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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](http://www.irs.gov/Form990) for instructions and the latest information.

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

SCL HEALTH - FRONT RANGE INC

Doing business as

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

Room/suite

500 ELDORADO BLVD SUITE 4300

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

BROOMFIELD, CO 80021

D Employer identification number

84-1103606

E Telephone number

(303) 813-5342

G Gross receipts \$ 879,197,186

F Name and address of principal officer

JANIE WADE

500 ELDORADO BLVD SUITE 4300

BROOMFIELD, CO 80021

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW.SCLHEALTH.ORG/LOCATIONS

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile CO

Part I

Summary

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)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

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

JANIE WADE TREASURER

Type or print name and title

2019-11-06

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☐ No

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 \$ 727,272,253 including grants of \$ 2,036,946 ) (Revenue \$ 852,550,742 )  
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 ▶ 727,272,253

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b> Yes	
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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
<b>24a</b>	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	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	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
<b>27</b>	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
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</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	Yes
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	577
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

<b>2a</b> 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 . . . . .		<b>2a</b>	5,948	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> 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 . . . . .						
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>15</b>	Yes	
				<b>16</b>		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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 14		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 11		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	No
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	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 ☐

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

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

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>	▶			
<b>c Total from continuation sheets to Part VII, Section A</b>	▶			
<b>d Total (add lines 1b and 1c)</b>	▶	5,659,721	13,621,321	1,923,630

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 ▶ 481

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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
ROCKY MOUNTAIN PRIMARY CARE  7625 W 92ND AVE WESTMINSTER, CO 80021	MEDICAL SERVICES	8,598,323
SAUNDERS EXPRESS LLC  6950 SOUTH JORDAN ROAD CENTENNIAL, CO 80112	CONSTRUCTION SERVICES	5,675,864
MIDTOWN INPATIENT MEDICINE LLC  535 16TH STREET DENVER, CO 802024228	HOSPITALIST SERVICES	5,336,431
CHG COMPANIES INC  PO BOX 972651 DALLAS, TX 753972651	CONTRACT LABOR	4,975,999
COLORADO PATHOLOGY CONSULTANTS  PO BOX 840274 DALLAS, TX 752840274	PATHOLOGY SERVICES	4,053,627

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 ► 84



**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
<b>1a</b>	Federated campaigns . . .	<b>1a</b>				
<b>b</b>	Membership dues . . .	<b>1b</b>				
<b>c</b>	Fundraising events . . .	<b>1c</b>				
<b>d</b>	Related organizations	<b>1d</b>	2,941,969			
<b>e</b>	Government grants (contributions)	<b>1e</b>	75,725			
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,105			
<b>g</b>	Noncash contributions included in lines 1a - 1f \$ _____					
<b>h Total.</b>	Add lines 1a-1f . . . . . ▶		3,019,799			

Program Service Revenue

		Business Code				
<b>2a</b>	NET PATIENT SERVICE REVENUE	621110	848,333,064	847,892,693	440,371	
<b>b</b>	MEDICAL DIRECTOR FEES	621110	1,415,479	1,415,479		
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	All other program service revenue					
<b>9 Total.</b>	Add lines 2a-2f . . . . . ▶		849,748,543			

Other Revenue

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		15,872,688			15,872,688
<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▶					
<b>5</b>	Royalties . . . . . ▶					
<b>6a</b>	Gross rents	(i) Real (ii) Personal				
<b>b</b>	Less rental expenses					
<b>c</b>	Rental income or (loss)					
<b>d</b>	Net rental income or (loss) . . . . . ▶		103,229		-103,620	206,849
<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
<b>b</b>	Less cost or other basis and sales expenses					
<b>c</b>	Gain or (loss)					
<b>d</b>	Net gain or (loss) . . . . . ▶		-281,189			-281,189
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶					
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		54,008			54,008
Miscellaneous Revenue		Business Code				
<b>11a</b>	CAFETERIA	722514	2,763,862	2,763,862		
<b>b</b>	MED DIRECTORS' FEES - DAVITA	621990	330,000		330,000	
<b>c</b>	VENDING MACHINE INCOME	624210	38,337	38,337		
<b>d</b>	All other revenue . . . . .					
<b>e Total.</b>	Add lines 11a-11d . . . . . ▶		3,132,199			
<b>12 Total revenue.</b>	See Instructions . . . . . ▶		871,649,277	852,110,371	666,751	15,852,356

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,956,691	1,956,691		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	2,660	2,660		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	77,595	77,595		
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	7,336,030	7,074,665	261,365	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	304,075,261	293,241,813	10,833,448	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	13,916,766	13,143,749	773,017	
<b>9</b> Other employee benefits.	38,552,253	37,405,907	1,146,346	
<b>10</b> Payroll taxes.	21,127,041	20,501,628	625,413	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	2,576		2,576	
<b>c</b> Accounting.				
<b>d</b> Lobbying.	8,986		8,986	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	66,670,125	61,839,085	4,831,040	
<b>12</b> Advertising and promotion.	5,356,526	2,623,538	2,732,988	
<b>13</b> Office expenses.	2,806,574	2,504,141	302,433	
<b>14</b> Information technology.	47,577,205		47,577,205	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	15,561,441	15,157,953	403,488	
<b>17</b> Travel.	852,177	691,904	160,273	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,421,189	1,124,703	296,486	
<b>20</b> Interest.	20,555,368	20,555,368		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	32,604,312	32,604,312		
<b>23</b> Insurance.	4,873,058	4,873,058		
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	115,981,938	115,981,938		
<b>b</b> MEDICAL PROVIDER TAXES	48,259,372	48,259,372		
<b>c</b> BAD DEBT	24,824,433	24,824,433		
<b>d</b> BILLING & COLLECTION -	21,584,422		21,584,422	
<b>e</b> All other expenses	66,636,119	22,827,740	43,808,379	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	862,620,118	727,272,253	135,347,865	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		31,902	<b>1</b>	26,595	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		82,390,916	<b>4</b>	77,478,286	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	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 . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		1,830,913	<b>7</b>	1,377,817	
	<b>8</b>	Inventories for sale or use . . . . .		13,824,258	<b>8</b>	13,888,679	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		7,380,139	<b>9</b>	6,647,714	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,107,757,033			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	656,684,893	424,632,051	<b>10c</b>	451,072,140
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		941,040	<b>14</b>	941,040	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		128,668,089	<b>15</b>	217,188,708	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		659,699,308	<b>16</b>	768,620,979		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		60,346,185	<b>17</b>	61,606,256	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		88,298	<b>19</b>	76,156	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,601,494	<b>20</b>	1,601,494	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		2,171,509	<b>23</b>	1,597,388	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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		228,685,302	<b>25</b>	219,696,536	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		292,892,788	<b>26</b>	284,577,830	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		366,806,520	<b>27</b>	484,043,149	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		366,806,520	<b>33</b>	484,043,149		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		659,699,308	<b>34</b>	768,620,979		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	871,649,277
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	862,620,118
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	9,029,159
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	366,806,520
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	634
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	108,206,836
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	484,043,149

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

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

Additional Data

Software ID:

Software Version:

EIN: 84-1103606

Name: SCL HEALTH - FRONT RANGE INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE FORKNER ..... MEMBER	1 00 ..... 0 00	X						0	0	0
LORI FOX ..... CHAIR	2 00 ..... 0 00	X		X				0	0	0
FAYE HUMMEL RN ..... MEMBER	1 00 ..... 0 00	X						0	0	0
MARK ISAKSON ..... MEMBER	1 00 ..... 0 00	X						0	0	0
LYDIA JUMONVILLE ..... TREASURER 1/1-5/31	2 00 ..... 50 00	X		X				0	1,995,079	385,181
DAVID KINNARD MD ..... MEMBER	1 00 ..... 0 00	X						0	0	0
KEVIN MILLER MD ..... MEMBER	50 00 ..... 0 00	X						924,557	0	45,331
BERRY MORTON MD ..... MEMBER	1 00 ..... 0 00	X						0	0	0
BARBARA RYAN ..... MEMBER	1 00 ..... 0 00	X						0	0	0
MICHAEL SALEM MD ..... MEMBER	1 00 ..... 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAREN STEWART ..... MEMBER	1 00 ..... 0 00	X						0	0	0
MICHAEL TAYLOR ..... VICE CHAIR	2 00 ..... 50 00	X		X				0	1,573,286	156,970
JANIE WADE ..... TREASURER 6/1-12/31	2 00 ..... 50 00	X		X				0	852,889	13,525
BRUCE WARING MD ..... MEMBER	1 00 ..... 0 00	X						0	0	0
BARTH WHITHAM ..... MEMBER	1 00 ..... 0 00	X						0	0	0
JENNIFER ALDERFER ..... PRESIDENT-GSM SYSTEM TRANSFORM OFCR	50 00 ..... 0 00			X				0	439,776	89,547
THOMAS DONOHOE ..... SECRETARY	2 00 ..... 50 00			X				0	303,302	18,376
BETH FORSYTH ..... CHIEF OPERATING OFFICER-GSMC	50 00 ..... 0 00			X				0	424,541	66,211
JOHN HIGGINS ..... VICE PRESIDENT AND CFO EGSMC	50 00 ..... 0 00			X				0	300,373	63,987
J GRANT WICKLUND ..... PRESIDENT-CEO LMC	50 00 ..... 0 00			X				0	1,654,360	44,493

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			
FOREST BINDER .....	50 00 .....			X				0	416,498	72,779
VP-FINANCIAL SERVICES LMC .....	0 00 .....				X			0		
STEVEN BROWN MD .....	50 00 .....				X			0	468,444	38,586
VP-CHIEF MEDICAL OFFICER .....	0 00 .....				X			0	287,512	33,853
ANDREA BURCH .....	50 00 .....				X			0	322,318	58,544
VP CHIEF NURSING OFFICER LMC .....	0 00 .....				X			0	204,947	32,465
SCOTT DAY .....	50 00 .....				X			0	327,781	66,167
VP HUMAN RESOURCES LMC .....	0 00 .....				X			0	240,996	11,944
NOOMI HIRSCH .....	50 00 .....				X			0	482,074	83,823
VP OPERATIONS ELMC 5/12-12/31 .....	0 00 .....				X			0	1,022,051	45,266
CHRISTINA JOHNSON .....	50 00 .....				X			0	968,263	48,539
VP OPERATIONS ELMC 1/1-5/12 .....	0 00 .....				X			0		
SUSAN KERSCHEN MD .....	50 00 .....				X			0		
VP CHIEF NURSING OFFICER LMC .....	0 00 .....				X			0		
THOMAS MYDLER MD .....	50 00 .....				X			0		
VP-CHIEF MEDICAL OFFICER .....	0 00 .....				X			0		
ROBERT REPLOGLE MD .....	50 00 .....					X		1,022,051	0	45,266
PHYSICIAN .....	0 00 .....					X		968,263	0	48,539
BRIAN WITWER MD .....	50 00 .....					X		968,263	0	48,539
PHYSICIAN .....	0 00 .....					X		968,263	0	48,539



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			
LEONARD LAPKIN MD ..... PHYSICIAN	50 00 ..... 0 00					X		937,353	0	48,751
BASHEAL AGRAWAL MD ..... PHYSICIAN	50 00 ..... 0 00					X		910,533	0	43,671
EDWARD MAURIN MD ..... PHYSICIAN	50 00 ..... 0 00					X		896,964	0	48,138
ELIZABETH CARVER ..... FORMER OFFICER	0 00 ..... 50 00						X	0	285,126	17,099
JAMES DOYLE ..... FORMER OFFICER	0 00 ..... 50 00						X	0	425,947	67,512
ROSLAND MCLEOD ..... FORMER OFFICER	0 00 ..... 50 00						X	0	1,148,199	177,948
KAREN SCREMIN ..... FORMER OFFICER	0 00 ..... 50 00						X	0	489,314	72,624
AMY PACEY ..... FORMER KEY EMPLOYEE	0 00 ..... 50 00						X	0	306,856	44,970
GERALDINE TOWNDROW ..... FORMER KEY EMPLOYEE	0 00 ..... 50 00						X	0	671,703	27,330

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

SCL HEALTH - FRONT RANGE INC

Employer identification number

84-1103606

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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	<b>Total.</b> 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	<b>Public support.</b> 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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <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	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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. . . . .			



