, WORK AND PLAY. FACTORS INCLUDED IN THE RANKING ARE HEALTH OUTCOMES, HEALTH FACTORS, POLICIES/PROGRAMS AND SOCIAL DETERMINANTS OF HEALTH. JEFFERSON RANKS 14TH, BROOMFIELD RANKS 2ND AND ADAMS RANKS 37TH. ACCESS TO CARE: ACCESS TO PRIMARY CARE PHYSICIANS, DENTISTS, DIABETIC MONITORING AND MAMMOGRAPHY IS BETTER FOR PERSONS RESIDING IN BROOMFIELD COUNTY THAN IN JEFFERSON COUNTY, EXCEPT FOR MENTAL HEALTH PROVIDERS. BROOMFIELD HAS BETTER ACCESS TO MENTAL HEALTH PROVIDERS AT 1,008.1 AS COMPARED TO 1262.1 AT THE STATE LEVEL. SCL HEALTH SOUTHWEST, LLC SOUTHWEST COMMUNITY HOSPITAL IS LOCATED IN THE CITY OF LITTLETON, COLORADO. LITTLETON IS LOCATED IN JEFFERSON COUNTY, BUT INCLUDES A SERVICE AREA THAT INTERSECTS WITH DOUGLASS COUNTY. WITH THE POSITIONING OF THE COMMUNITY HOSPITAL, ALONG A MAJOR TRANSPORTATION CORRIDOR, THE PRIMARY SERVICE AREA IS DEFINED BY A GEOGRAPHIC RADIUS OF 50 MILES FOR HEALTH DATA REVIEW. DATA SHARED BELOW REPRESENTS A COMBINATION OF AVAILABLE PUBLIC HEALTH DATA AS OF 2010-2016 GATHERED AS A CHNA PRECURSOR. COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS FROM OUR NEAREST SCL HEALTH ACUTE CARE FACILITY (LUTHERAN MEDICAL CENTER) LOCATED IN THE LAKEWOOD/WHEAT RIDGE AREA WAS REVIEWED AS DATA SUPPORT AS WELL. DEMOGRAPHICS OF THE COMMUNITY (U.S. CENSUS BUREAU 2016): JEFFERSON COUNTY'S POPULATION AS OF 2010 WAS 534,543. 2016 ESTIMATED GROWTH SHOWS A 7% CHANGE BETWEEN 2010 AND 2016 FOR A TOTAL OF 571,837 COMPARED TO A 10% GROWTH CHANGE FOR THE STATE. GENDER: THE POPULATION OF MALES AND FEMALES IS NEARLY EQUAL - 49.7% (MALE) AND 50.3% (FEMALE). AGE: SERVICE AREA SHOWS A DOMINANCE OF PERSONS BETWEEN THE AGES OF 18 AND 64 (64.3%) WITH A MEDIAN AGE OF 36.1. JEFFERSON COUNTY ALSO SHOWS A STRIKING REPRESENTATION OF ADULTS WHO ARE AGE 65 AND OLDER (15.1%) COMPARED TO (13%) FOR THE STATE. RACIAL AND ETHNIC DIVERSITY: THE POPULATION IN JEFFERSON COUNTY IS PREDOMINANTLY WHITE, WITH HISPANIC ORIGIN FOLLOWING. PRIMARY SERVICE AREA PERCENTAGES SHOW 78.5% (WHITE) AND 15.1% (HISPANIC).</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>OTHER RACES (ASIAN, BLACKS/AFRICAN AMERICAN AND AMERICAN INDIAN/ALASKA NATIVES) HAVE RELATIVELY SMALL PERCENTAGES. EDUCATION WITHIN THE SERVICE AREA, JEFFERSON HAD THE HIGHEST HIGH SCHOOL COMPLETION RATE AT 84.5% AND THE HIGHEST PORTION OF THE POPULATION AGE 25 AND OLDER WHO HAVE COMPLETED HIGH SCHOOL AT 94.0%. JEFFERSON ALSO HAD THE HIGHEST PORTION OF THE POPULATION AGE 25 AND OLDER WITH A BACHELOR'S DEGREE OR HIGHER AT 41.6%. LANGUAGE FOR JEFFERSON COUNTY 89.6% OF HOUSEHOLDS SPEAK "ONLY" ENGLISH. APPROXIMATELY 10% OF HOUSEHOLDS SPEAK A LANGUAGE OTHER THAN ENGLISH (E.G. SPANISH, ASIAN & PACIFIC ISLANDER, OR OTHER INDO-EUROPEAN LANGUAGES). ECONOMICS THE MEDIAN HOUSEHOLD INCOME IS \$70,164 FOR SERVICE AREA, COMPARED TO \$60,629 FOR THE STATE. PERCENT OF PERSONS IN POVERTY IS 7.9% COMPARED TO 11.5% FOR THE STATE. OVERALL HEALTH RANK THIS MEASURE RANKS THE OVERALL HEALTH OF COUNTY CITIZENS FOR ALL COUNTIES IN COLORADO. THE RANKINGS ARE BASED ON A MODEL OF POPULATION HEALTH THAT EMPHASIZES THE MANY FACTORS THAT, IF IMPROVED, CAN HELP TO MAKE COMMUNITIES HEALTHIER PLACES TO LIVE, LEARN, WORK AND PLAY. FACTORS INCLUDED IN THE RANKING ARE HEALTH OUTCOMES, HEALTH FACTORS, POLICIES/PROGRAMS AND SOCIAL DETERMINANTS OF HEALTH. JEFFERSON COUNTY RANKS 14TH OUT OF 60 SCL HEALTH NORTHGLENN, LLC NORTHGLENN COMMUNITY HOSPITAL IS LOCATED IN THE CITY OF NORTHGLENN, COLORADO. NORTHGLENN IS LOCATED IN ADAMS COUNTY. THE PRIMARY SERVICE AREA IS DEFINED BY A GEOGRAPHIC RADIUS OF 50 MILES FOR HEALTH DATA REVIEW. DATA SHARED BELOW REPRESENTS A COMBINATION OF COUNTY AND SERVICE MARKET DATA AS OF 2016 GATHERED FROM US CENSUS BUREAU, COUNTY RANKINGS AND PUBLIC HEALTH SOURCES. DEMOGRAPHICS OF THE COMMUNITY (U.S. CENSUS BUREAU 2016). ADAMS COUNTY'S POPULATION AS OF 2016 WAS 498,187. GENDER THE POPULATION OF MALES AND FEMALES IS NEARLY EQUAL - 49.7% (FEMALE) AND 50.3% (MALE). AGE SERVICE AREA SHOWS A DOMINANCE OF PERSONS BETWEEN THE AGES OF 18 AND 64 (62.7%) AND A HIGH PERCENTAGE OF PERSONS BELOW THE AGE OF 18 AT 27.5%. RACIAL AND ETHNIC DIVERSITY THE POPULATION IN ADAMS COUNTY IS PREDOMINANTLY WHITE AT 50.8%, WITH HISPANIC ORIGIN FOLLOWING AT 39.6%. EDUCATION ADAMS COUNTY HAS ONE OF THE LOWEST EDUCATION LEVELS IN THE STATE WITH ONLY 81% HAVING A HIGH SCHOOL EDUCATION AND 20% WITH A BACHELOR DEGREE OR HIGHER. LANGUAGE THE PERCENT OF HOUSEHOLDS THAT WERE ESTIMATED TO BE LINGUISTICALLY ISOLATED (LIMITATION COMMUNICATION IN ENGLISH) WAS HIGHEST IN ADAMS COUNTY AT 5.7%. THE AGGREGATE VALUE WAS 2.5% LOWER COMPARED TO THE STATE VALUE. HOUSEHOLDS THAT SPOKE A LANGUAGE OTHER THAN ENGLISH HAD A HIGH COMPARATIVE PERCENTAGE AT 28.5% IN ADAMS COUNTY, THE COMPARATIVE AGGREGATE VALUE WAS 2.6% HIGHER WHEN COMPARED TO THE STATE VALUE. ADAMS COUNTY HAD THE LARGEST PORTION OF HOUSEHOLDS WHO SPOKE SPANISH OR SPANISH CREOLE AT 23.1%. ECONOMICS THE MEDIAN HOUSEHOLD INCOME IS \$58,946 FOR ADAMS COUNTY, COMPARED TO \$61,303 FOR THE STATE. HOWEVER ADAMS COUNTY HAS ONE OF THE HIGHEST POVERTY RATES IN THE STATE AT 12.8%. PER CAPITA INCOME WAS LOWEST IN ADAMS COUNTY AT \$25,039. UNEMPLOYMENT RATE WAS ALSO SLIGHTLY HIGHER IN ADAMS COUNTY AT 2.3%. OVERALL HEALTH RANK THIS MEASURE RANKS THE OVERALL HEALTH OF COUNTY CITIZENS FOR ALL COUNTIES IN COLORADO. THE RANKINGS ARE BASED ON A MODEL OF POPULATION HEALTH THAT EMPHASIZES THE MANY FACTORS THAT, IF IMPROVED, CAN HELP TO MAKE COMMUNITIES HEALTHIER PLACES TO LIVE, LEARN, WORK AND PLAY. FACTORS INCLUDED IN THE RANKING ARE HEALTH OUTCOMES, HEALTH FACTORS, POLICIES/PROGRAMS AND SOCIAL DETERMINANTS OF HEALTH. ADAMS COUNTY RANKS 37TH.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>SCL HEALTH WESTMINSTER, LLC COMMUNITY SUPPORT ACTIVITY EXAMPLES INCLUDE COMMUNITY HEALTH AND SAFETY CLINICS, CANCER SCREENINGS, CHRONIC DISEASE MANAGEMENT, AND HEALTH LITERACY SEMINARS IN ADDITION, A FOCUS ON PREVENTIVE INTERVENTIONS WITH OUTREACH TO UNDERSERVED COMMUNITIES ARE ESSENTIAL TO ADDRESSING AREAS SUCH AS ANNUAL YOUTH PHYSICALS, BICYCLE SAFETY, SENIOR FALLS PREVENTION, AND ASSISTING COMMUNITY MEMBERS IN CONNECTING TO OTHER COMMUNITY HEALTH SUPPORT RESOURCES (E G TRANSPORTATION, HOME HEALTH, HOUSING, AND OTHER SOCIAL SERVICES) SCL HEALTH SOUTHWEST, LLC COMMUNITY SUPPORT ACTIVITY EXAMPLES INCLUDE COMMUNITY HEALTH AND SAFETY CLINICS, CANCER SCREENINGS, CHRONIC DISEASE MANAGEMENT, AND HEALTH LITERACY SEMINARS IN ADDITION, A FOCUS ON PREVENTIVE INTERVENTIONS WITH OUTREACH TO UNDERSERVED COMMUNITIES ARE ESSENTIAL TO ADDRESSING AREAS SUCH AS ANNUAL YOUTH PHYSICALS, BICYCLE SAFETY, SENIOR FALLS PREVENTION, AND ASSISTING COMMUNITY MEMBERS IN CONNECTING TO OTHER COMMUNITY HEALTH SUPPORT RESOURCES (E G TRANSPORTATION, HOME HEALTH, HOUSING, AND OTHER SOCIAL SERVICES) SCL HEALTH NORTHGLENN, LLC COMMUNITY SUPPORT ACTIVITY EXAMPLES INCLUDE COMMUNITY HEALTH AND SAFETY CLINICS, CANCER SCREENINGS, CHRONIC DISEASE MANAGEMENT, AND HEALTH LITERACY SEMINARS IN ADDITION, A FOCUS ON PREVENTIVE INTERVENTIONS WITH OUTREACH TO UNDERSERVED COMMUNITIES ARE ESSENTIAL TO ADDRESSING AREAS SUCH AS ANNUAL YOUTH PHYSICALS, BICYCLE SAFETY, SENIOR FALLS PREVENTION, AND ASSISTING COMMUNITY MEMBERS IN CONNECTING TO OTHER COMMUNITY HEALTH SUPPORT RESOURCES (E G TRANSPORTATION, HOME HEALTH, HOUSING, AND OTHER SOCIAL SERVICES)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>SCL HEALTH COMMUNITY HOSPITALS ARE A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE " WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITIES, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 100 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES MORE THAN 16,000 FULL-TIME ASSOCIATES AND MORE THAN 600 EMPLOYED PROVIDERS AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEM-WIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT HIGH QUALITY HEALTHCARE SERVICES THAT ARE RESPONSIVE TO THE NEEDS OF ITS PATIENTS AND THEIR FAMILIES THIS INCLUDES COORDINATING COMMUNITY BENEFIT PROCESSES, PROVIDING GUIDANCE WITH COMMUNITY NEEDS ASSESSMENTS, AND ESTABLISHING CONSISTENT FINANCIAL ASSISTANCE AND CHARITY CARE POLICIES AND PROCEDURES ADDITIONALLY, SCLHS BENEFITS AFFILIATES THROUGH QUALITY IMPROVEMENT AND PERFORMANCE EXCELLENCE INITIATIVES, SYSTEM-WIDE INFORMATION TECHNOLOGY IMPLEMENTATION AND INFRASTRUCTURE, STRATEGIC AND OPERATIONS DIRECTION AND OVERSIGHT, SUPPLY CHAIN MANAGEMENT AND PURCHASING, FINANCE ADMINISTRATION, REVENUE CYCLE SUPPORT, BENEFITS ADMINISTRATION, RISK MANAGEMENT, DISASTER PLANNING AND CRISIS ASSISTANCE, CENTRAL CASH MANAGEMENT AND INVESTMENT, INTERNAL AUDIT, LEGAL SERVICES, TAX SERVICES AND MISSION INTEGRATION</p>