Additional Data

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

Part VI

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

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://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 SCL HEALTH - FRONT RANGE INC	Employer identification number 84-1103606
--	--

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

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

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

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

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

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

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

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

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

**d** Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		8,986
<b>j</b>	Total Add lines 1c through 1i			8,986
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493310017859									
<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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>								
Name of the organization SCL HEALTH - FRONT RANGE INC				Employer identification number 84-1103606									
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.													
		(a) Donor advised funds		(b) Funds and other accounts									
1		Total number at end of year											
2		Aggregate value of contributions to (during year)											
3		Aggregate value of grants from (during year)											
4		Aggregate value at end of year											
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register													
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►													
4 Number of states where property subject to conservation easement is located ►													
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>(ii) Assets included in Form 990, Part X ► \$</div></div>													
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>b Assets included in Form 990, Part X ► \$</div></div>													
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	7,059,069	6,248,061	6,329,102	6,884,823	6,612,331
b Contributions	189,134		3,500		177,166
c Net investment earnings, gains, and losses	-191,643	905,286	250,818	98,225	95,326
d Grants or scholarships					
e Other expenditures for facilities and programs	420,352	94,278	335,359	653,946	
f Administrative expenses					
g End of year balance	6,636,208	7,059,069	6,248,061	6,329,102	6,884,823

2

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

a

Board designated or quasi-endowment

▶

b

Permanent endowment

▶

100.000%

c

Temporarily restricted endowment

▶

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)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,929,573		23,929,573
b Buildings		593,236,416	291,249,782	301,986,634
c Leasehold improvements		48,528,052	39,461,270	9,066,782
d Equipment		430,329,466	325,973,841	104,355,625
e Other		11,733,526		11,733,526
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				451,072,140

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	215,085,706
(2) OTHER RECEIVABLES	2,103,002
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	217,188,708

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITALIZED LEASE OBLIGATIONS	12,760
LIABILITY-MITIGATION	2,349,776
NOTE PAYABLE TO SCLHS	217,334,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	219,696,536

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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	THE SCL HEALTH - FRONT RANGE, INC , ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY THE RELAT ED ORGANIZATION LUTHERAN MEDICAL CENTER FOUNDATION THE ENDOWMENT FUNDS CONSIST OF 1) THE HEALTH EDUCATION ENDOWMENT FUND THE PURPOSE IS TO SUPPORT HEALTH EDUCATION IN THE COMMUN ITY DISTRIBUTIONS ARE LIMITED BY BOARD ACTION TO THREE PERCENT OF ANNUAL VALUE 2) THE FR IENDS OF HOSPICE ENDOWMENT FUND THE PURPOSE IS LIMITED TO PROGRAMS AT LUTHERAN HOSPICE D ISTRIBUTIONS ARE LIMITED TO THREE PERCENT OF ANNUAL VALUE 3) THE VOLUNTEER ENDOWMENT FUND THE PURPOSE IS TO SUPPORT PROGRAMS AND ACTIVITIES OF THE VOLUNTEERS AT LUTHERAN MEDICAL CENTER DISTRIBUTIONS FROM THE FUND CAN ONLY BE MADE IF THE FUND BALANCE IS GREATER THAN \$ 1 MILLION AND IS DISTRIBUTED TWICE ANNUALLY - BASED ON THE BALANCE AS OF MARCH 31 AND SEPT EMBER 30 4) THE SENIOR CARE ENDOWMENT FUND THE PURPOSE IS TO SUPPORT THE HEALTH AND HEAL ING OF ELDERS IN OUR COMMUNITY BY PROVIDING A WELLNESS WAY OF LIFE WITH QUALITY, EFFICIENC Y AND EMPATHY TO THOSE ENTRUSTED IN OUR CARE TO INCLUDE BUT NOT LIMITED TO HOSPICE CARE, S ENIOR EMERGENCY CARE AND SENIOR CHARITY CARE DISTRIBUTIONS FROM THE FUND CAN ONLY BE MADE IF THE FUND BALANCE IS GREATER THAN \$1 MILLION 5) HOSPICE ENDOWMENT FUND THE PURPOSE IS LIMITED TO PROGRAMS AT LUTHERAN HOSPICE DISTRIBUTIONS ARE DETERMINED UNDER THE SCL HEALT H ENDOWMENT SPENDING POLICY AND AMOUNT OF DISTRIBUTION DETERMINED BY THE SCL HEALTH PHILAN THROPIC IMPACT COMMITTEE 6) COCHRAN FAMILY ONCOLOGY ENDOWMENT THE PURPOSE IS TO PROVIDE CONTINUING EDUCATION SUPPORT TO ASSOCIATES EMPLOYED BY LUTHERAN MEDICAL CENTER DISTRIBUTI ONS ARE DETERMINED UNDER THE SCL HEALTH ENDOWMENT SPENDING POLICY AND AMOUNT OF DISTRIBUTI ON DETERMINED BY THE SCL HEALTH PHILANTHROPIC IMPACT COMMITTEE ACCOUNTS FOR ENDOWMENT FUN DS WERE INVESTED, ALLOWING INCOME AND PRINCIPAL TO GROW OVER TIME

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization  
SCL HEALTH - FRONT RANGE INC

**Employer identification number**  
84-1103606

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 ) SUB-SAHARAN AFRICA	0	0	GRANT	HOSPITAL & MEDICAL CENTER	77,595
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			77,595
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			77,595

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>			SUB-SAHARAN AFRICA	SUPPORT SELIAN LUTHERAN HOSPITAL AND ITS SISTER HOSPITAL ARUSHA LUTHERAN MEDICAL CENTER IN TANZANIA	77,595	WIRE TRANSFER			BOOK
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

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

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

SCL HEALTH - FRONT RANGE INC

Employer identification number

84-1103606

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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	No
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	
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)			5,577,997	0	5,577,997	0 670 %
b Medicaid (from Worksheet 3, column a)			160,909,039	111,094,087	49,814,952	5 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			570,551	344,656	225,895	0 030 %
d Total Financial Assistance and Means-Tested Government Programs			167,057,587	111,438,743	55,618,844	6 650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			853,878	5,470	848,408	0 100 %
f Health professions education (from Worksheet 5)			2,686,885	0	2,686,885	0 320 %
g Subsidized health services (from Worksheet 6)			49,037,526	40,727,647	8,309,879	0 990 %
h Research (from Worksheet 7)			0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			645,701	0	645,701	0 080 %
j Total. Other Benefits			53,223,990	40,733,117	12,490,873	1 490 %
k Total. Add lines 7d and 7j			220,281,577	152,171,860	68,109,717	8 140 %



**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			600	0	600	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			600		600	0 %

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

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	24,824,433	
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	249,841,998
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	366,428,118
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-116,586,120
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 E PLUS PET IMAGING X LP	RADIOLOGY SERVICES	42.860 %	0 %	57.140 %
2 EKG INTERPRETATION SERVICE	EKG INTERPRETATION	85.670 %	0 %	14.330 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

**2**

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

		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)  
LUTHERAN MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

LUTHERAN MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
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 400 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) 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**

LUTHERAN MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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)**

LUTHERAN MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
GOOD SAMARITAN MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

2

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

GOOD SAMARITAN MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
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 400 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) 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**

GOOD SAMARITAN MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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)**

GOOD SAMARITAN MEDICAL CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 99

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

**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 \$ 24,824,433

**990 Schedule H, Supplemental Information**

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



**990 Schedule H, Supplemental Information**

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

**990 Schedule H, 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	LUTHERAN MEDICAL CENTER AS PART OF OUR CORE VALUE OF SERVICE TO THE POOR AND VULNERABLE, LMC TAKES REGULAR STEPS TO IDENTIFY AND EVALUATE COMMUNITY NEED AREAS LEARNING OPPORTUNITIES ARE INFORMED THROUGH ENGAGEMENT WITH COMMUNITY BASED ORGANIZATIONS, REQUESTS FOR SUPPORT, HOSPITAL FOUNDATION, ADVOCACY GROUPS, AND THROUGH PATIENT EXPERIENCE IN PARTNERSHIP WITH JEFFERSON COUNTY PUBLIC HEALTH, LMC ACTIVELY PARTICIPATES IN ADDRESSING THE NEEDS OF THE LOCAL COMMUNITY A NEWLY FORMED JEFFERSON COUNTY HEALTH ALLIANCE WHICH INCLUDES A BROAD REPRESENTATION OF HEALTH RELATED ORGANIZATIONS IS ANOTHER GROUP THAT PROVIDES VARIED EXPOSURE TO CRITICAL AREAS OF COMMUNITY NEED THE ALLIANCE IS EXPLORING A STRATEGY TO INCREASE A COMMUNITY CULTURE OF HEALTH LMC IS AN ACTIVE PARTICIPANT AND CONTRIBUTOR IN THE HEALTH ALLIANCE GOOD SAMARITAN MEDICAL CENTER IN ADDITION TO THE CHNA PROCESS, GSMC ACTIVELY PARTICIPATES WITH COMMUNITY COALITIONS AND WORK GROUPS WHO WORK ON SPECIFIC HEALTH ISSUES WITHIN THE COMMUNITY THESE PARTNERSHIPS ENABLE AN ABILITY TO REVIEW OUTCOME METRICS ON HEALTH ISSUES IN A MORE DYNAMIC FASHION EITHER THROUGH PROGRAM DELIVERY RESULTS, SERVICES TO VULNERABLE POPULATIONS AND/OR ANNUAL MEETINGS