Additional Data

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

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
Name, address, primary website address, and state license number											
1	SCL HEALTH WESTMINSTER LLC 6500 WEST 104TH AVENUE SUITE 100 WESTMINSTER, CO 80020 WWW.SCLHEALTHCOMMUNITY.ORG/LOCATIONS/01A413	X	X					X			
2	SCL HEALTH SOUTHWEST LLC 8515 W COAL MINE AVENUE LITTLETON, CO 80123 WWW.SCLHEALTHCOMMUNITY.ORG/LOCATIONS/01U326	X	X					X			
3	SCL HEALTH NORTHGLENN LLC 11900 GRANT ST NORTHGLENN, CO 80233 WWW.SCLHEALTHCOMMUNITY.ORG/LOCATIONS/01J620	X	X					X			

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

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

Form and Line Reference	Explanation
SCL HEALTH NORTHGLENN, LLC	PART V, SECTION B, LINE 2 SCL HEALTH NORTHGLENN, LLC WAS PLACED INTO SERVICE IN JANUARY 2017

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

Form and Line Reference	Explanation
SCL HEALTH WESTMINSTER, LLC	PART V, SECTION B, LINE 5 THE WESTMINSTER COMMUNITY HOSPITAL CHNA WAS CONDUCTED DURING 2017 BEGINNING IN FEBRUARY WITH THE COLLECTION AND ANALYSIS OF QUANTITATIVE DATA REPRESENTING THE FOLLOWING CATEGORIES - DEMOGRAPHIC INFORMATION, CHRONIC DISEASE, BEHAVIOR AND ENVIRONMENTAL HEALTH DRIVERS AND OUTCOME INDICATORS, AS WELL AS COVERAGE, QUALITY, AND ACCESS DATA THESE INDICATORS WERE SELECTED BECAUSE THEY MOST ACCURATELY DESCRIBE THE COMMUNITY IN TERMS OF ITS DISPARITIES, POPULATION, AND DISTINCT HEALTH NEEDS A BROAD GROUP OF SOURCES WERE REVIEWED TO ENSURE POPULATION REPRESENTATION THESE INCLUDED THE MOST RECENT US CENSUS, COUNTY HEALTH RANKINGS, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE CDC, THE NATIONAL VITAL STATISTICS SYSTEM AND THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN THE QUALITATIVE ASSESSMENT PROCESS WE SELECTED TO ENGAGE COMMUNITY VOICE THROUGH A COMBINATION OF INDIVIDUAL INTERVIEWS WITH KEY STAKEHOLDERS, COMMUNITY BASED ORGANIZATIONS AND COMMUNITY REPRESENTATIVES REPRESENTING THE MEDICALLY UNDERSERVED, AS WELL AS INTERNAL DEPARTMENTS TO THE SCL HEALTH SYSTEM A COMMUNITY SURVEY INTERVIEW WAS CONDUCTED OVER A 6 WEEK PERIOD BEGINNING IN SEPTEMBER IN WHICH KEY INFORMANTS COULD SHARE INPUT ON HEALTH DISPARITIES, SERVICE GAPS, AND CURRENT COMMUNITY HEALTH IMPROVEMENT EFFORTS KEY INFORMANT ORGANIZATIONS PARTICIPATING WITH WESTMINSTER COMMUNITY HOSPITAL INCLUDED BROOMFIELD PUBLIC HEALTH AND ENVIRONMENT, JEFFERSON COUNTY PUBLIC HEALTH, CLINICA FAMILY SERVICES, GOOD SAMARITAN MEDICAL CENTER, ADAMS 12 PUBLIC SCHOOLS, MENTAL HEALTH PARTNERS, COMMUNITY REACH, KAISER PERMANENTE, MEALS ON WHEELS, GROWING HOME FOOD BANK, AND CATHOLIC CHARITIES INFORMATION GATHERED FROM STAKEHOLDER INTERVIEWS WAS COMBINED AND CATEGORIZED BASED ON PREVALENCE PARTNERS ACTIVELY PARTICIPATED IN THE QUALITATIVE FEEDBACK PROCESS AND WERE ENGAGED AS A GROUP IN THE ASSESSMENT PRIORITIZATION STEPS TO DETERMINE FINAL RANKING OF SELECTED CHNA PRIORITIES

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

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

Form and Line Reference	Explanation
SCL HEALTH SOUTHWEST, LLC	PART V, SECTION B, LINE 5 THE SOUTHWEST COMMUNITY HOSPITAL CHNA WAS CONDUCTED DURING 2017 BEGINNING WITH THE COLLECTION AND ANALYSIS OF QUANTITATIVE DATA REPRESENTING THE FOLLOWING CATEGORIES - DEMOGRAPHIC INFORMATION, CHRONIC DISEASE, BEHAVIOR AND ENVIRONMENTAL HEALTH DRIVERS AND OUTCOME INDICATORS, AS WELL AS COVERAGE, QUALITY, AND ACCESS DATA THESE INDICATORS WERE SELECTED BECAUSE THEY MOST ACCURATELY DESCRIBE THE COMMUNITY IN TERMS OF ITS DISPARITIES, POPULATION, AND DISTINCT HEALTH NEEDS A BROAD GROUP OF SOURCES WERE REVIEWED TO ENSURE POPULATION REPRESENTATION THESE INCLUDED THE MOST RECENT US CENSUS, COUNTY HEALTH RANKINGS, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE CDC, THE NATIONAL VITAL STATISTICS SYSTEM AND THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT IN THE QUALITATIVE ASSESSMENT PROCESS WE SELECTED TO ENGAGE THE COMMUNITY VOICE THROUGH A COMBINATION OF INDIVIDUAL INTERVIEWS WITH KEY STAKEHOLDERS, COMMUNITY BASED ORGANIZATIONS AND COMMUNITY REPRESENTATIVES REPRESENTING THE MEDICALLY UNDERSERVED, AS WELL AS INTERNAL DEPARTMENTS TO THE SCL HEALTH SYSTEM A COMMUNITY SURVEY INTERVIEW WAS CONDUCTED OVER A 6 WEEK PERIOD IN WHICH KEY INFORMANTS COULD SHARE INPUT ON HEALTH DISPARITIES, SERVICE GAPS, AND CURRENT COMMUNITY HEALTH IMPROVEMENT EFFORTS KEY INFORMANT ORGANIZATIONS PARTICIPATING WITH SOUTHWEST COMMUNITY HOSPITAL INCLUDED JEFFERSON MENTAL HEALTH, JEFFERSON COUNTY PUBLIC HEALTH, LUTHERAN MEDICAL CENTER, JEFFERSON COUNTY PUBLIC SCHOOLS, SENIOR RESOURCE CENTER, METRO COMMUNITY PROVIDER NETWORK, JEFFERSON HEALTH ALLIANCE AND CATHOLIC CHARITIES INFORMATION GATHERED FROM STAKEHOLDER INTERVIEWS WAS COMBINED AND CATEGORIZED BASED ON PREVALENCE PARTNERS ACTIVELY PARTICIPATED IN THE QUALITATIVE FEEDBACK PROCESS AND WERE ENGAGED AS A GROUP IN THE ASSESSMENT PRIORITIZATION STEPS TO DETERMINE FINAL RANKING OF SELECTED CHNA PRIORITIES - ACCESS TO HEALTHCARE, MENTAL HEALTH/SUICIDE PREVENTION, AND CHRONIC DISEASE MANAGEMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCL HEALTH WESTMINSTER, LLC	PART V, SECTION B, LINE 6A GOOD SAMARITAN MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCL HEALTH SOUTHWEST, LLC	PART V, SECTION B, LINE 6A LUTHERAN MEDICAL CENTER