**990 Schedule H, Supplemental Information**

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

Form and Line Reference	Explanation
PART VI, LINE 4	<p>LUTHERAN MEDICAL CENTER LMC IS SITUATED IN THE WESTERN PORTION OF THE DENVER METROPOLITAN AREA IN THE CITY OF WHEAT RIDGE, COLORADO THIS ACUTE CARE FACILITY HAS A SERVICE AREA THAT SERVES SEVERAL COMMUNITIES IN THE WESTERN METROPOLITAN AREA INCLUDING WHEAT RIDGE, ARVADA, GOLDEN, LAKEWOOD, WESTMINSTER AS WELL AS COMMUNITIES IN THE FOOTHILLS OF THE FRONT RANGE LMC'S PRIMARY SERVICE AREA CONSISTS OF 18 STANDARD ZIP CODES, MAINLY LOCATED IN JEFFERSON COUNTY (13 ZIP CODES), BUT ALSO REPRESENTED BY ZIP CODES IN THE COUNTIES OF DENVER (3 ZIP CODES), ADAMS (1 ZIP CODE) AND GILPIN (1 ZIP CODE) THE SECONDARY SERVICE AREA INCLUDES 20 ZIP CODES AND EXTENDS THROUGH ADAMS COUNTY, BROOMFIELD COUNTY, CLEAR CREEK COUNTY, DENVER COUNTY AND JEFFERSON COUNTY THE PRIMARY SERVICE AREA IS DEFINED AS THE GEOGRAPHIC AREA OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS APPROXIMATELY 75% OF ITS INPATIENT DISCHARGES AND THE COMBINED PRIMARY AND SECONDARY SERVICE AREA IS BASED ON APPROXIMATELY 90% OF DISCHARGES LMC'S MAIN CONCENTRATION OF CARE IS PROVIDED TO THE COMMUNITIES OF WHEAT RIDGE, ARVADA AND GOLDEN 50% OF THE CARE SITE'S DISCHARGES COME FROM EIGHT ZIP CODES WITHIN THOSE CITIES ADDITIONALLY, LMC SERVES THE MOST PATIENTS WITHIN ITS PRIMARY SERVICE AREA WHEN COMPARED TO OTHER HOSPITALS PROVIDING CLOSE TO 30% OF THE INPATIENT CARE LMC IS THE SOLE PROVIDER OF ACUTE CARE SERVICES WITHIN ITS PRIMARY SERVICE AREA AFTER ST ANTHONY HOSPITAL, A CENTURA HEALTH AFFILIATE, RE-LOCATED ITS FACILITY TO AN AREA OUTSIDE THE LMC SERVICE AREA THIS LEAVES ORTHO COLORADO HOSPITAL, AN ORTHOPEDIC SPECIALTY HOSPITAL JOINTLY OWNED BY CENTURA HEALTH AND LOCAL PHYSICIANS, AS THE REMAINING ACUTE CARE HOSPITAL LOCATED IN LMC'S PRIMARY SERVICE AREA THERE ARE TWO ACUTE CARE HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA, NORTH SUBURBAN MEDICAL CENTER (AN AFFILIATE OF THE FOR-PROFIT HEALTHCARE SYSTEM) AND DENVER HEALTH (GOVERNMENT OWNED) BESIDES LMC AND GSMC, THERE ARE FIVE OTHER NOT-FOR-PROFIT HOSPITALS IN THE COMMUNITY - ST ANTHONY NORTH HOSPITAL-CENTURA HEALTH, WESTMINSTER- ST ANTHONY WEST HOSPITAL-CENTURA HEALTH, LAKEWOOD- AVISTA ADVENTIST HOSPITAL-CENTURA HEALTH, LOUISVILLE- LONGMONT UNITED HOSPITAL, LONGMONT- BOULDER COMMUNITY HOSPITAL, BOULDER THERE IS ALSO ONE FOR-PROFIT HOSPITAL, NORTH SUBURBAN MEDICAL CENTER-HEALTHONE, AND THORNTON THE COMMUNITY SERVED BY LMC CONTAINS THE FOLLOWING DEMOGRAPHIC INFORMATION, UPDATED FOR 2016, USING THE RESOURCES OF COUNTY HEALTH RANKINGS, US CENSUS DATA, STATE HEALTH DEPARTMENT DATA AND THE EXISTING CHNA IN 2016, THE POPULATION IN JEFFERSON COUNTY WAS 571,837 THE POPULATION IN JEFFERSON COUNTY WAS 50.3% FEMALE, AND 49.7% MALE THE COUNTY POPULATION WAS PREDOMINATELY NON-HISPANIC WHITE (78.5%) COMPARED TO 70.1% FOR THE STATE IN JEFFERSON COUNTY, 15.3% OF THE POPULATION WAS HISPANIC, 2.8% WERE ASIAN, 2.3% WERE NON-HISPANIC OTHER AND 1.1% WERE BLACK OR AFRICAN AMERICAN 89.6% OF THE POPULATION SPEAKS ONLY ENGLISH, COMPARED TO 83.1% FOR THE STATE AND 6.1% SPEAK SPANISH, COMPARED TO 11.8% FOR THE STATE OF THE 10.4% IN JEFFERSON COUNTY WHO SPEAK ANOTHER LANGUAGE, 30.1% OF THOSE SPEAK ENGLISH "LESS THAN VERY WELL" THE PERCENT OF THE POPULATION LIVING BELOW POVERTY IN JEFFERSON COUNTY HAS REMAINED FAIRLY STABLE OVER TIME HOWEVER, FEMALES, BLACKS, HISPANICS, AND THOSE 18 TO 34 YEARS OF AGE HAVE HIGHER RATES OF POVERTY JEFFERSON COUNTY ADULTS (25 YEARS AND OLDER) TEND TO BE MORE EDUCATED COMPARED TO COLORADO IN THE SERVICE AREA 94.4% OF THOSE 25 AND OLDER HAVE A HIGH SCHOOL DEGREE OR EQUIVALENT, AND 43.2% HOLD A BACHELOR'S DEGREE OR HIGHER DEGREE THE COUNTY HAS A HIGH SCHOOL GRADUATION RATE OF 82.8%, WHICH IS LOWER THAN THE HEALTHY PEOPLE 2020 OBJECTIVE FOR HIGH SCHOOL GRADUATION (87%) GOOD SAMARITAN MEDICAL CENTER GOOD SAMARITAN MEDICAL CENTER (GSMC) IS LOCATED IN THE CITY OF LAFAYETTE, COLORADO WHILE LAFAYETTE IS SITUATED IN BOULDER COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN ADAMS, BOULDER AND BROOMFIELD COUNTIES IN PREPARING FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), GSMC SELECTED THE COUNTIES OF ADAMS, BOULDER AND BROOMFIELD AS THE DEFINED COMMUNITY FOR ITS CHNA IN ORDER TO FOCUS RESOURCES AND PLANNING ON THE MOST LOCAL GEOGRAPHIC AREA DEMOGRAPHIC CONSTITUENTS, ACCORDING TO 2016 US CENSUS DATA TOTAL POPULATION ON AVERAGE, THE 2012 - 2016 ESTIMATED POPULATION OF GSMC SERVICE AREA WAS 1,072,775 ADAMS COUNTY HAD A POPULATION OF 479,977, BOULDER COUNTY'S POPULATION WAS 313,961, AND BROOMFIELD COUNTY'S POPULATION WAS 62,449 POPULATION BY GENDER IN THIS SERVICE AREA, 50.1% WAS MALE AND 49.9% WAS FEMALE POPULATION BY AGE CHILDREN AND YOUTH, AGES 0-19, MAKE UP 27% OF THE POPULATION IN THE SERVICE AREA, 58.9% ARE ADULTS, AGES 20 - 64 AND 12% OF THE POPULATION ARE SENIORS, AGES 65 AND OVER POPULATION BY YOUTH, AGES 0-17 AND SENIORS, AGES 65 +, AND MEDIAN AGE WHEN THE HOSPITAL SERVICE AREA IS EXAMINED BY COMMUNITY, HENDERSON (23.9%) AND COMMERCE CITY (23.7%) HAD HIGH PERCENTAGES</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>OF YOUTH, AGES 5-17 BOULDER HAD LOWER PERCENTAGES OF YOUTH IN THE SERVICE AREA WHEAT RIDGE (19 3%) HAD THE HIGHEST PERCENTAGE OF SENIORS IN THE SERVICE AREA AND HENDERSON (5 3%) HAD THE LOWEST PERCENTAGE OF SENIORS IN THE SERVICE AREA RACE/ ETHNICITY THE SERVICE AREA A POPULATION WAS PREDOMINATELY WHITE (64 7%) 23 1% OF THE POPULATION WERE HISPANIC OR LATINO, 3 5% WERE ASIAN, AND 3 4% WERE AMERICAN INDIAN OR ALASKAN NATIVE 1 1% OF THE POPULATION IN THE SERVICE AREA WERE BLACK OR AFRICAN AMERICAN RACE/ ETHNICITY BY PLACE GOLDEN HAD THE HIGHEST PERCENTAGE OF WHITES (93 4%) IN THE SERVICE AREA 62 3% OF DENVER (80221) WERE HISPANIC OR LATINO LOUISVILLE (10 8%) AND BOULDER (80310) (10 5%) HAD THE HIGHEST PERCENTAGE OF ASIANS IN THE SERVICE AREA COMMERCE CITY HAD THE HIGHEST PERCENTAGE OF BLACKS/AFRICAN AMERICANS (3 6%) IN THE SERVICE AREA CITIZENSHIP AMONG AREA COUNTIES, 15 3% OF ADAMS COUNTY RESIDENTS AND 10 7% OF BOULDER COUNTY RESIDENTS WERE FOREIGN BORN THIS WAS HIGHER THAN 9 8% OF THE STATE POPULATION WHO WERE FOREIGN BORN OF THE FOREIGN BORN IN ADAMS COUNTY, 69 5% WERE NOT U S CITIZENS IN WELD COUNTY, 65 8% OF THE FOREIGN BORN POPULATION WAS NOT A US CITIZEN LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER IN THE GSMC SERVICE AREA, 75 6% OF THE POPULATION SPEAKS ONLY ENGLISH AND 12 8% SPEAK SPANISH 2 5% OF THE AREA POPULATION SPEAKS AN ASIAN AND PACIFIC ISLANDER LANGUAGE AND 2 3% SPEAK AN INDO-EUROPEAN LANGUAGE SOCIAL AND ECONOMIC FACTORS RANKINGS THE COUNTY HEALTH RANKINGS RANKS COUNTIES ACCORDING TO HEALTH FACTORS DATA SOCIAL AND ECONOMIC INDICATORS ARE EXAMINED AS A CONTRIBUTOR TO THE HEALTH OF A COUNTY'S RESIDENTS COLORADO'S 64 COUNTIES ARE RANKED ACCORDING TO SOCIAL AND ECONOMIC FACTORS WITH 1 BEING THE COUNTY WITH THE BEST FACTORS TO 64 FOR THAT COUNTY WITH THE POOREST FACTORS THIS RANKING EXAMINES HIGH SCHOOL GRADUATION RATES, UNEMPLOYMENT, CHILDREN IN POVERTY, SOCIAL SUPPORT, AND OTHERS ADAMS COUNTY IS RANKED 51ST, IN THE BOTTOM THIRD OF ALL COLORADO COUNTIES ACCORDING TO SOCIAL AND ECONOMIC FACTORS WELD COUNTY CAME IN 23RD, FOLLOWED BY GILPIN COUNTY AT 20TH, JEFFERSON COUNTY AT 15TH, BOULDER COUNTY 13TH, AND BROOMFIELD COUNTY RANKED 5TH OVER ALL ECONOMICS THE MEDIA HOUSEHOLD INCOME IN 2014 WAS \$108,857 AS COMPARED TO THE STATE AVERAGE OF \$59,448 THE PERCENTAGE OF PERSONS LIVING IN POVERTY IN THE CITY OF LAFAYETTE IS 2 5% ACCORDING TO 2015 COUNTY HEALTH RANKINGS DATA COMPILED BY THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE AND THE ROBERT WOOD JOHNSON FOUNDATION OVERALL HEALTH RANK THIS MEASURE RANKS THE OVERALL HEALTH OF COUNTY CITIZENS FOR ALL COUNTIES IN COLORADO BOULDER COUNTY IS RANKED 4TH AND BROOMFIELD 13TH HEALTH OUTCOMES RANKINGS COUNTY HEALTH RANKINGS EXAMINES HEALTHY BEHAVIORS AND RANKS COUNTIES ACCORDING TO HEALTH BEHAVIOR DATA COLORADO'S 64 COUNTIES ARE RANKED FROM 1 (HEALTHIEST) TO 64 (LEAST HEALTHY) BASED ON A NUMBER OF INDICATORS THAT INCLUDE ADULT SMOKING, OBESITY, PHYSICAL INACTIVITY, EXCESSIVE DRINKING, SEXUALLY TRANSMITTED INFECTIONS, AND OTHERS A RANKING OF 28 FOR ADAMS COUNTY, PUTS IT IN THE UPPER HALF OF COUNTIES, FOLLOWED BY GILPIN COUNTY AT 25, WELD COUNTY AT 17, JEFFERSON COUNTY AT 8, BROOMFIELD COUNTY AT 3, AND BOULDER COUNTY AT NUMBER 2 FOR COLORADO EMPLOYMENT STATUS FOR THE POPULATION 16 AND OVER WITHIN THE SERVICE AREA, UNEMPLOYMENT RATES RANGED FROM A LOW OF 2 3% IN DACONO AND ARVADA (80007) TO A HIGH OF 6 5% IN WESTMINSTER (80030) SEE CONTINUATION BELOW</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5	<p>LUTHERAN MEDICAL CENTER LMC HAS A MULTITUDE OF PROGRAMS IN PLACE THROUGH ITS CANCER CENTER, NEUROVASCULAR CENTER, AND TRAUMA CENTER AND THROUGH COMMUNITY PROGRAM SUPPORT A VARIETY OF CLASSES ARE OFFERED ON WEIGHT MANAGEMENT AND HEALTHY LIFESTYLE SUPPORT GROUPS FOR CANCER PATIENTS ARE OFFERED LMC ALSO ROUTINELY OFFERS COMMUNITY HEALTH EDUCATION, SKIN CANCER SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, CLASSES FOR PROSPECTIVE PARENTS AND DIABETES MANAGEMENT CLASSES, TO NAME A FEW LMC PARTNERS WITH SAFETY CLINICS SUCH AS METRO COMMUNITY PROVIDER NETWORK LMC ALSO RECOGNIZES THE ESSENTIAL NEED TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY AND SERVICES THE OBJECTIVES OF THE PROGRAM ARE TO BE A HIGHLY RELIABLE ORGANIZATION, OFFER HIGH QUALITY, PROVIDE SAFETY FOR PATIENTS AND STAFF AND BE COST EFFECTIVE THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR PUBLICLY COMPARABLE DATABASES INCLUDING THE COLORADO HEALTH AND HOSPITAL ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES GOOD SAMARITAN MEDICAL CENTER COLLECTIVELY WITH ITS 234 LICENSED BEDS, GOOD SAMARITAN MEDICAL CENTER (GSMC) HAS SERVED ITS COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL SERVICES INCLUDING CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEUROSURGERY,OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, SENIOR EMERGENCY DEPARTMENT CARE, PALLIATIVE &amp; HOSPICE CARE AND INTEGRATIVE HEALTH SERVICES COMMUNITY ACTIVITIES INCLUDE A VARIETY OF CLASSES OFFERED A NO, OR VERY LOW, COSTS ON SUCH TOPICS AS WEIGHT MANAGEMENT, MENTAL HEALTH AWARENESS, SAFETY AND FIRST AID/CPR CERTIFICATION THERE ARE SUPPORT GROUPS FOR CANCER PATIENTS, STROKE PATIENTS AND FAMILIES, HEALTHY LIFESTYLE, SMOKING CESSATION, SKIN CANCER SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, AS WELL AS CLASSES FOR PROSPECTIVE PARENTS AND DIABETES MANAGEMENT CLASSES FITKIDS LAUNCHED IN 2017 AS A FREE COMMUNITY BASED PROGRAM FOR KIDS WITH AN ELEVATED BMI AND THEIR FAMILIES THE HEALTH &amp; HEALING CENTER CONDUCTS HEART HEALTH SCREENINGS IN THE COMMUNITY INCLUDING CHOLESTEROL TESTING AND BLOOD PRESSURE SCREENINGS SEVERAL TIMES THROUGHOUT THE YEAR WE PROVIDE PRESENTATIONS TO COMMUNITY GROUPS ON SUBJECTS SUCH AS BALANCE, EXERCISE AND STRETCHING WE HAVE PARTNERED WITH SUCH ORGANIZATIONS AS THE LAFAYETTE SENIOR CENTER, THE LAFAYETTE RECREATION CENTER, BOULDER COUNTY HEALTH AND HUMAN SERVICES AS WELL AS BROOMFIELD COUNTY HEALTH AND HUMAN SERVICES TO PROVIDE SERVICES TO OUR COMMUNITY GSMC ALSO PROVIDES HEALTH SCREENINGS FOR EMPLOYEES OF BOULDER VALLEY SCHOOL DISTRICT AND SCREENINGS AT EVENTS SEVERAL TIMES THROUGHOUT THE YEAR TO RESIDENTS OF BROOMFIELD, LAFAYETTE AND OTHERS IN THE SURROUNDING AREAS WE ARE AN IMPORTANT PART OF OUR COMMUNITY AND SERVE IN MANY WAYS, IN RESPONSE TO DIRECT REQUESTS FROM COMMUNITY ORGANIZATIONS AND RESIDENTS FROM DELIVERING CORE HEALTH CARE TO PREVENTIVE CARE TO SUPPORT OF OTHER CIVIC GROUPS, OUR COMMUNITY INVOLVEMENT TAKES MANY FORMS OUR BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, AND ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF OUR HOSPITAL THEY ARE DEEPLY INVOLVED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND SERVICES, AND COMMUNITY OUTREACH TO ENSURE THAT RESIDENTS ARE INFORMED ABOUT AVAILABLE SERVICES WHEN GSMC HAS EXCESS REVENUE OVER OPERATING EXPENSES, WE USE THOSE FUNDS TO OBTAIN CURRENT HEALTH CARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO EXPAND ACCESS TO CARE FOR UNMET NEED AREAS</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	<p>THE ORGANIZATION IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE " WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITY, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES NINE HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER AND MORE THAN 210 AMBULATORY SERVICE CENTERS 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>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>CONTINUED NARRATIVEGOOD SAMARITAN MEDICAL CENTER POVERTY LEVELS POVERTY THRESHOLDS ARE USED FOR CALCULATING OFFICIAL POVERTY POPULATION STATISTICS AND ARE UPDATED EACH YEAR BY THE CENSUS BUREAU FOR 2016, THE FEDERAL POVERTY THRESHOLD FOR ONE PERSON WAS \$11,880, AND \$24,300 FOR A FAMILY OF FOUR IN THE SERVICE AREA, 13.4% OF THE POPULATION IN BOULDER COUNTY, 12.9% OF ADAMS COUNTY AND 12.6% OF WELD COUNTY RESIDENTS WERE LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) 33.4% OF ADAMS COUNTY RESIDENTS AND 30.9% OF WELD COUNTY RESIDENTS WERE CONSIDERED LOW-INCOME (LIVING AT OR BELOW 200% FPL) THESE POVERTY RATES WERE HIGHER THAN COLORADO RATES OF POVERTY POVERTY LEVELS OF INDIVIDUALS, CHILDREN UNDER AGE 18, AND SENIORS EXAMINING POVERTY LEVELS BY COMMUNITY PAINTS AN IMPORTANT PICTURE OF THE POPULATION WITHIN THE SERVICE AREA 10.7% OF THE SERVICE AREA POPULATION WAS LIVING AT 100% OF FPL CHILDREN SUFFER FROM POVERTY AT HIGHER RATES AS 12.6% OF CHILDREN IN THE SERVICE AREA WERE LIVING IN POVERTY 6.7% SENIORS IN THE GSMC SERVICE AREA WERE LIVING IN POVERTY AREAS WITH HIGH RATES OF POVERTY WERE BOULDER (80302, 80303), DENVER (80260) AND LONGMONT (80501) 18% OF COMMERCE CITY SENIORS WERE LIVING IN POVERTY FREE AND REDUCED PRICE MEALS ELIGIBILITY, 2017 - 2018 THE NUMBER OF STUDENTS ELIGIBLE FOR THE FREE AND REDUCED PRICE MEALS PROGRAM IS ONE INDICATOR OF THE SOCIOECONOMIC STATUS OF A SCHOOL DISTRICT'S STUDENT POPULATION THE PERCENT OF STUDENTS IN ADAMS COUNTY ELIGIBLE FOR THE FREE AND REDUCED PRICE MEAL (FRPM) PROGRAM IS 49.4%, AND IN WELD COUNTY, 48.7% OF STUDENTS WERE ELIGIBLE FOR THE PROGRAM ADAMS COUNTY AND WELD COUNTY HAVE HIGHER PERCENTAGES OF FRPM-ELIGIBLE CHILDREN THAN FOUND IN THE STATE (41.6%) MEDIAN HOUSEHOLD INCOME THE MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA RANGED FROM \$13,750 IN BOULDER (80310-UNIVERSITY OF COLORADO RESIDENCE HALLS) TO \$136,295 IN ARVADA (80007) HOUSEHOLD BY TYPE THERE ARE 654,742 OCCUPIED HOUSING UNITS IN THE SERVICE AREA IN THE SERVICE AREA, 32.8% OF HOUSEHOLDS WERE 2-PERSON HOUSEHOLDS THE PERCENTAGE OF 4+ PERSON HOUSEHOLDS IN THE SERVICE AREA WAS 34.0%, WHICH WAS HIGHER THAN AREA COUNTIES AND THE STATE EDUCATIONAL ATTAINMENT (25+) OF THE POPULATION AGE 25 YEARS AND OLDER IN THE SERVICE AREA, 9.4% HAD NO HIGH SCHOOL DIPLOMA, 20.1% WERE HIGH SCHOOL GRADUATES HIGH SCHOOL GRADUATES, 2017 - 2018 HIGH SCHOOL GRADUATION RATES ARE THE PERCENTAGE OF HIGH SCHOOL GRADUATES THAT GRADUATED FOUR YEARS AFTER