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

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

Form and Line Reference	Explanation
SCL HEALTH WESTMINSTER, LLC	PART V, SECTION B, LINE 6B ORGANIZATIONS THAT PARTICIPATED WITH WESTMINSTER COMMUNITY HOSPITAL INCLUDED BROOMFIELD PUBLIC HEALTH AND ENVIRONMENT, JEFFERSON COUNTY PUBLIC HEALTH, CLINICA FAMILY SERVICES, GOOD SAMARITAN MEDICAL CENTER, ADAMS 12 PUBLIC SCHOOLS, MENTAL HEALTH PARTNERS, COMMUNITY REACH, KAISER PERMANENTE, MEALS ON WHEELS, GROWING HOME FOOD BANK, AND CATHOLIC CHARITIES SCL HEALTH WESTMINSTER, LLC PART V, SECTION B, LINE 7A, 7B HOSPITAL WEBSITE & OTHER WEBSITE THE HOSPITAL CLOSED IN MARCH OF 2018 AND THE WEBSITES WERE REMOVED SCL HEALTH WESTMINSTER, LLC PART V, SECTION B, LINE 10, IMPLEMENTATION STRATEGY THE HOSPITAL CLOSED IN MARCH OF 2018, THEREFORE NO IMPLEMENTATION STRATEGY WAS PREPARED OR REQUIRED

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

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

Form and Line Reference	Explanation
SCL HEALTH SOUTHWEST, LLC	PART V, SECTION B, LINE 6B ORGANIZATIONS THAT PARTICIPATED WITH SOUTHWEST COMMUNITY HOSPITAL INCLUDED JEFFERSON MENTAL HEALTH, JEFFERSON COUNTY PUBLIC HEALTH, LUTHERAN MEDICAL CENTER, JEFFERSON COUNTY PUBLIC SCHOOLS, SENIOR RESOURCE CENTER, METRO COMMUNITY PROVIDER NETWORK, JEFFERSON HEALTH ALLIANCE AND CATHOLIC CHARITIES SCL HEALTH SOUTHWEST, LLC PART V, SECTION B, LINE 7A, 7B HOSPITAL WEBSITE & OTHER WEBSITE THE HOSPITAL CLOSED IN OCTOBER OF 2018 AND THE WEBSITES WERE REMOVED

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

Form and Line Reference	Explanation
SCL HEALTH WESTMINSTER, LLC	<p>PART V, SECTION B, LINE 11 THE 2017 COMMUNITY HEALTH NEEDS ASSESSMENT FOR WESTMINSTER COMMUNITY HOSPITAL REPRESENTS A SYSTEMATIC APPROACH TO IDENTIFY TOP HEALTHCARE PRIORITIES FOR 2018-2020 THAT WILL GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS FOR THE WESTMINSTER SERVICE AREA THAT INCLUDES JEFFERSON, ADAMS AND BROOMFIELD COUNTIES. THE CHNA IS A RIGOROUS PROCESS TO COLLECT HEALTH DATA AND INPUT FROM THE GENERAL COMMUNITY, KEY INFORMANTS, AND SECONDARY DATA ANALYSIS TO IDENTIFY THE LEADING HEALTH ISSUES. DATA INDICATORS WILL ASSIST IN DIRECTING RESOURCES TOWARD LEADING COMMUNITY HEALTH PRIORITIES WHICH ARE THEN FORMALIZED IN A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). CHNA METHODOLOGY AND PROCESS TO DEFINE OUR COMMUNITY FOR THE CHNA AND TO ANALYZE DEMOGRAPHIC AND HEALTH INDICATOR DATA, WE USED THE STARK LAW SERVICE AREAS, DEFINED AS THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES THAT ACCOUNT FOR 75% OF A HOSPITAL'S INPATIENT ADMISSIONS. WE USED THE MAIN COUNTIES WITHIN THE STARK-LAW SERVICE AREA TO ANALYZE OUR HEALTH DRIVER AND HEALTH OUTCOME DATA, AS HEALTH OUTCOME DATA WAS GENERALLY NOT AVAILABLE AT THE ZIP CODE LEVEL. QUALITATIVE AND QUANTITATIVE DATA COLLECTION FOR THE QUANTITATIVE DATA ANALYSIS, WE RELIED ON A NUMBER OF INDICATORS TO COMPILE THE BROADEST REPRESENTATION OF AVAILABLE COMMUNITY HEALTH DATA. THESE INCLUDE THE MOST RECENT COMPLETED SURVEY RESULTS FROM THE US CENSUS, THE COUNTY HEALTH RANKINGS, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE CDC, THE NATIONAL VITAL STATISTICS SYSTEM, AND THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AMONG OTHERS. SPECIFIC HEALTH INDICATOR DATA WERE SELECTED, INCLUDING COMMUNITY DEMOGRAPHIC INFORMATION, BEHAVIOR AND ENVIRONMENTAL HEALTH DRIVERS AND OUTCOMES INDICATORS, AS WELL AS COVERAGE, QUALITY, AND ACCESS DATA. THESE INDICATORS WERE SELECTED BECAUSE THEY MOST ACCURATELY DESCRIBE THE COMMUNITY IN TERMS OF ITS DEMOGRAPHICS, DISPARITIES, POPULATION, AND DISTINCT HEALTH NEEDS. IN THE QUALITATIVE ASSESSMENT PROCESS WE SELECTED TO ENGAGE COMMUNITY VOICE THROUGH A COMBINATION OF INDIVIDUAL INTERVIEWS WITH KEY STAKEHOLDERS, COMMUNITY BASED ORGANIZATIONS AND COMMUNITY REPRESENTATIVES. AS EACH OF THE SCL HEALTH COMMUNITY HOSPITALS HAVE SERVICE AREA INTERSECTIONS WITH OUR ACUTE CARE FACILITIES, WE WERE EXTREMELY COGNIZANT OF COMMUNITY OVERSAMPLING AND SURVEY FATIGUE FROM THE RECENT CHNA PROCESS AT OUR LARGER FACILITIES. FOR THE WESTMINSTER COMMUNITY HOSPITAL, THE NEAREST ACUTE FACILITY IS GOOD SAMARITAN MEDICAL CENTER LOCATED IN LAFAYETTE, COLORADO. THEREFORE THIS METHOD OF INDIVIDUAL SURVEY WAS MORE EFFECTIVE IN HEARING INPUT ON UNMET NEEDS, HEALTHCARE SERVICE GAPS, AND BARRIERS TO HEALTH IMPROVEMENT, AS WELL AS IDENTIFYING AREAS THAT COULD BE IMPACTED SPECIFICALLY BY HEALTH CARE'S PARTICIPATION. FOLLOWING A REVIEW OF THE QUANTITATIVE HEALTH DATA RESULTS WITH KEY COMMUNITY INFORMANTS, SURVEYED PARTICIPANTS RANKED THE FOLLOWING 10 HEALTH PRIORITIES AS SIGNIFICANT: 1. ACCESS TO HEALTH</p>

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

Form and Line Reference	Explanation
SCL HEALTH WESTMINSTER, LLC	<p>H CARE 2 MENTAL HEALTH 3 SUBSTANCE ABUSE INCLUDING SMOKING 4 UNINTENTIONAL INJURY (MOTO R VEHICLE) 5 HEART DISEASE 6 MATERNAL, FETAL AND INFANT HEALTH 7 EXERCISE, NUTRITION AN D WEIGHT 8 OLDER ADULTS AND AGING 9 RESPIRATORY DISEASES 10 DIABETES A SUBCOMMITTEE REP RESENTING HOSPITAL STAFF AND COMMUNITY STAKEHOLDERS INCLUDING REPRESENTATIVES FROM LOCAL P UBLIC HEALTH DEPARTMENTS PRIORITIZED THE TOP THREE HEALTH NEEDS USING A VOTING SYSTEM WHIC H INCORPORATED EVALUATION CRITERIA - SCOPE AND SEVERITY OF THE HEALTH ISSUE, EXISTING COMM UNITY EFFORTS AND CAPACITY OF THE HOSPITAL TO IMPACT THE HEALTH AREAS RECEIVING THE HIGHE ST SCORE RANKING WERE SELECTED FOR WESTMINSTER COMMUNITY HOSPITAL CHNA PRIORITIES A ACCE SS TO HEALTH CARE B SUBSTANCE ABUSE INCLUDING SMOKING C EXERCISE, NUTRITION AND WEIGHT S OME EARLY COMMUNITY HEALTH IMPROVEMENT EFFORTS IN ADVANCE OF THE CHIP APPROVAL INCLUDE ACC ESS TO HEALTH CAREEXPANDED ACCESS TO HEALTH SERVICES BY LEVERAGING TECHNOLOGY WESTMINSTER COMMUNITY HOSPITAL AND GOOD SAMARITAN MEDICAL CENTER (GSMC) PROMOTE "DOCTOR ON DEMAND" FO R PATIENTS AND VISITORS TO ACCESS HEALTH CARE VIA THEIR ONLINE PLATFORM PAMPHLETS ARE REA DILY AVAILABLE IN EMERGENCY DEPARTMENTS AND THROUGH COMMUNITY PARTNERS A VIRTUAL HEALTH L IBRARY IS AVAILABLE ON THE SCL HEALTH WEBSITES WHICH PROVIDE ONLINE ACCESS TO TRUSTED HEAL TH INFORMATION AND RESOURCES EXPANDED ACCESS TO HEALTH SERVICES THROUGH COMMUNITY AWARENES S WESTMINSTER COMMUNITY HOSPITAL SUPPORTS PROGRAM OFFERINGS AT GSMC FOR THE FOLLOWING PRO GRAMS TO INCREASE COMMUNITY AWARENESS OF RESOURCES AND HEALTH INFORMATION TRAUMA SERVICES THROUGH EDUCATION, INJURY PREVENTION AND OUTREACH TO THE COMMUNITY, HEART HEALTH EDUCATIO N AND CHEST PAIN, STROKE PROGRAMS AND SERVICES, BIRTHING AND FAMILY EDUCATION PROVIDED 18 MENTAL HEALTH FIRST AID (MHFA) TRAININGS TO THE COMMUNITY IN 2017 301 INDIVIDUALS WERE TR AINED THROUGH THIS PROGRAM IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS MENTAL HEALTH PARTN ERS, COMMUNITY REACH CENTER AND JEFFERSON CENTER FOR MENTAL HEALTH MENTAL HEALTH FIRST AI D (MHFA) IS A POPULATION HEALTH, EVIDENCE BASED TRAINING THAT FOCUSES "UPSTREAM" TO TEACH MEMBERS OF THE PUBLIC HOW TO RESPOND IN A MENTAL HEALTH EMERGENCY, HOW TO OFFER SUPPORT TO SOMEONE WHO APPEARS TO BE IN EMOTIONAL DISTRESS AND HOW TO RECOGNIZE SIGNS AND SYMPTOMS O F A VARIETY OF DIAGNOSABLE MENTAL DISORDERS SUCH AS DEPRESSION, ANXIETY, SUBSTANCE USE, TR AUMA, PSYCHOSIS, AND DELIBERATE SELF-INJURY MENTAL HEALTH FIRST AID TRAINING IS A GROUND B REAKING PROGRAM OF THE NATIONAL COUNCIL FOR BEHAVIORAL HEALTH MORE THAN 1 MILLION PEOPLE ACROSS THE UNITED STATES HAVE BEEN TRAINED IN THE PROGRAM THUS FAR IT IS AN IMPORTANT COM MUNITY INITIATIVE TO INCREASE MENTAL HEALTH AWARENESS AND STIGMA REDUCTION SUBSTANCE ABUSE INCLUDING SMOKINGPLANNED ACTIVITIES THAT WILL BE EXPLORED WITHIN THE CHIP DEVELOPMENT INC LUDE SCREENING, EDUCATION AND REFERRAL TO APPROPRIATE COMMUNITY BASED RESOURCES DEVELOPME NT OF AN ALCOHOL ANONYMOUS SUP</p>

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

Form and Line Reference	Explanation
SCL HEALTH WESTMINSTER, LLC	<p>PORT GROUP AND PRESCRIPTION DRUG TAKE-BACK EVENTS EXERCISE, NUTRITION AND WEIGHTWESTMINSTER COMMUNITY HOSPITAL WILL COLLABORATE WITH GSMC, BROOMFIELD PUBLIC HEALTH, AND VARIOUS FAMILY MEDICINE PRACTICES TO OFFER THE 'FITKIDS 360' PROGRAM TO THE COMMUNITY IN ITS SERVICE AREA. FITKIDS 360 IS A HEALTHY LIFESTYLE PROGRAM INTERVENTION FOR KIDS AND THEIR FAMILIES. THE PROGRAM GOAL EMPHASIZES OBESITY PREVENTION USING NUTRITION, PHYSICAL ACTIVITY AND SOCIAL/BEHAVIORAL TOOLS TAUGHT OVER 7 WEEKS IN COMMUNITY SETTINGS. HEALTH PRIORITIES NOT ADDRESSED THE REMAINDER OF NEEDS IDENTIFIED IN THE CHNA ARE IMPORTANT, BUT DUE TO LIMITED RESOURCES AT THE HOSPITAL LEVEL, AND THE AVAILABILITY OF COMMUNITY ORGANIZATIONS WHO ARE ALREADY ADDRESSING THESE NEEDS, WESTMINSTER COMMUNITY HOSPITAL WILL FOCUS PRIMARILY ON ITS SELECTED PRIORITIES. WE WILL CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO ENSURE OTHER NEEDS AND HEALTH INDICATORS ARE SUPPORTED. SOME OF THE ORGANIZATIONS ACTIVELY ADDRESSING OTHER HEALTH PRIORITIES INCLUDE BOULDER COUNTY PUBLIC HEALTH, BROOMFIELD PUBLIC HEALTH DEPARTMENT, CATHOLIC CHARITIES, UNITED WAY, AMERICAN CANCER SOCIETY, MENTAL HEALTH PARTNERS, WOMEN'S HEALTH, AND OTHERS. SCL HEALTH WESTMINSTER, LLC PART V, SECTION B, LINE 16A, 16B, 16C THE HOSPITAL CLOSED IN MARCH OF 2018 AND THE WEBSITE WAS REMOVED.</p>

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

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

Form and Line Reference	Explanation
SCL HEALTH SOUTHWEST, LLC	PART V, SECTION B, LINE 11 SOUTHWEST COMMUNITY HOSPITAL WAS CLOSED ON OCTOBER 1, 2018 IN ADVANCE OF DEVELOPING AN IMPLEMENTATION STRATEGY SCL HEALTH SOUTHWEST, LLC PART V, SECTION B, LINE 16A, 16B, 16C THE HOSPITAL CLOSED IN OCTOBER OF 2018 AND THE WEBSITE WAS REMOVED SCL HEALTH NORTHGLENN, LLC PART V, SECTION B, LINE 16A, 16B, 16C THE HOSPITAL CLOSED IN OCTOBER OF 2018 AND THE WEBSITE WAS REMOVED

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

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

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

Name and address	Type of Facility (describe)
1 1 - CANCER CENTERS OF COLORADO LLC 500 ELDORADO BLVD STE 4300 BROOMFIELD, CO 80021	CANCER CENTER
1 2 - LUTHERAN CAMPUS ASC LLC 3455 LUTHERAN PKWY STE 150 WHEATRIDGE, CO 80033	OUTPATIENT SURGERY
2 3 - SCL HEALTH AURORA LLC 23770 E SMOKY HILL ROAD AURORA, CO 80016	MEDICAL SERVICES
3 4 - DENVER WEST ENDOSCOPY CENTER LLC 382 S ARTHUR AVENUE LOUISVILLE, CO 80027	OUTPATIENT ENDOSCOPY SERVICES
4 5 - NORTHGLENN ENDOSCOPY CENTER LLC 11900 GRANT STREET NORTHGLENN, CO 80233	OUTPATIENT ENDOSCOPY SERVICES
5 6 - TOUCHSTONE MEDICAL IMAGING - AURORA 3055 SOUTH PARKER RD BLDG A STE 103 AURORA, CO 80014	RADIOLOGY SERVICES
6 7 - TOUCHSTONE MEDICAL IMAGING - CASTLE ROCK 3911 AMBROSIA ST CASTLE ROCK, CO 80109	RADIOLOGY SERVICES
7 8 - TOUCHSTONE MEDICAL IMAGING - DRY CREEK 125 INVERNESS DR EAST STE 140 ENGLEWOOD, CO 80112	RADIOLOGY SERVICES
8 9 - TOUCHSTONE MEDICAL IMAGING - HIGHLINE 26 WEST DRY CREEK CIR STE 160 LITTLETON, CO 80120	RADIOLOGY SERVICES
9 10 - TOUCHSTONE MEDICAL IMAGING - LAFAYETTE 390 EMPIRE ROAD STE 102 LAFAYETTE, CO 80026	RADIOLOGY SERVICES
10 11 - TOUCHSTONE MEDICAL IMAGING - LAKEWOOD 14062 DENVER WEST PKWY BLDG 52 STE 180 LAKEWOOD, CO 80401	RADIOLOGY SERVICES
11 12 - TOUCHSTONE MEDICAL IMAGING - SUPERIOR 3 SUPERIOR WAY SUITE 150 SUPERIOR, CO 80027	RADIOLOGY SERVICES
12 13 - TOUCHSTONE MEDICAL IMAGING - THORNTON 12021 PENNSYLVANIA ST STE 106 THORNTON, CO 80241	RADIOLOGY SERVICES
13 14 - TOUCHSTONE MEDICAL IMAGING - UPTOWN 1007 E COLFAX AVE DENVER, CO 80218	RADIOLOGY SERVICES
14 15 - TOUCHSTONE MEDICAL IMAGING - WHEAT RIDGE 7615 WEST 38TH AVENUE STE B115 WHEAT RIDGE, CO 80033	RADIOLOGY SERVICES

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

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

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

Name and address	Type of Facility (describe)
16 16 - TOUCHSTONE MEDICAL IMAGING - BILLINGS 1739 SPRING CREEK LANE BILLINGS, MT 59106	RADIOLOGY SERVICES
1 17 - SCL FRONT RANGE HOME HEALTH LLC 3980 QUEBEC STREET SUITE 100 DENVER, CO 80207	HOME HEALTH
2 18 - SJ EAST CAMPUS ASC LLC 500 ELDORADO BLVD STE 4300 BROOMFIELD, CO 80021	SURGERY CENTER
3 19 - SVP INTERNAL MEDICINE 2900 12TH AVE N STE 310W BILLINGS, MT 591017588	OUTPATIENT PHYSICIAN CLINIC
4 20 - ST VINCENT HEALTHCARE - MONTANA HEART 2900 12TH AVE N STE 204E BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
5 21 - ST JAMES ROCKY MOUNTAIN CLINIC 435 S CRYSTAL ST STE 300 BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
6 22 - SVHC HEART AND VASCULAR CENTER 2900 12TH AVE N STE 400E BILLINGS, MT 591017504	OUTPATIENT PHYSICIAN CLINIC
7 23 - SVP BROADWATER FAMILY MEDICINE 2019 BROADWATER AVE BILLINGS, MT 591024810	OUTPATIENT PHYSICIAN CLINIC
8 24 - SVP LAUREL FAMILY MEDICINE 1035 1ST AVE LAUREL, MT 590442119	OUTPATIENT PHYSICIAN CLINIC
9 25 - SVP HEIGHTS FAMILY MEDICINE 32 WICKS LN BILLINGS, MT 591053810	OUTPATIENT PHYSICIAN CLINIC
10 26 - ST JAMES EMERGENCY PHYSICIANS 400 S CLARK ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
11 27 - ST VINCENT HEALTHCARE-GASTROENTEROLOGY 1144 N BROADWAY STE C BILLINGS, MT 591010110	OUTPATIENT PHYSICIAN CLINIC
12 28 - SVP NORTH SHILOH FAMILY MEDICINE 2223 MISSION WAY BILLINGS, MT 591020160	OUTPATIENT PHYSICIAN CLINIC
13 29 - SVP WEST GRAND FAMILY MEDICINE 2750 GRAND AVE BILLINGS, MT 591022629	OUTPATIENT PHYSICIAN CLINIC
14 30 - ST VINCENT HEALTHCARE BROADWATER WALK IN 2019 BROADWATER AVE BILLINGS, MT 591024810	OUTPATIENT PHYSICIAN CLINIC