STARTING NINTH GRADE IN THE SERVICE AREA THE HIGH SCHOOL GRADUATION RATES RANGED FROM 75.0% IN ADAMS COUNTY TO 87.7% IN BOULDER COUNTY THE HEALTHY PEOPLE 2020 OBJECTIVE FOR HIGH SCHOOL GRADUATION IS 87% HOMELESS POINT-IN-TIME COUNT, JANUARY 2017 THE POINT-IN-TIME (PIT) COUNT IS AN ANNUAL SURVEY OF THE NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS AT A SINGLE POINT IN TIME THE MAJORITY OF HOMELESS PERSONS WERE SHELTERED HOWEVER, 81.8% OF HOMELESS INDIVIDUALS IN BROOMFIELD COUNTY WERE UNSHELTERED APPROXIMATELY 25% OF HOMELESS INDIVIDUALS IN THE AREA COUNTIES WERE CHRONICALLY HOMELESS, EXCEPT FOR WELD COUNTY WHERE 15% WERE CHRONICALLY HOMELESS LIVE BIRTHS AND AVERAGE ANNUAL CHANGE IN 2016, THERE WERE 7,206 BIRTHS IN ADAMS COUNTY, AND IN BOULDER COUNTY 2,725 BIRTHS, BROOMFIELD COUNTY 718 BIRTHS, GILPIN COUNTY 41 BIRTHS, JEFFERSON COUNTY 6,033 BIRTHS, AND WELD COUNTY 4,318 BIRTHS BIRTHS TO TEENAGE MOTHERS, 15 - 17 YEARS OF AGE, 2016 IN ADAMS COUNTY, 13.9% OF BIRTHS WERE TO TEENS UNDER THE AGE OF 20 14.2% OF BIRTHS IN WELD COUNTY AND 11.1% OF BIRTHS IN JEFFERSON COUNTY WERE TO TEENAGE MOTHERS THESE RATES OF TEEN BIRTH WERE HIGHER THAN IN THE STATE (10.5%) LATE ENTRY INTO PRENATAL CARE (AFTER FIRST TRIMESTER) / NO CARE, 2016 ADEQUATE PRENATAL CARE CAN PREVENT HEALTH RISKS IN WOMEN AND PREVENT HEALTH PROBLEMS FOR MOTHER AND CHILD THE HEALTHY PEOPLE 2020 OBJECTIVE IS FOR 77.9% OF WOMEN TO RECEIVE CARE IN THE FIRST TRIMESTER ALL COUNTIES IN THE SERVICE AREA, WITH THE EXCEPTION OF GILPIN COUNTY (76.9%), MET THIS OBJECTIVE WHEN EXAMINING GEOGRAPHIC AREAS WITH A SMALL POPULATION, SUCH AS WITH GILPIN COUNTY, IT IS IMPORTANT TO USE CAUTION WHEN DRAWING CONCLUSIONS FROM DATA, A SMALL OCCURRENCE OF A HEALTH ISSUE MAY RESULT IN A HIGH RATE LATE OR NO PRENATAL CARE RATES IN ADAMS COUNTY (19.7%), GILPIN COUNTY (23.1%) AND WELD COUNTY (20.7%) EXCEEDED THE STATE RATE (17.8%) LOW BIRTH WEIGHT (UNDER 2,500 G), 2016 LOW BIRTH WEIGHT IS A NEGATIVE BIRTH INDICATOR BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR DISEASE, DISABILITY AND POSSIBLY DEATH FOR THIS MEASUREMENT, A LOWER RATE IS A BETTER INDICATOR THE HEALTHY PEOPLE 2020 OBJECTIVE IS TO REDUCE LOW BIRTH WEIGHT BIRTHS TO 7.8% OF LIVE BIRTHS ALL COUNTIES IN THE SERVICE AREA FALL SHORT OF THE HEALTHY PEOPLE 2020 OBJECTIVE FOR LOW BIRTH WEIGHT (UNDER 2,500 G) BROOMFIELD COUNTY (10.3%) AND GILPIN COUNTY (17.1%) EXCEEDED THE STATE RATE (8.9%) FOR LOW BIRTH WEIGHT BABIES INFANT MORTALITY RATE, 2016 THE I</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>           INFANT MORTALITY RATE IS THE NUMBER OF DEATHS OF INFANTS UNDER ONE YEAR OLD PER 1,000 LIVE BIRTHS. THE HEALTHY PEOPLE 2020 OBJECTIVE IS TO REDUCE THE INFANT MORTALITY RATE TO 6.0 PER 1,000 LIVE BIRTHS. THE INFANT MORTALITY RATE IN ADAMS COUNTY (6.5 PER 1,000 LIVE BIRTHS) AND WELD COUNTY (6.3) WERE HIGHER THAN THE HEALTHY PEOPLE 2020 OBJECTIVE. THE INFANT MORTALITY RATE IN BOULDER COUNTY (4.8) AND JEFFERSON COUNTY (5.1) ACHIEVED THE HEALTHY PEOPLE 2020 OBJECTIVE AND WERE LOWER THAN THE STATE RATE (5.6). AGE-ADJUSTED DEATH RATE, 2016. THE CRUDE DEATH RATE IS A RATIO OF THE NUMBER OF DEATHS TO THE ENTIRE POPULATION. AGE-ADJUSTED DEATH RATES ELIMINATE THE BIAS OF AGE IN THE MAKEUP OF THE POPULATIONS BEING COMPARED. WHEN COMPARING ACROSS GEOGRAPHIC AREAS, AGE-ADJUSTING IS TYPICALLY USED TO CONTROL FOR THE INFLUENCE THAT DIFFERENT POPULATION AGE DISTRIBUTIONS MIGHT HAVE ON HEALTH EVENT RATES. WHEN ADJUSTED FOR AGE, THE DEATH RATE RANGED FROM 775.9 PER 100,000 PERSONS FOR ADAMS COUNTY TO 508.4 FOR BROOMFIELD COUNTY. THE ADAMS COUNTY DEATH RATE (775.9) AND WELD COUNTY (662.0) EXCEEDED THE STATE AGE-ADJUSTED DEATH RATE (661.2). CANCER DEATH RATE, CRUDE AND AGE-ADJUSTED DEATH RATES PER 100,000 PERSONS, 2016. THE CANCER MORTALITY RATE IS THE NUMBER OF DEATHS, WITH CANCER AS THE UNDERLYING CAUSE OF DEATH, OCCURRING IN A SPECIFIED POPULATION DURING A YEAR. CANCER MORTALITY IS USUALLY EXPRESSED AS THE NUMBER OF DEATHS DUE TO CANCER PER 100,000 PERSONS. ADAMS COUNTY HAD THE HIGHEST CANCER DEATH RATES IN THE SERVICE AREA FOR DIGESTIVE SYSTEM CANCER (82.3 PER 100,000 PERSONS), COLORECTAL CANCER (37.8) AND LUNG CANCER (40.6). JEFFERSON COUNTY HAD THE HIGHEST AREA DEATH RATES FOR ORAL CAVITY CANCER (14.2) AND BREAST CANCER (69.0). GILPIN COUNTY HAD THE HIGHEST AREA DEATH RATES FOR RESPIRATORY SYSTEM CANCER (63.8). HEART DISEASE DEATH RATE, AGE-ADJUSTED DEATH RATE PER 100,000 PERSONS, 2016. ADAMS COUNTY HAS AN AGE-ADJUSTED RATE OF DEATH DUE TO HEART DISEASE OF 136.5 FOLLOWED BY JEFFERSON COUNTY OF 132.5, GILPIN COUNTY 132.0, WELD COUNTY 131.1, BROOMFIELD COUNTY 118.1, AND BOULDER COUNTY OF 115.2 PER 100,000 PERSONS. STROKE DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2016. THE RATE OF DEATH FOR CEREBROVASCULAR DISEASE IN WELD COUNTY WAS 33.5, ADAMS COUNTY 33.1, BOULDER COUNTY 32.8, JEFFERSON COUNTY 32.3, BROOMFIELD COUNTY 30.2, AND GILPIN COUNTY 0 PER 100,000 PERSONS. UNINTENTIONAL INJURY DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2016. IN GILPIN COUNTY THE RATE WAS 61.6, FOLLOWED BY ADAMS COUNTY WITH 53.8, JEFFERSON COUNTY 49.2, BOULDER COUNTY 46.5, WELD COUNTY 44.1, AND BROOMFIELD COUNTY 37.5 PER 100,000 PERSONS. THESE ALL EXCEED THE HEALTHY PEOPLE 2020 OBJECTIVE FOR UNINTENTIONAL INJURY DEATHS OF 36.4 PER 100,000 PERSONS. DIABETES DEATH RATE, AGE ADJUSTED PER 100,000 PERSONS, 2016. THE AGE-ADJUSTED DEATH RATE FOR DIABETES IN WELD COUNTY WAS 19.5, ADAMS COUNTY 18.9, JEFFERSON COUNTY 12.0, BOULDER COUNTY 9.0, BROOMFIELD COUNTY 8.4, AND GILPIN COUNTY 0 PER 100,000 PERSONS. PNEUMONIA DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2016. THE DEATH RATE FROM PNEUMONIA WAS 37.8, ADAMS COUNTY 16.4, WELD COUNTY 13.6, BOULDER AND JEFFERSON COUNTIES AT 12.8, AND BROOMFIELD COUNTY AT 6.8 PER 100,000 PERSONS. SUICIDE DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS. THE RATE OF DEATH BY SUICIDE IN WELD COUNTY WAS 19.5, ADAMS COUNTY 17.6, JEFFERSON COUNTY 17.1, BOULDER COUNTY 16.3, BROOMFIELD COUNTY 13.6 AND GILPIN COUNTY 0 PER 100,000 PERSONS. THESE RATES EXCEED THE HEALTHY PEOPLE OBJECTIVE OF 10.2 DEATHS PER 100,000 PERSONS FROM SUICIDE DRUG-INDUCED DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS. 2016. THE RATE OF DRUG-INDUCED DEATHS IN BROOMFIELD COUNTY WAS 21.1, ADAMS COUNTY 18.6, JEFFERSON COUNTY 17.4, WELD COUNTY 13.6, BOULDER COUNTY 11.2, AND GILPIN COUNTY 0 PER 100,000 PERSONS. SEE CONTINUATION BELOW.         </p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>CONTINUED NARRATIVEGOOD SAMARITAN MEDICAL CENTER ALCOHOL LIVER DISEASE, AGE- ADJUSTED PER 100,000 PERSONS, 2016 THE RATE OF DEATH DUE TO ALCOHOL LIVER DISEASE WAS 13.9 IN ADAMS CO UNTY, WELD COUNTY 11.9, GILPIN COUNTY 11.1, BOULDER COUNTY 10.2, JEFFERSON COUNTY 8.9, AND BROOMFIELD COUNTY 8.5 PER 100,000 PERSONS. HIV/ AIDS MORTALITY, AGE-ADJUSTED PER 100,000 PERSONS, 2016 THE RATE OF DEATH DUE TO HIV/AIDS WAS 0.6 IN ADAMS COUNTY AND 0.8 IN JEFFERSON COUNTY. THE RATES FOR THE OTHER COUNTIES WERE TOO LOW TO BE RECORDED. HEALTH INSURANCE COVERAGE, CIVILIAN NON-INSTITUTIONALIZED POPULATION, AGES 18-64. HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO ACCESS HEALTH CARE. IN THE SERVICE AREA, 89.7% OF THE POPULATION WAS INSURED. INSURANCE COVERAGE WAS HIGHER IN BROOMFIELD COUNTY (94.5%) AND LOWER IN ADAMS COUNTY (84.4%). UNINSURED CHILDREN, AGE 0-17. THE PERCENTAGE OF UNINSURED CHILDREN UNDER THE AGE OF 18 WAS HIGHEST IN ADAMS COUNTY AND GILPIN COUNTY (8.2%). BROOMFIELD COUNTY HAD THE LOWEST RATE OF UNINSURED CHILDREN IN THE SERVICE AREA (3.0%). ADULTS WITH UNMET MEDICAL NEED DUE TO COST. AMONG ADULTS IN BOULDER COUNTY AND BROOMFIELD COUNTY, 20.8% HAD AN UNMET MEDICAL NEED BECAUSE THEY WERE NOT ABLE TO AFFORD CARE OR BECAUSE THEY WERE UNABLE TO SCHEDULE MEDICAL APPOINTMENTS. WITH THE EXCEPTION OF JEFFERSON COUNTY, THE AREA COUNTIES HAD HIGHER RATES OF ADULTS WITH UNMET MEDICAL NEEDS THAN THE STATE (14%). PRIMARY CARE PHYSICIANS, NUMBER AND RATIO, 2016. THE PRIMARY CARE PHYSICIAN RATIO REPRESENTS THE NUMBER OF PERSONS TO ONE PROVIDER. THE RATIO OF THE POPULATION TO PRIMARY CARE PHYSICIANS WAS HIGHEST IN GILPIN COUNTY (2,910:1), AND LOWEST IN BOULDER COUNTY (820:1). GILPIN, ADAMS AND WELD COUNTIES HAD HIGHER POPULATION TO PRIMARY CARE PHYSICIANS (FEWER PROVIDERS) THAN THE STATE. DENTISTS, NUMBER AND RATIO, 2016. THE RATIO OF THE POPULATION TO DENTISTS WAS HIGHER THAN THE STATE (1,370:1) IN WELD COUNTY (2,594:1) AND ADAMS COUNTY (1,690:1). BOULDER COUNTY HAD MORE DENTISTS AS INDICATED BY THE LOWEST RATIO OF POPULATION TO DENTISTS (1,030:1) IN THE SERVICE AREA. THE HEALTHY PEOPLE 2020 OBJECTIVE IS FOR 55.3% OF THE POPULATION TO HAVE DENTAL INSURANCE. ADAMS COUNTY (61.6%), BOULDER COUNTY (61.3%), BROOMFIELD COUNTY (71.1%), JEFFERSON COUNTY (69.3%), AND WELD COUNTY (60.4%) EXCEEDED THIS RATE OF DENTAL INSURANCE FOR ADULTS. IN MOST CASES, THE RATE OF ADULTS VISITING THE DENTIST CLOSELY RELATES TO DENTAL INSURANCE COVERAGE. MENTAL HEALTH PROVIDERS, NUMBER AND RATIO, 2017. MENTAL HEALTH PROVIDERS INCLUDE PSYCHIATRISTS, CLINICAL PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS, PSYCHIATRIC NURSE SPECIALISTS, AND MARRIAGE AND FAMILY THERAPISTS WHO MEET CERTAIN QUALIFICATIONS AND CERTIFICATIONS. AMONG SERVICE AREA COUNTIES, GILPIN COUNTY HAD THE HIGHEST RATIO (1,480:1) OF POPULATION TO MENTAL HEALTH PROVIDERS (FEWER PROVIDERS). BOULDER COUNTY HAD THE BEST RATIO (160:1) AMONG SERVICE AREA COUNTIES. THIS EXCEEDED THE STATE RATIO OF 392:1. FAIR OR POOR HEALTH, ADULTS, 2016. WHEN ASKED TO SELF-REPORT ON HEALTH STATUS, 17.1% OF ADULTS IN ADAMS COUNTY AND 14.8% IN WELD COUNTY INDICATED THEY WERE IN FAIR OR POOR HEALTH. THESE RATES WERE HIGHER THAN FOUND IN THE STATE (13.7%). THE FUNCTIONAL STATUS AND QUALITY OF LIFE INDICATORS INDICATED THAT ADAMS COUNTY RESIDENTS HAD AN AVERAGE OF 3.6 DAYS OF POOR PHYSICAL HEALTH IN THE PAST 30 DAYS, BOULDER COUNTY 3.2 DAYS, BROOMFIELD COUNTY 2.6 DAYS, GILPIN COUNTY 5.1 DAYS, JEFFERSON COUNTY, 3.2, AND WELD COUNTY 3.3 DAYS. ADAMS AND GILPIN COUNTIES HAD SCORES HIGHER THAN THE STATE AVERAGE. ASTHMA PREVALENCE, PERCENT OF POPULATION, 2016. THE PREVALENCE OF ASTHMA IS 9.7% IN ADAMS COUNTY, BEING THE HIGHEST, AND 6.5% IN BROOMFIELD COUNTY, BEING THE LOWEST. PERCENTAGE ADULT DIABETES PREVALENCE, 2016. THE PERCENTAGE OF ADULT DIABETES IS THE HIGHEST IN ADAMS COUNTY WITH 8.9% FOLLOWED BY GILPIN COUNTY 8.1%, BROOMFIELD COUNTY 7.1%, WELD COUNTY 7.0%, JEFFERSON COUNTY 5.6%, AND BOULDER COUNTY OF 4.8%, BEING THE LOWEST. HIGH BLOOD PRESSURE, 2016. IN THE SERVICE AREA, RESIDENTS OF BOULDER COUNTY, BROOMFIELD COUNTY, GILPIN COUNTY, AND JEFFERSON COUNTY HAVE ELEVATED CHOLESTEROL RATES THAT EXCEEDED THE STATE RATE (33.6%). ADAMS COUNTY AND BROOMFIELD COUNTY RESIDENTS HAVE HIGHER RATES OF ELEVATED BLOOD PRESSURE THAN THE STATE (25.8%). NEW DIAGNOSES OF TB, PER 100,000 PERSONS, 5-YEAR AVERAGE, 2016. ADAMS COUNTY AND BOULDER COUNTY HAVE THE SAME RATE OF NEWLY DIAGNOSED TB RATES OF 1.5 PER 100,000 PERSONS, BROOMFIELD CAME IN AT 1.1, AND JEFFERSON AND WELD COUNTIES EACH HAD A RATE OF 0.5 PER 100,000 PERSONS. RACIAL MINORITIES ARE AT THE GREATEST RISK. 86% OF NEW TB CASES IN THE STATE OCCURRED IN MINORITY POPULATIONS, YET THEY ONLY COMPRISE 31% OF THE STATE'S POPULATION. 21.9% OF TB CASES WERE IN THOSE OF ASIAN/ PACIFIC ISLANDER ORIGIN, 39.1% OF CASES WERE IN HISPANICS, AND 25.0% IN BLACK/AFRICAN AMERICANS. SEXUALLY TRANSMITTED INFECTIONS, PER 100,000 PERSONS, 2016. CHLAMYDIA OCCURS AT A RATE OF 1,731.6 IN ADAMS COUNTY. WELD COUNTY</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>Y FOLLOWS WITH 1385 5 THEN, BROOMFIELD COUNTY WITH 1,306 3, BOULDER COUNTY AT 1,087 6, GILPIN AT 1,075 0, AND JEFFERSON COUNTY AT THE LOWEST WITH 891 4 PER 100,000 PERSONS. FEMALES ACCOUNT FOR MORE THAN TWO-THIRDS (66 3%) OF THE CHLAMYDIA CASES AMONG 15- 19 YEAR OLDS, THE CHLAMYDIA RATE FOR FEMALES, 2,657 3 PER 100,000, IS NEARLY FOUR TIMES GREATER THAN THE RATE FOR MALES, 681 7 PER 100,000 PERSONS. RATE OF GONORRHEA IN ADAMS COUNTY IS 200 5, BROOMFIELD COUNTY 169 7, WELD COUNTY 104 9, JEFFERSON COUNTY 103 0, AND BOULDER COUNTY 79 8. GILPIN COUNTY IS NOT REPORTED. ADULT OVERWEIGHT (BMI 25 5 TO 29 9), 2016. IN THE SERVICE AREA, WELD COUNTY HAD THE HIGHEST RATE OF ADULT OBESITY. OVER ONE-QUARTER OF ADULTS (27 9% ) WERE OBESE AND 65 7% WERE OVERWEIGHT OR OBESE. AT 15 1%, WELD COUNTY HAD THE HIGHEST RATE OF CHILD OBESITY IN THE SERVICE AREA. ADAMS COUNTY HAD THE HIGHEST PERCENTAGE OF CHILDREN WHO WERE OVERWEIGHT OR OBESE (32 2%). EVEN WITH THE HIGH RATES OF OBESITY AMONG CHILDREN, 12 8% OF ADAMS COUNTY CHILDREN WERE CONSIDERED UNDERWEIGHT. BOULDER COUNTY (14 1%) AND JEFFERSON COUNTY (18 3%) HAD LOWER RATES OF ADULT OBESITY. JEFFERSON COUNTY (19 2%) HAD THE LOWEST AREA RATES OF CHILDHOOD OVERWEIGHT AND OBESITY. ADULT OBESE (BMI &gt; 30), 2016. OVER ONE-FOURTH OF THE ADULT POPULATION IS OBESE IN ADAMS COUNTY (26 1%) AND WELD COUNTY (27 9% ). GILPIN AND BROOMFIELD COUNTIES COME IN NEXT AT 24 4% AND 21 5% RESPECTIVELY. JEFFERSON AND BOULDER COUNTIES COME IN NEXT WITH 18 3% AND 14 1% RESPECTIVELY. MODERATELY PHYSICALLY ACTIVE, ADULTS, 2015. 54 6% OF ADULTS OF ADAMS COUNTY, 71 4% OF ADULTS IN BOULDER COUNTY, 56 1% OF ADULTS IN BROOMFIELD COUNTY, 73 5% OF ADULTS IN GILPIN COUNTY, 62 6% OF ADULTS IN JEFFERSON COUNTY, AND 52 6% OF WELD COUNTY ADULTS ENGAGED IN PHYSICAL ACTIVITY OVER 150 MINUTES IN A GIVEN WEEK. 23 5% OF ADULTS IN ADAMS COUNTY WERE SEDENTARY AND DID NOT PARTICIPATE IN ANY LEISURE TIME PHYSICAL ACTIVITY. 10 8% OF ADULTS IN BOULDER COUNTY, 11 4% OF ADULTS IN BROOMFIELD COUNTY, 16 7% OF ADULTS IN GILPIN COUNTY, 14 0% OF ADULTS IN JEFFERSON COUNTY, AND 21% OF ADULTS IN WELD COUNTY WERE SEDENTARY. SEDENTARY ADULTS, 2015. 23 5% OF ADULTS ARE SEDENTARY IN ADAMS COUNTY AND DO NOT PARTICIPATE IN ANY LEISURE TIME OF PHYSICAL ACTIVITY. WELD COUNTY'S RATE IS 21 0%. BOTH ARE ABOVE THE STATE LEVEL OF 17 4%. BOULDER (10 8%), BROOMFIELD (11 4%), GILPIN (16 7%) AND JEFFERSON (14 0%) COUNTIES COME IN LOWER THAN THE STATE LEVEL. YOUTH PHYSICAL ACTIVITY, AGES 5- 14, 2016. 34 2% OF ADAMS COUNTY CHILDREN, AGES 5-14, WERE PHYSICALLY ACTIVE FOR AT LEAST 60 MINUTES A DAY FOR THE PAST 7 DAYS, 53 9% OF CHILDREN IN BOULDER COUNTY, 43 7% OF CHILDREN IN JEFFERSON COUNTY AND 37 5% OF WELD COUNTY CHILDREN WERE PHYSICALLY ACTIVE. 77 7% OF CHILDREN, AGES 1-14, IN ADAMS COUNTY, 86 7% IN BOULDER COUNTY, 57 1% IN JEFFERSON COUNTY AND 87 6% OF WELD COUNTY CHILDREN SPENT TWO HOURS OR LESS IN FRONT OF TV, VIDEO OR COMPUTER SCREENS ON WEEKDAYS. ADULT SMOKERS, 2015- 2017. THE HEALTHY PEOPLE 2020 OBJECTIVE IS 12% OF THE POPULATION WHO SMOKE CIGARETTES. BOULDER COUNTY (11 4%) AND BROOMFIELD COUNTY (11 5%) RESIDENTS MET THIS OBJECTIVE. IN GILPIN COUNTY, 32 7% OF ADULTS SMOKED CIGARETTES. 3 5% OF CHILDREN IN ADAMS COUNTY WERE EXPOSED TO CIGARETTE SMOKE IN CARS. THIS WAS HIGHER THAN THE STATE RATE (3 3%). NONE OF THE AREA COUNTIES EXCEEDED THE STATE RATE (2 8%) FOR CHILDREN EXPOSED TO CIGARETTE SMOKE IN HOMES. 5 7% OF PREGNANT WOMEN IN ADAMS COUNTY, 4% IN BOULDER COUNTY, 4 4% IN JEFFERSON COUNTY AND 6 5% IN WELD COUNTY SMOKED DURING THEIR PREGNANCIES.</p>