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

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

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

Name and address	Type of Facility (describe)
31 31 - SVP WALK-IN CLINIC NORTH 27TH 1027 N 27TH STREET BILLINGS, MT 591010701	OUTPATIENT PHYSICIAN CLINIC
1 32 - ST VINCENT PHYSICIANS MIDWIFERY & WOMEN 2900 12TH AVE N STE 245W BILLINGS, MT 591017506	OUTPATIENT PHYSICIAN CLINIC
2 33 - SVP PAIN CENTER 2900 12TH AVE N STE 335W BILLINGS, MT 591017506	OUTPATIENT PHYSICIAN CLINIC
3 34 - ST VINCENT SLEEP AND RESPIRATORY CENTER 2900 12TH AVE N STE 500 E BILLINGS, MT 591010127	OUTPATIENT PHYSICIAN CLINIC
4 35 - ST VINCENT DERMATOLOGY 2900 12TH AVE N STE 265W BILLINGS, MT 591017513	OUTPATIENT PHYSICIAN CLINIC
5 36 - SVP INTERNAL MEDICINE AND DIABETES 2900 12TH AVE N STE 160W BILLINGS, MT 591017588	OUTPATIENT PHYSICIAN CLINIC
6 37 - ST VINCENT NEPHROLOGY 2900 12TH AVE STE 160W BILLINGS, MT 591017508	OUTPATIENT PHYSICIAN CLINIC
7 38 - SVP HARDIN FAMILY MEDICINE 16 N MILES STE 101 HARDIN, MT 590342356	OUTPATIENT PHYSICIAN CLINIC
8 39 - SVP MOUNTAINVIEW CLINIC 10 ROBINSON LN PO BOX 70 RED LODGE, MT 590680070	OUTPATIENT PHYSICIAN CLINIC
9 40 - ST VINCENT LONG TERM CAREGERIATRICS 2223 MISSION WAY BILLINGS, MT 59102	OUTPATIENT PHYSICIAN CLINIC
10 41 - ST JAMES MEDICAL GROUP - UROLOGY 305 W PORPHYRY STE 100 BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
11 42 - ST JAMES MEDICAL GROUP LAB 435 S CRYSTAL ST STE 210 BUTTE, MT 597011506	OUTPATIENT PHYSICIAN CLINIC
12 43 - ST VINCENT PHYSIATRY 2900 12TH AVE N STE 500E BILLINGS, MT 591010136	OUTPATIENT PHYSICIAN CLINIC
13 44 - ST JAMES NEUROLOGY 435 S CRYSTAL ST STE 300 BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
14 45 - ST JAMES OBSTETRICS AND GYNECOLOGY 305 W PORPHYRY STE 200 BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC

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

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

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

Name and address	Type of Facility (describe)
46 46 - SLOAN'S LAKE HEMONC 1601 LOWELL BLVD STE 150 DENVER, CO 802041545	OUTPATIENT PHYSICIAN CLINIC
1 47 - ST VINCENT MATERNAL FETAL MEDICINE 2900 12TH AVE N STE 130W BILLINGS, MT 591017504	OUTPATIENT PHYSICIAN CLINIC
2 48 - ST JAMES MEDICAL GROUP - HEART CENTER 435 S CRYSTAL ST STE 220 BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
3 49 - ST VINCENT HEALTHCARE BEHAVIORAL HEALTH 2900 12TH AVE N STE 280W BILLINGS, MT 591017516	OUTPATIENT PHYSICIAN CLINIC
4 50 - SVHC CODY CLINIC 720 LINDSAY LN STE A CODY, WY 824144103	OUTPATIENT PHYSICIAN CLINIC
5 51 - SVP WEIGHT MANAGEMENT 2900 12TH AVE N STE 160W BILLINGS, MT 591017588	OUTPATIENT PHYSICIAN CLINIC
6 52 - ST JAMES CANCER CENTER 400 S CLARK ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
7 53 - ST VINCENT HEALTHCARE - OCCUPATIONAL ME 2019 BROADWATER AVE BILLINGS, MT 591024810	OUTPATIENT PHYSICIAN CLINIC
8 54 - ST VINCENT HEALTHCARE FORTIN PED GI 1232 N 30TH STE 200 BILLINGS, MT 591010128	OUTPATIENT PHYSICIAN CLINIC
9 55 - ST VINCENT HEALTHCARE FORTIN PED CARDIOL 1232 N 30TH STE 300 BILLINGS, MT 59101	OUTPATIENT PHYSICIAN CLINIC
10 56 - ST VINCENT HEALTHCARE FORTIN PED SPECIAL 1232 N 30TH STE 200 BILLINGS, MT 591010128	OUTPATIENT PHYSICIAN CLINIC
11 57 - ST JAMES THERAPY- WHITEHALL 309 EAST LEGION WHITEHALL, MT 59759	OUTPATIENT PHYSICIAN CLINIC
12 58 - SVP ABSAROKEE FAMILY MEDICINE 55 N MONTANA PO BOX 425 ABSAROKEE, MT 590010425	OUTPATIENT PHYSICIAN CLINIC
13 59 - NEURO MILES CITY 2600 WILSON ST MILES CITY, MT 59301	OUTPATIENT PHYSICIAN CLINIC
14 60 - ST JAMES CARDIAC INTERPRETATIONS 400 S CLARK ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC

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

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

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

Name and address	Type of Facility (describe)
61 61 - ST JAMES MEDICAL GROUP - SURGICAL ASSOC 400 W PORPHYRY ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
1 62 - ST JAMES THERAPY- BOULDER 214 S MAIN BOULDER, MT 59632	OUTPATIENT PHYSICIAN CLINIC
2 63 - NEURO FRANCES MAHON GLASGOW 621 3RD ST S GLASGOW, MT 59230	OUTPATIENT PHYSICIAN CLINIC
3 64 - ST JAMES MEDICAL GROUP CARDIOVASCULAR AN 435 S CRYSTAL ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
4 65 - ST JAMES BEHAVIORAL HEALTH 400 S CLARK ST BUTTE, MT 597012328	OUTPATIENT PHYSICIAN CLINIC
5 66 - NEURO BOZEMAN 650 FERGUSON STE 1 BOZEMAN, MT 59715	OUTPATIENT PHYSICIAN CLINIC
6 67 - ST VINCENT HEALTHCARE NEPHROLOGY CODY 720 LINDSAY LN STE A CODY, WY 824144103	OUTPATIENT PHYSICIAN CLINIC
7 68 - NEUROSURGERY MILES CITY 2600 WILSON MILES CITY, MT 59301	OUTPATIENT PHYSICIAN CLINIC
8 69 - NEURO SIDNEY 216 14TH AVE SW SIDNEY, MT 59270	OUTPATIENT PHYSICIAN CLINIC
9 70 - ST VINCENT HEALTHCARE NEPHROLOGY MILES C 2600 WILSON ST MILES CITY, MT 59301	OUTPATIENT PHYSICIAN CLINIC
10 71 - NEUROSURGERY SIDNEY 216 14TH AVE SW SIDNEY, MT 59270	OUTPATIENT PHYSICIAN CLINIC
11 72 - ST VINCENT MATERNAL FETAL MEDICINE GREAT 1700 11TH ST W WILLISTON, ND 58801	OUTPATIENT PHYSICIAN CLINIC
12 73 - PEDIATRIC GI BOZEMAN 650 SOUTH FERGUSON STE 1 BOZEMAN, MT 59718	OUTPATIENT PHYSICIAN CLINIC
13 74 - ST VINCENT MATERNAL FETAL MEDICINE SHERI SHERIDAN MEMORIAL HOSPITAL WOMENS CLINI SHERIDAN, WY 82801	OUTPATIENT PHYSICIAN CLINIC
14 75 - NEURO LEWISTOWN 310 WENDELL STE 5 LEWISTOWN, MT 59457	OUTPATIENT PHYSICIAN CLINIC

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

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

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

Name and address	Type of Facility (describe)
76 - PEDIATRIC CARDIOLOGY CODY 720 LINDSAY LANE STE A CODY, WY 82414	OUTPATIENT PHYSICIAN CLINIC
77 - PEDIATRIC CARDIOLOGY MILES CITY 2600 WILSON ST MILES CITY, MT 59301	OUTPATIENT PHYSICIAN CLINIC
78 - ST VINCENT HEALTHCARE NEPHROLOGY LEWISTO 310 WENDELL AVE STE 5 LEWISTOWN, MT 59457	OUTPATIENT PHYSICIAN CLINIC
79 - WESTERN MONTANA MENTAL HEALTH 106 W BROADWAY ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
80 - PEDIATRIC CARDIOLOGY BUTTE 435 S CRYSTAL ST STE 300 BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
81 - CODY HEART AND VASCULAR 720 LINDSAY LANE STE A CODY, WY 824144103	OUTPATIENT PHYSICIAN CLINIC
82 - PEDIATRIC CARDIOLOGY BOZEMAN 650 S FERGUSON ST STE 1 BOZEMAN, MT 59718	OUTPATIENT PHYSICIAN CLINIC
83 - NEUROSURGERY CODY 720 LINDSAY LN CODY, WY 82414	OUTPATIENT PHYSICIAN CLINIC
84 - ST VINCENT MATERNAL FETAL MEDICINE BUTTE ST JAMES HEALTHCARE 400 S CLARK ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
85 - ST VINCENT HEALTHCARE NEPHROLOGY WORLAND 1106 BIG HORN AVE WORLAND, WY 824012803	OUTPATIENT PHYSICIAN CLINIC
86 - NEUROSURGERY BOZEMAN 650 FERGUSON STE 1 BOZEMAN, MT 59715	OUTPATIENT PHYSICIAN CLINIC
87 - PEDIATRIC SPECIALTY BOZEMAN 650 SOUTH FERGUSON STE 1 BOZEMAN, MT 59718	OUTPATIENT PHYSICIAN CLINIC
88 - SVP LOCKWOOD 1932 EAST HIGHWAY 87 EAST BILLINGS, MT 591016699	OUTPATIENT PHYSICIAN CLINIC
89 - SVHC SLEEP AND RESPIRATORY CENTER CODY 720 LINDSAY LN STE A CODY, WY 82414	OUTPATIENT PHYSICIAN CLINIC
90 - MILES CITY HEART AND VASCULAR 2600 WILSON ST MILES CITY, MT 59301	OUTPATIENT PHYSICIAN CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
91 91 - SVHC MONTANA HEART LAUREL 1035 1ST AVE LAUREL, MT 590442120	OUTPATIENT PHYSICIAN CLINIC
1 92 - NEUROSURGERY WILLISTON 1213 15TH AVENUE WEST WILLISTON, ND 58801	OUTPATIENT PHYSICIAN CLINIC
2 93 - NEURO BUTTE 435 S CRYSTAL ST BUTTE, MT 59701	OUTPATIENT PHYSICIAN CLINIC
3 94 - SVHC MONTANA HEART RED LODGE 10 ROBINSON LANE RED LODGE, MT 590689010	OUTPATIENT PHYSICIAN CLINIC

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

Schedule I
(Form 990)

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

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SECONDARY EDUCATION SCHOLARSHIP	9	14,791			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SAINT VINCENT HOME 4159 LOWELL BOULEVARD DENVER, CO 80211	84-0405260	501(C)(3)	549,453				SUPPORT MISSION
MARIAN CLINIC 1001 SW GARFIELD AVE TOPEKA, KS 66604	48-1046905	501(C)(3)	157,013				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARITAS CLINICS 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	48-1009910	501(C)(3)	236,377				SUPPORT MISSION
ST VINCENT HEALTHCARE 1233 NORTH 30TH STREET BILLINGS, MT 59101	81-0232124	501(C)(3)	3,000,157				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCL HEALTH FOUNDATION 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021	82-3290526	501(C)(3)	109,000				SUPPORT MISSION
ST MARY'S HOSPITAL & MEDICAL CENTER INC 2635 N 7TH STREET GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	31,832				SUPPORT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO HEALTH INSTITUTE 303 E 17TH AVE SUITE 930 DENVER, CO 80203	74-3082235	501(C)(3)	30,000				SUPPORT MISSION
DENVER METRO CHAMBER OF COMMERCE 1445 MARKET ST DENVER, CO 80202	84-0186760	501(C)(3)	29,500				SUPPORT MISSION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
23-7379161

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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?

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

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

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

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

Yes No

1b Yes

2 Yes

4a Yes

4b Yes

4c No

5a No

5b No

6a No

6b No

7 Yes

8 No

9

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

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

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

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

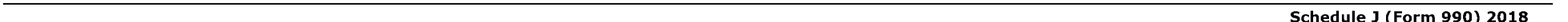
Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS THE ORGANIZATION ALLOWS FOR REIMBURSEMENT OF TRAVEL EXPENSES FOR COMPANIONS OF BOARD MEMBERS. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBERS. IN 2018, THE FOLLOWING BOARD MEMBERS RECEIVED REIMBURSEMENT FOR COMPANION TRAVEL: DONNA KING - \$721

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE PAYMENTS TO FORMER EMPLOYEES THE INDIVIDUALS AND THE AMOUNTS PAID FOR SEVERANCE IN 2018 WERE KERRY KOHNEN - \$235,090 SCHEDULE J, PART I, LINE 4B PAYMENTS FROM NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COST AND HAVE GREATER CONTROL OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO A DEFINED CONTRIBUTION (DC) DESIGN CERTAIN MEMBERS OF SENIOR MANAGEMENT WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A SIMILAR TRANSITION THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE TERMS OF THE DC SERP (I E , AFTER THREE YEARS) AND ARE PAID TO THE EXECUTIVE UPON VESTING NQDC SERP PLANS PRIOR TO 2014 PRIOR TO 2014, THE ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013 THE ORGANIZATION HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THE AMOUNTS ARE VESTED RATHER THAN WHEN THEY ARE RECEIVED AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE VESTED IN THE CURRENT YEAR, ARE CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS FOR SOME OF THE PARTICIPANTS, AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE FEDERAL AND STATE GOVERNMENTS AS WITHHOLDING ON THE TAXABLE BENEFIT NO CASH PAYMENT IS MADE DIRECTLY TO THE PARTICIPANT AND THE REMAINING BENEFIT AMOUNT STAYS IN THE RETIREMENT PLAN THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2018 WERE ROSLAND MCLEOD - \$18,776 FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT THE VESTED AMOUNTS WITHDRAWN INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW NQDC SERP PLANS STARTING IN 2014 STARTING IN 2014, THE ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS ROLLING 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2018 VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2018 WERE LYDIA JUMONVILLE - \$218,055, ROSLAND MCLEOD - \$127,904, MICHAEL TAYLOR - \$129,032, STEVEN CHYUNG - \$52,028, SHAWN DUFFORD - \$66,505, TAJQUAH HUDSON - \$112,540, KERRY KOHNEN - \$156,129, MEGAN MAHNCKE - \$23,401, DAVID PECORARO - \$412,262, DAVID PRINGLE - \$35,538, TAMARA SAUNAITIS - \$58,168, KAREN SCREMIN - \$24,303, GERALDINE TOWNDROW - \$36,588, MARK WILKINSON - \$28,901, CHRISTINE WOOLSEY - \$133,692, JOHN WICKLUND - \$952,915 IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION EARNED OVER THE VESTING PERIOD IS REPORTED IN COLUMN C AND ANY AMOUNTS VESTED/PAID FROM A DEFERRED COMPENSATION PLAN ARE REPORTED IN COLUMN B(III) THUS, THE SAME AMOUNT WOULD BE REPORTED TWICE (FIRST WHEN IT ACCRUED DURING THE VESTING PERIOD AND AGAIN WHEN IT IS VESTED/PAID) THIS RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY ARE ACTUALLY PAID FROM THE DEFERRED COMPENSATION PLANS COLUMN F IS INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN COLUMN B(III) THAT HAD BEEN REPORTED AS DEFERRED COMPENSATION ON A SCHEDULE J FOR A PREVIOUS YEAR) HOWEVER, THE SIGNIFICANCE OF THE AMOUNTS LISTED IN COLUMN F IS OFTEN OVERLOOKED AND GIVEN THE COMPLEXITY OF THE SCHEDULE J REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD TO DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT) DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E</p>

Return Reference	Explanation
PART I, LINE 7	OTHER NON-FIXED PAYMENTS THE AT RISK COMPENSATION PLAN WAS ESTABLISHED TO ENABLE THE HEALTH CARE SYSTEM AND ITS CARE SITES TO ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS CHARITABLE MISSION, VISION, STRATEGIC PRIORITIES AND KEY INITIATIVES THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND IS FUNDED EACH YEAR BY MEETING THRESHOLD LEVELS OF OPERATING INCOME TARGET AWARD AMOUNTS ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR SPECIFIC ROLE AT THE HEALTH CARE SYSTEM ACTUAL AWARDS ARE PAID OUT BASED ON ATTAINMENT OF BOARD APPROVED GOALS, INCLUDING OPERATING INCOME, STEWARDSHIP, PATIENT AND EMPLOYEE SAFETY, PATIENT EXPERIENCE AND COMMUNITY BENEFIT/MISSION TARGETS AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE ISSUED THEREUNDER THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON

Return Reference	Explanation
ADDITIONAL OFFICER AND BOARD DISCLOSURES	<p>THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCL HEALTH) AND RELATED TAX EXEMPT ORGANIZATIONS CONSISTS OF EIGHT HOSPITALS, NINE FOUNDATIONS, TWO SAFETY-NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 100 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES MORE THAN 16,000 FULL-TIME ASSOCIATES AND MORE THAN 600 EMPLOYED PROVIDERS SCL HEALTH AND RELATED TAX EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY IN KEEPING WITH SCL HEALTH'S CORE VALUE OF STEWARDSHIP, SCL HEALTH'S BOARD COMPENSATION COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION ADVISOR THE COMPENSATION ADVISOR IS RESPONSIBLE FOR ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN) THE SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES TO THE HEALTH CARE SYSTEM HOWEVER, A PAYMENT IS MADE DIRECTLY TO THE SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES</p>