**Additional Data**

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

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

Section A. Hospital Facilities		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? <b>2</b>											
Name, address, primary website address, and state license number											
1	LUTHERAN MEDICAL CENTER 8300 W 38TH AVENUE WHEAT RIDGE, CO 80211 WWW.SCLHEALTH.ORG/LOCATIONS/ 010440	X	X					X			
2	GOOD SAMARITAN MEDICAL CENTER 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 WWW.SCLHEALTH.ORG/LOCATIONS/ 011529	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
LUTHERAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 5 LUTHERAN MEDICAL CENTER, A COMMUNITY-BASED, ACUTE-CARE HOSPITAL LOCATED IN WHEAT RIDGE, COLORADO, IS COMMITTED TO IMPROVING THE HEALTH OF ITS COMMUNITY LUTHERAN MEDICAL CENTER PARTNERED WITH JEFFERSON COUNTY PUBLIC HEALTH (JCPH) AND ST ANTHONY HOSPITAL TO CONDUCT A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPROVEMENT PLAN PROCESS BEGINNING IN 2017 AND CONCLUDING IN 2018 THIS PROCESS WAS ADDITIONALLY SUPPORTED BY NUMEROUS COMMUNITY MEMBERS, PARTNER ORGANIZATIONS AND GOVERNMENT AGENCIES WHICH RESULTED IN AN ENHANCED COLLABORATIVE PROCESS THE CHNA COMPREHENSIVELY REVIEWED THE CURRENT STATE OF HEALTH IN JEFFERSON COUNTY, COLORADO AND GATHERED INFORMATION ON GAPS AND OPPORTUNITIES FOR IMPROVEMENT THE ASSESSMENT CONTAINS INFORMATION ON A BROAD RANGE OF FACTORS THAT IMPACT COMMUNITY HEALTH AS WELL AS EXISTING ASSETS AND RESOURCES TO ADDRESS THESE HEALTH ISSUES PRIMARY (ORIGINAL) DATA WERE PROVIDED TO US THROUGH INTERVIEWS AND FOCUS GROUPS WITH COMMUNITY MEMBERS, PARTNER ORGANIZATIONS AND KEY STAKEHOLDERS THIS DATA WAS COMBINED WITH SECONDARY (EXISTING) DATA TO CREATE OUR FINISHED ASSESSMENT THAT REPRESENTS A COMPREHENSIVE EXAMINATION OF THE HEALTH OF JEFFERSON COUNTY RESIDENTS THE ASSESSMENT TEAM SOUGHT INPUT AND ENGAGEMENT FROM COMMUNITY MEMBERS, COMMUNITY ORGANIZATIONS, BUSINESS LEADERS, NON-PROFIT PARTNERS REPRESENTING THE MEDICALLY UNDERSERVED, AS WELL AS INTERNAL STAKEHOLDERS AT LUTHERAN MEDICAL CENTER THESE PARTNERS ACTIVELY PARTICIPATED IN THE QUALITATIVE REVIEW AND ASSESSMENT PRIORITIZATION COMPONENTS OF THE CHNA PARTNERS INCLUDED BUT WERE NOT LIMITED TO JEFFERSON COUNTY PUBLIC HEALTH, CENTURA HEALTH/ST ANTHONY HOSPITAL, METRO COMMUNITY PROVIDER NETWORK, JEFFERSON CENTER FOR MENTAL HEALTH, DENVER PUBLIC HEALTH, COLORADO COMMUNITY HEALTH ALLIANCE, JEFFERSON COUNTY HEALTH ALLIANCE, CITY OF LAKEWOOD, JEFFERSON HOUSING AUTHORITY, JEFFERSON COUNTY PUBLIC SCHOOLS, REGIS UNIVERSITY, THE ACTION CENTER, WEST METRO FIRE, WEST PINES, MEDICAL STAFF AT LUTHERAN MEDICAL, WEST CHAMBER SERVING JEFFERSON COUNTY'S YOUTH LEADERSHIP, MUNICIPALITIES, AREA NON-PROFITS, AND CIVIC, COMMUNITY, AND BUSINESS LEADERS FOUR HEALTH FACTORS WERE IDENTIFIED AND PRIORITIZED AS FOCUS AREAS FOR THIS CHNA (1) ACCESS TO MENTAL HEALTH CARE AND SUBSTANCE USE TREATMENT, (2) ALCOHOL AND SUBSTANCE USE, (3) FOOD INSECURITY, AND (4) HOUSING</p>



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

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

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

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

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

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

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

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	PART V, SECTION B, LINE 6B PARTNERS INCLUDED BUT WERE NOT LIMITED TO JEFFERSON COUNTY PUBLIC HEALTH, CENTURA/ST ANTHONY HOSPITAL, JEFFERSON CENTER FOR MENTAL HEALTH, DENVER PUBLIC HEALTH, JEFFERSON COUNTY PUBLIC SCHOOLS, METRO COMMUNITY PROVIDER NETWORK, MEDICAL STAFF AT LUTHERAN MEDICAL CENTER, WEST CHAMBER SERVING JEFFERSON COUNTY'S YOUTH LEADERSHIP, WEST METRO FIRE, MUNICIPALITIES, AREA NON-PROFITS, CIVIC, COMMUNITY, AND BUSINESS LEADERS SOME KEY PARTNERS IN THE PROCESS ARE 1) METRO COMMUNITY PROVIDER NETWORKA FEDERALLY QUALIFIED HEALTH CENTER PROVIDING SERVICES TO LOW-INCOME RESIDENTS OF ADAMS, ARAPAHOE, DOUGLASS, JEFFERSON, AND PARK COUNTIES IN COLORADO AND THE CITIES OF AURORA, ARVADA, EDGEWATER, ENGLEWOOD, LAKEWOOD, LITTLETON, PARKER AND WHEAT RIDGE 2) JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENTKEY DATA SOURCE FOR DEMOGRAPHIC AND PUBLIC HEALTH DATA