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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LYDIA JUMONVILLE SYSTEM PRESIDENT & CEO / TREASURER	(i)	1,019,409	739,010	236,660	365,397	19,784	2,380,260	218,055
	(ii)	0	0	0	0	0	0	0
ROSLAND MCLEOD SECRETARY / SVP CHIEF LEGAL OFFICER	(i)	495,374	454,541	198,284	150,132	27,816	1,326,147	177,312
	(ii)	0	0	0	0	0	0	0
MICHAEL TAYLOR VICE PRESIDENT / CHIEF OPER OFF-HOSP	(i)	745,975	669,039	158,272	132,734	24,236	1,730,256	129,032
	(ii)	0	0	0	0	0	0	0
JANIE WADE EXEC VP FINANCE & CFO 2/26-12/31	(i)	792,350	0	60,539	0	13,525	866,414	0
	(ii)	0	0	0	0	0	0	0
LOUIS CAPPONI INTERIM CHIEF INFORMATION OFFICER	(i)	398,454	0	34,485	44,501	10,969	488,409	0
	(ii)	0	0	0	0	0	0	0
STEVEN CHYUNG SVP SUPPLY CHAIN & REAL ESTATE	(i)	383,247	353,976	68,976	70,121	27,610	903,930	52,028
	(ii)	0	0	0	0	0	0	0
SHAWN DUFFORD MD SVP CHIEF MEDICAL OFFICER SYS	(i)	501,249	453,989	81,628	92,109	20,959	1,149,934	66,505
	(ii)	0	0	0	0	0	0	0
TAJQUAH HUDSON EVP-CHIEF STRAT-BUS DEV OFCR	(i)	491,680	420,538	130,775	143,750	8,369	1,195,112	112,540
	(ii)	0	0	0	0	0	0	0
KERRY KOHNEN SVP PAYER & POP HEALTH STRAT 1/1-6/8	(i)	219,693	394,663	401,057	71,423	366	1,087,202	156,129
	(ii)	0	0	0	0	0	0	0
MEGAN MAHNCKE SVP AND CHIEF COMM- MKTG OFCR 10/5-12	(i)	260,480	66,366	24,347	40,011	24,386	415,590	23,401
	(ii)	0	0	0	0	0	0	0
DAVID PECORARO SVP-CHIEF INFORMATION OFCR 1/1-6/1	(i)	201,928	397,477	232,649	14,049	8,245	854,348	0
	(ii)	0	0	0	0	0	0	0
DAVID PRINGLE SVP MISSION INTEGRATION	(i)	290,514	286,730	88,718	17,050	24,208	707,220	0
	(ii)	0	0	0	0	0	0	0
TAMARA SAUNAITIS SVP-CHIEF HUMAN RESOURCES OFCR	(i)	371,510	326,361	80,290	61,300	29,009	868,470	58,168
	(ii)	0	0	0	0	0	0	0
KAREN SCREMIN VP FINANCE OPERATIONS	(i)	364,530	98,002	26,782	64,050	8,574	561,938	24,303
	(ii)	0	0	0	0	0	0	0
TROY SPRING VP REVENUE CYCLE	(i)	291,760	81,201	4,538	49,000	26,814	453,313	0
	(ii)	0	0	0	0	0	0	0
GERALDINE TOWNDROW SVP CHIEF NURSING OFFICER SYS	(i)	323,592	291,509	56,602	17,461	9,869	699,033	0
	(ii)	0	0	0	0	0	0	0
JAMES VALIN MD EXEC VICE PRESIDENT & CHIEF CLINICAL	(i)	576,984	489,551	14,764	97,178	27,615	1,206,092	0
	(ii)	0	0	0	0	0	0	0
MARK WILKINSON VP TREASURER	(i)	280,225	76,222	31,238	48,039	11,486	447,210	28,901
	(ii)	0	0	0	0	0	0	0
CHRISTINE WOOLSEY SVP & CHIEF COMM-MKTG OFCR 1/1-10/5	(i)	279,544	305,729	85,454	87,358	13,933	772,018	65,598
	(ii)	0	0	0	0	0	0	0
JOHN WICKLUND PRESIDENT-CEO LMC	(i)	471,307	195,651	987,402	19,800	24,693	1,698,853	663,945
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT TERRY MD PSO PHYSICIAN	(i)	514,438	753,277	13,397	19,552	26,025	1,326,689	0
	(ii)	0	0	0	0	0	0	0
BUUP KIM MD PSO PHYSICIAN CLINIC	(i)	888,342	14,000	15,147	21,250	19,650	958,389	0
	(ii)	0	0	0	0	0	0	0
ANASTASIOS SALIARIS MD PSO PHYSICIAN	(i)	768,665	27,710	3,264	22,523	33,445	855,607	0
	(ii)	0	0	0	0	0	0	0
WILLIAM ANDERSON MD MEDICAL DIRECTOR	(i)	741,236	37,500	5,525	19,800	27,415	831,476	0
	(ii)	0	0	0	0	0	0	0

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

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 FA		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	NONEAVAIL	06-15-2011	62,620,000	7/18/02 & 2/4/09 REFI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	104,365,000		47,155,000		30,645,000		7,315,000	
2	Amount of bonds legally defeased					135,375,000			
3	Total proceeds of issue	605,500,535		217,665,906		202,625,401		62,620,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	6,836,215		2,529,281		2,488,006		420,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	310,650,923		94,781,550		77,008,019			
11	Other spent proceeds	288,013,397		120,355,075		123,129,376		62,200,000	
12	Other unspent proceeds								
13	Year of substantial completion	2010		2010		2010		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	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 ▶			1 300 %					
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 ▶			0 100 %					
6	Total of lines 4 and 5			1 400 %					
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 . .					64 520 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?					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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to 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								
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		X
b Name of provider								
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
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?	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 - COLORADO HEALTH FACILITIES AUTHORITY 2010 - 5/20/18 B - MONTANA FACILITY FINANCE AUTHORITY 2010 - 5/20/18 C - KANSAS DEVELOPMENT FINANCE AUTHORITY 2010 - 5/20/18 D - COLORADO HEALTH FACILITIES AUTHORITY 2011 - 6/15/18 A - COLORADO HEALTH FACILITIES AUTHORITY 2013 - 5/20/18 B - KANSAS DEVELOPMENT FINANCE AUTHORITY 2013 - 11/12/18

Return Reference	Explanation
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

Return Reference	Explanation
PART III, LINE 8B	PROVIDENCE MEDICAL CENTER (KANSAS CITY, KS) AND SAINT JOHN HOSPITAL (LEAVENWORTH, KS) WERE SOLD APRIL 2013 AND REMEDIAL ACTIONS (REISSUANCE AND REDEMPTION) WERE TAKEN WITH RESPECT TO THE OUTSTANDING BONDS

Additional Data

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

Return Reference	Explanation
PART IV, LINE 2C	REBATE COMPLETION DATES A - COLORADO HEALTH FACILITIES AUTHORITY 2010 - 5/20/18 B - MONTANA FACILITY FINANCE AUTHORITY 2010 - 5/20/18 C - KANSAS DEVELOPMENT FINANCE AUTHORITY 2010 - 5/20/18 D - COLORADO HEALTH FACILITIES AUTHORITY 2011 - 6/15/18 A - COLORADO HEALTH FACILITIES AUTHORITY 2013 - 5/20/18 B - KANSAS DEVELOPMENT FINANCE AUTHORITY 2013 - 11/12/18
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 III, LINE 8B	PROVIDENCE MEDICAL CENTER (KANSAS CITY, KS) AND SAINT JOHN HOSPITAL (LEAVENWORTH, KS) WERE SOLD APRIL 2013 AND REMEDIAL ACTIONS (REISSUANCE AND REDEMPTION) WERE TAKEN WITH RESPECT TO THE OUTSTANDING BONDS

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	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	19648AN84	11-12-2013	302,719,375	CONSTRUCT HOSPITAL FACILITY		X		X		X
B	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	48542K5N5	04-01-2013	32,775,000	REISSUANCE OF KANSAS 2010	X			X		X
C	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648A5S0	05-12-2016	221,970,000	CONSTRUCT HOSPITAL FACILITY		X		X		X

Part II Proceeds												
					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased						7,805,000					
3	Total proceeds of issue				302,719,375		32,775,000		221,976,622			
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				3,005,563				1,908,538			
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds				299,713,812				220,068,084			
11	Other spent proceeds						32,775,000					
12	Other unspent proceeds											
13	Year of substantial completion				2013		2013		2016			
					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		X		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 ▶								
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 ▶								
6	Total of lines 4 and 5								
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 . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to 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								
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								
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
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?	X		X		X			

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

23-7379161

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SHALL BE THE MEMBERS OF LEAVEN MINISTRIES THE MEMBERS OF LEAVEN MINISTRIES SHALL SERVE AS MEMBERS OF SCLHS DURING THEIR TERMS OF OFFICE AS MEMBERS OF LEAVEN MINISTRIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE CORPORATION AND THE CHAIR OF LEAVEN MINISTRIES, OR HIS/HER DESIGNEE, SHALL BE EX-OFFICIO MEMBERS OF THE BOARD WITH FULL VOTING RIGHTS THE CHAIR OF LEAVEN MINISTRIES SHALL APPOINT AN ADDITIONAL MEMBER OF THE CORPORATION TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION THE BOARD OF DIRECTORS SHALL ENSURE THE PRESENCE OF REPRESENTATIVES NOMINATED BY THE PARTICIPATING ENTITIES ON THIS BOARD AND ON THE BOARD OF ANY CORPORATION OF WHICH THIS CORPORATION IS A CONTROLLING MEMBER EXCEPT FOR EX-OFFICIO MEMBERS OF THE BOARD OF DIRECTORS, THE MEMBERS SHALL APPOINT DIRECTORS AT THE ANNUAL MEETING OF THE MEMBERS A SLATE OF NAMES PROPOSED BY A NOMINATING COMMITTEE OF THE BOARD OF DIRECTORS FOR APPOINTMENT AS DIRECTORS SHALL BE SUBMITTED TO THE MEMBERS BY THE CHAIRPERSON OF THE BOARD, PROVIDED, HOWEVER, THAT THE MEMBERS MAY APPOINT INDIVIDUALS AS DIRECTORS WHO HAVE NOT BEEN NOMINATED BY THE NOMINATING COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE MEMBERS OF THE CORPORATION SHALL BE THE MEMBERS OF LEAVEN MINISTRIES THE MEMBERS OF LEAVEN MINISTRIES SHALL SERVE AS MEMBERS OF THE CORPORATION DURING THEIR TERM OF OFFICE AS MEMBERS OF LEAVEN MINISTRIES IN ADDITION TO ALL MATTERS REQUIRED BY LAW OR BY THE ARTICLES OF INCORPORATION OR OTHER PROVISIONS OF THESE BYLAWS WHICH ARE REQUIRED TO BE PERFORMED BY THE MEMBERS, THE MEMBERS SHALL HAVE THE SOLE PREROGATIVE TO ACT UPON ANY OF THE FOLLOWING MATTERS AND, IF ANY ACTION WITH RESPECT TO ANY OF THE FOLLOWING IS INITIATED BY A BODY OTHER THAN THE MEMBERS, IT SHALL NOT BECOME EFFECTIVE UNTIL APPROVED BY AN AFFIRMATIVE VOTE OF THE MEMBERS TO ESTABLISH/APPROVE THE MISSION/PHILOSOPHY OF THIS CORPORATION AND ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, TO ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THIS CORPORATION AND THE ARTICLES AND BYLAWS OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, TO FIX THE NUMBER OF DIRECTORS OF THIS CORPORATION AND APPOINT THE CORPORATION'S BOARD OF DIRECTORS, AFTER RECEIVING RECOMMENDATIONS FROM THE BOARD, PROVIDED THAT THE MEMBERS' APPOINTMENT AUTHORITY SHALL NOT BE LIMITED TO THE NOMINATIONS RECEIVED, TO REMOVE, WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE BOARD OF DIRECTORS, ANY MEMBER OF THE BOARD OF THIS CORPORATION, TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE BOARD OF DIRECTORS, THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THIS CORPORATION, TO APPROVE FOR THIS CORPORATION, OR FOR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, THE INCURRENCE OF INDEBTEDNESS OR THE SALE, TRANSFER, ASSIGNMENT, OR ENCUMBERING OF THE ASSETS, PURSUANT TO POLICIES ESTABLISHED FROM TIME TO TIME BY THE MEMBERS OF THIS CORPORATION, TO APPROVE THE MERGER, DISSOLUTION OR CORPORATE RESTRUCTURING OF THIS CORPORATION OR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ANY QUESTIONS ARE ADDRESSED TO THE TAX DIRECTOR OF SCLHS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE THE FORM 990 WAS ALSO REVIEWED BY AN OUTSIDE ACCOUNTING FIRM

990 Schedule O, Supplement Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>G CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR (IF AN EMPLOYEE OTHER THAN THE ORGANIZATIONS SCL HEALTH CEO) OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR (IF THE SCL HEALTH CEO OR A BOARD OR COMMITTEE MEMBER), EVEN IF THE CONFLICT OF INTEREST HAS BEEN PREVIOUSLY DISCLOSED WITH REGARD TO EMPLOYEES OTHER THAN THE SCL HEALTH CEO, THE INTERESTED PERSON'S SUPERVISOR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. WITH REGARD TO THE SCL HEALTH CEO AND BOARD OR COMMITTEE MEMBERS, THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. PERSON(S) RESPONSIBLE FOR THE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIANCE OR LEGAL DEPARTMENTS. UPON MAKING HIS OR HER DISCLOSURE, THE INTERESTED PERSON WILL LEAVE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DECISION-MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED. IF A DETERMINATION HAS BEEN MADE THAT NO CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY BE PRESENT AND PARTICIPATE IN THE DELIBERATION REGARDING THE TRANSACTION OR ARRANGEMENT. HOWEVER, IF AN INTERESTED PERSON HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT, BE PRESENT DURING THE DELIBERATION OR DECISION-MAKING, OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO THE DELIBERATION AND DECISION-MAKING ACTIVITIES. WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS. THE PROPOSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST INTERESTS AND IS FAIR AND REASONABLE. A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD, COMMITTEE OR OTHER DECISION-MAKING BODY. MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR SYSTEM INTEGRITY AND COMPLIANCE COMMITTEE, THE AUDIT, ORGANIZATIONAL INTEGRITY AND COMPLIANCE COMMITTEE OF THE SCL HEALTH BOARD OF DIRECTORS. ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE SCL HEALTH TAX DIRECTOR FOR COMPLIANCE WITH THE FORM 990 TAX RETURN.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SELF INSURED LIABILITY 3,604,026 EQUITY TRANSFER - FUND PHYSICIAN CLINIC LOSSES - INCLUDING PRIOR PERIOD LOSSES -3,462,875 EQUITY TRANSFER - COMMUNITY CLINIC EMERGENCY CENTERS TRANSFER OF OPERATIONS 724,011 EQUITY TRANSFER - SJD AMBULATORY SURGERY 1,543,044 FAS 157 CREDIT RISK ADJUSTMENT -576,127 FAS 158 UNRECOGNIZED EXPENSE FOR THE FROZEN DB PLAN -6,169,128 IN-KIND CONTRIBUTION FROM A RELATED ORGANIZATION -420

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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.

See Additional Data Table

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CARITAS INC AND SUBSIDIARIES 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 46-0941069	HEALTHCARE	KS	SCLHS	C	6,935,603	15,034,992	100 000 %	Yes	
(2) ST FRANCIS ACCOUNTABLE HEALTH NETWORK INC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 46-2874128	HEALTHCARE	KS	ST FRANCIS HEALTH CENTER INC	C	2,419,581		100 000 %	Yes	
(3) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	SCLHS	C	17,454,861	64,746,366	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

1f Yes

1g

1h

1i

1j

1k Yes

1l Yes

1m

1n

1o

1p

1q

1r

1s

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
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2018

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 I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) SCL HEALTH MEDICAL GROUP - MONTANA LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-1888400	PHYSICIAN SERVICES	MT	0	0	SCLHS
(1) SCL HEALTH MEDICAL GROUP - BILLINGS LLC 1233 NORTH 30TH STREET BILLINGS, MT 59101 46-4056262	PHYSICIAN SERVICES	MT	68,649,911	14,121,720	SCL HEALTH MEDICAL GROUP - MONTANA LLC
(2) SCL HEALTH MEDICAL GROUP - BUTTE LLC 400 SOUTH CLARK STREET BUTTE, MT 59701 27-3193107	PHYSICIAN SERVICES	MT	10,654,764	1,395,109	SCL HEALTH MEDICAL GROUP - MONTANA LLC
(3) SCL HEALTH PARTNERS LLC 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 02-0749530	HEALTHCARE SERVICES	CO	21,770,777	16,818,260	SCLHS
(4) CANCER CENTERS OF COLORADO LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-3157615	OP CANCER CENTER	CO	523,543	792,526	SCL HEALTH PARTNERS LLC
(5) GS CAMPUS ASC LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-1536566	SURGERY CENTER	CO	0	0	SCL HEALTH PARTNERS LLC
(6) SCL HEALTH - EMERUS LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 80-0958129	HOSPITAL SERVICES	CO	0	0	SCL HEALTH PARTNERS LLC
(7) SCL HEALTH AURORA LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-2156361	EMERGENCY CARE SERVICES	CO	0	0	SCL HEALTH - EMERUS LLC
(8) SCL HEALTH NORTHGLENN LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-2188745	HOSPITAL SERVICES	CO	0	0	SCL HEALTH - EMERUS LLC
(9) SCL HEALTH SOUTHWEST LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-2175436	HOSPITAL SERVICES	CO	0	0	SCL HEALTH - EMERUS LLC
(10) SCL HEALTH WESTMINSTER LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 46-5180833	HOSPITAL SERVICES	CO	0	0	SCL HEALTH - EMERUS LLC
(11) SCL HOME HEALTH SOLUTIONS LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 46-2418729	HOME HEALTH SERVICES	DE	0	0	SCL HEALTH PARTNERS LLC
(12) SCL FRONT RANGE HOME HEALTH LLC 3980 QUEBEC STREET SUITE 100 DENVER, CO 80207 84-1195134	HOME HEALTH SERVICES	CO	6,153,172	835,069	SCL HOME HEALTH SOLUTIONS LLC
(13) SJ EAST CAMPUS ASC LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-1485491	SURGERY CENTER	CO	117,155	425,793	SCL HEALTH PARTNERS LLC
(14) 1227 LOWER LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 81-0811084	REAL ESTATE INVESTMENT	CO	0	0	SCLHS
(15) 1227 UPPER LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 81-0906413	REAL ESTATE INVESTMENT	CO	0	0	SCLHS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-3290526	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCLHS	Yes	
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-4520350	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12C, III-FI	SCLHS	Yes	
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 84-0482695	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	INTEGRITY HEALTH	Yes	
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 74-2255936	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Yes	
4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)(3)	LINE 10	SCLHS	Yes	
500 ELDORADO BLVD SUITE 4300 DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)(3)	LINE 12A, I	SCLHS	Yes	
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0417134	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS	Yes	
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL INC	Yes	
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 84-1103606	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS	Yes	
200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 84-0425720	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS	Yes	
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	ST MARYS HOSPITAL & MEDICAL CENTER INC	Yes	
818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS	Yes	
3164 EAST 6TH AVENUE TOPEKA, KS 66607 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS	Yes	
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0547719	HOSPITAL SERVICES	KS	501(C)(3)	LINE 3	SCLHS	Yes	
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-1092520	SUPPORTING ORGANIZATION	KS	501(C)(3)	LINE 12A, I	ST FRANCIS HEALTH CENTER INC	Yes	
2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS	Yes	
2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE	Yes	
400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 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
400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	ST JAMES HEALTHCARE	Yes	
1233 NORTH 30TH STREET BILLINGS, MT 59101 81-0232124	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS	Yes	
1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	ST VINCENT HEALTHCARE	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ST MARY'S HOSPITAL & MEDICAL CENTER INC	A	300,328	FMV
(1)	ST JAMES HEALTHCARE	A	48,042	FMV
(2)	SCL HEALTH-FRONT RANGE INC	A	9,247,856	FMV
(3)	SAINT JOSEPH HOSPITAL INC	A	11,417,701	FMV
(4)	CARITAS CLINICS INC	B	236,377	FMV
(5)	MARIAN CLINIC INC	B	157,013	FMV
(6)	MOUNT ST VINCENT HOME INC	B	549,453	FMV
(7)	ST VINCENT HEALTHCARE	B	3,000,157	FMV
(8)	SCL HEALTH FOUNDATION	B	109,000	FMV
(9)	ST VINCENT HEALTHCARE FOUNDATION	C	1,560,076	FMV
(10)	SAINT JOSEPH HOSPITAL INC	D	3,600,132	FMV
(11)	SCL HEALTH-FRONT RANGE INC	D	11,890,000	FMV
(12)	ST JAMES HEALTHCARE	D	4,318,392	FMV
(13)	ST MARY'S HOSPITAL & MEDICAL CENTER INC	D	5,911,556	FMV
(14)	CARITAS INC AND SUBSIDIARIES	F	5,461,000	FMV
(15)	LEAVEN INSURANCE COMPANY LTD	F	4,800,000	FMV
(16)	MED-MAP LLC	K	1,469,011	FMV
(17)	ST VINCENT HEALTHCARE	L	57,092,013	FMV
(18)	HOLY ROSARY HEALTHCARE	L	8,838,277	FMV
(19)	ST JAMES HEALTHCARE	L	16,698,609	FMV
(20)	ST MARY'S HOSPITAL & MEDICAL CENTER INC	L	61,112,156	FMV
(21)	SAINT JOSEPH HOSPITAL INC	L	76,306,072	FMV
(22)	SCL HEALTH-FRONT RANGE INC	L	114,220,609	FMV
(23)	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	L	11,076,492	FMV
(24)	ST JAMES HEALTHCARE FOUNDATION INC	L	90,820	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) ST VINCENT HEALTHCARE FOUNDATION INC	L	722,962	FMV
(1) ST MARYS HOSPITAL FOUNDATION	L	280,852	FMV
(2) SAINT JOSEPH HOSPITAL FOUNDATION	L	252,222	FMV
(3) LUTHERAN MEDICAL CENTER FOUNDATION	L	178,822	FMV
(4) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	L	245,027	FMV