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

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

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	PART V, SECTION B, LINE 6B THE FOLLOWING ORGANIZATIONS LISTED PARTICIPATED IN PRIORITIZATION AND KEY INFORMANT INTERVIEWS AVISTA HOSPITALBOULDER COUNTY PUBLIC HEALTH, BOULDER COUNTY HOUSING AND HUMAN SERVICESBROOMFIELD FISHBROOMFIELD PUBLIC HEALTH AND ENVIRONMENT, CANCER CENTER OF COLORADOCOMMUNITIES THAT CARECOMMUNITY REACH CENTER CLINICA FAMILY SERVICES, GOOD SAMARITAN MEDICAL CENTER CARDIOLOGY, EMERGENCY, BUSINESS DEVELOPMENT, FOUNDATION, NURSING, MARKETING, MISSION INTEGRATION, TRAUMA OUTREACHFOOTHILLS UNITED WAYLAFAYETTE RECREATION CENTERMENTAL HEALTH PARTNERS SISTER CARMEN COMMUNITY CENTERTRU COMMUNITY CAREVIA MOBILITYLUTHERAN MEDICAL CENTER PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE <a href="https://www.sclhealth.org/locations/lutheran-medical-center/about/community-benefit/good-samaritan-medical-center">HTTPS /WWW SCLHEALTH ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/GOOD SAMARITAN MEDICAL CENTER</a> PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE <a href="https://www.sclhealth.org/locations/good-samaritan-medical-center/about/community-benefit/lutheran-medical-center">HTTPS /WWW SCLHEALTH ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/LUTHERAN MEDICAL CENTER</a> PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED ON WEBSITE <a href="https://www.sclhealth.org/locations/lutheran-medical-center/about/community-benefit/good-samaritan-medical-center">HTTPS /WWW SCLHEALTH ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/GOOD SAMARITAN MEDICAL CENTER</a> PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED ON WEBSITE <a href="https://www.sclhealth.org/locations/good-samaritan-medical-center/about/community-benefit/">HTTPS /WWW SCLHEALTH ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/</a>

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	PART V, SECTION B, LINE 7D COPIES OF THE CHNA WERE DISTRIBUTED AT VARIOUS COMMUNITY COALITIONS AND RESOURCE MEETINGS BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT

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

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 ACCESS TO HEALTHCARE DURING 2018 LUTHERAN MEDICAL CENTER ADDRESSED THE SIGNIFICANT NEEDS IDENTIFIED IN THE 2015 CHNA/CHIP AS A PART OF THE THREE YEAR IMPLEMENTATION PROCESS. ACTIVITIES HIGHLIGHTED HERE WERE PROVIDED AS THE NEW ASSESSMENT WAS COMPLETED. THE AIM FOR ADDRESSING ACCESS INCLUDE EFFORTS TO PROVIDE COMMUNITY-BASED EVENTS AND ACTIVITIES THAT BRING HEALTHCARE TO FAMILIES AND CHILDREN WHERE THEY LIVE IN OUR PRIMARY SERVICE AREA. THE PRIMARY STRATEGY IS TO PARTNER WITH THE JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENT (JCPHD) ON JOINT EFFORTS TO IMPROVE ACCESS BY REMOVING BARRIERS AND CREATING CONNECTIVITY TO APPROPRIATE HEALTH SERVICES AND COMMUNITY RESOURCES. THIS WAS ACCOMPLISHED THROUGH THE DEVELOPMENT OF A 340B PHARMACEUTICAL PLAN, INCREASED ACCESS FOR PATIENTS TO SERVICES THAT SUPPORT CHRONIC DISEASE MANAGEMENT INCLUDING PAIN MANAGEMENT, DIABETES MANAGEMENT AND EDUCATION, CARDIOVASCULAR PROGRAMS, AND CANCER SERVICES. IN ADDITION, LMC PARTNERED WITH SAFETY NET CLINICS IN OUR PRIMARY SERVICE AREA INCLUDING METRO COMMUNITY PROVIDER NETWORK (MCPN), BRIDGES TO CARE, AND THE SENIOR RESOURCE CENTER IN ORDER TO ACHIEVE HIGHER LEVELS OF CARE COORDINATION THROUGH A PATIENT NAVIGATOR PROGRAM. IN 2018 LMC PARTNERED WITH SENIORS' RESOURCE CENTER TO OFFER HEALTH SCREENINGS TO THE ELDER POPULATION INCLUDING OVER 250 BLOOD PRESSURE CHECKS, HEARING SCREENINGS, AND PULSE OX TESTS. IN 2018, LMC PILOTED A FOOD FARMACY PROGRAM THAT PROVIDES NUTRITION EDUCATION AND ACCESS TO FOOD FOR DIABETIC PATIENTS WHO LEARN TO BETTER MANAGE THEIR DISEASE WITH FOOD AS MEDICINE. A SMALL COHORT OF 5 INDIVIDUALS WERE PART OF THE INITIAL PHASE OF THE PROGRAM AND ALL EXPERIENCED POSITIVE PHYSICAL CHANGES. THE PROGRAM WILL MOVE OUT OF THE PILOT STAGE IN 2019 TO SERVE A GREATER NUMBER OF CHRONIC AREAS FOR PATIENTS. ACCESS TO COMMUNITY BASED FALL PREVENTION TRAINING WAS AN EMPHASIS FOR THE PHYSICAL MEDICINE STAFF IN 2018. FIVE TRAININGS WERE OFFERED REACHING MORE THAN 85 OLDER ADULTS WHO IMPROVED THEIR BALANCE AND REDUCED THEIR FEAR OF FALLING BY 45%.</p> <p>PREVENTATIVE CARE AND BEHAVIORAL HEALTH THE AIMS FOR ADDRESSING PREVENTATIVE CARE AND BEHAVIORAL HEALTH ARE TO INTEGRATE SERVICES AND BUILD NETWORKS WHICH ALLOW PRIMARY CARE PROVIDERS TO DIRECT THEIR PATIENTS TO APPROPRIATE RESOURCES AND SERVICES. THE PRIMARY STRATEGY IS TO COLLABORATE WITH THE JCPHD TO CREATE A COMPREHENSIVE COUNTY-WIDE PLAN TO CONNECT PATIENTS TO SERVICES ACROSS THE CONTINUUM OF PREVENTATIVE CARE, INCLUDING BEHAVIORAL HEALTH. THIS WAS ACCOMPLISHED THROUGH AN ASSESSMENT AND INVENTORY OF COMMUNITY RESOURCES TO LINK PATIENTS WITH SERVICES THAT TEACH THEM HOW TO BETTER MANAGE THEIR INDIVIDUAL CONDITIONS (E.G. MCPN, BRIDGES TO CARE, ETC.). IN ADDITION, LMC HAS DEVELOPED AND PROVIDED EDUCATIONAL OPPORTUNITIES FOR CANCER, CARDIOVASCULAR, AND OTHER SERVICES TO PROVIDE IMPORTANT PREVENTATIVE CARE AND BEHAVIORAL HEALTH MESSAGES SUCH AS WARNING SIGNS OF CHRONIC OR ACUTE CONDITIONS (E.G. STROKE, DIABETE</p>

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

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	<p>S, ETC ) TWO IMPORTANT INITIATIVES CONTINUED IN 2018 WHICH TAKE AIM AT THE AREAS OF PREVENTATIVE CARE AND MENTAL HEALTH 1 A PERFECT HOMECOMING IS A PROGRAM DESIGNED TO HELP PATIENTS WHO HAVE BEEN HOSPITALIZED RETURN HOME SAFELY AND REDUCE THE NEED FOR UNNECESSARY HOSPITAL READMISSION A CARE MANAGER ENGAGES WITH THE PATIENT FOR UP TO 90 DAYS POST-DISCHARGE PROVIDING CARE MANAGEMENT AND COORDINATION, TRANSPORTATION, MEALS, IN HOME CARE, MEDICATION ADHERENCE, EQUIPMENT INSTALLATION, AND SOCIAL VISITS MORE THAN 80% OF PATIENTS WHO WERE PART OF THIS SERVICES DID NOT NEED READMISSION FOR THEIR CONDITION 2 MENTAL HEALTH FIRST AID TRAININGS CONTINUED INCLUDING A SESSION FOCUSED ON STUDENTS AT THE MOUNTAIN PHEONIX SCHOOL AND HIGH SCHOOL STUDENTS PARTICIPATING IN THE ALLIED HEALTH EDUCATION PROGRAM AT LMC A NEW PROGRAM WAS LAUNCHED AT LMC IN 2018 THAT PROVIDES A WARM HANDOFF OF ANY PATIENT EXPERIENCING SUICIDAL IDEATION TO PARTNERS AT ROCKY MOUNTAIN CRISIS PARTNERS WITHIN 24 HOURS OF DISCHARGE THE PATIENT RECEIVES A CALL CHECKING ON HOW THEY ARE FEELING AND TO MAKE A PLAN ABOUT ACCESSING ADDITIONAL RESOURCES THE MASTER'S-LEVEL TRAINED CLINICIAN STAYS IN CONTACT WITH THE PATIENT FOR AS LONG AS THEY NEED ASSISTANCE IN 2018, 96 PATIENTS PARTICIPATED IN RECEIVING FOLLOW-UP OBESITYTHE AIMS FOR ADDRESSING THIS SIGNIFICANT HEALTH NEED INCLUDE PROGRAMS AND SERVICES THAT PROMOTE PHYSICAL ACTIVITY AND HEALTHY EATING THIS WAS ACCOMPLISHED THROUGH COLLABORATION WITH JCPHD AROUND INITIATIVES SUCH AS HEALTHY BEVERAGE CONSUMPTION, ACCESS TO HEALTHY FOOD, AND PHYSICAL ACTIVITY EDUCATION PROGRAMS KEY GOALS FOR THIS AIM INCLUDE LINKING INDIVIDUALS TO WELLNESS RESOURCES INCLUDING FREE AND LOW-COST FITNESS AND HEALTH CLASSES, SUPPORT GROUPS, AND COUNSELING INCLUDING WEIGHT LOSS PROGRAMS IN ADDITION, LMC CONTINUES PARTICIPATION IN THE COLORADO HEALTHY HOSPITAL COMPACT THIS INITIATIVE ENCOURAGES AND SUPPORTS BREASTFEEDING ACCESS AND EDUCATION, AS WELL AS HEALTHY NUTRITION PRACTICES 2018 SAW THE CONTINUATION OF THE LMC COMMITMENT THROUGH ITS EXAMPLE OF HEALTHY EATING THROUGH MAINTAINING GOLD STATUS AS A HEALTH HOSPITAL COMPACT (HHC) PARTNER AS A PARTNER HOSPITAL, LMC AGREES TO PROTECT AND PROMOTE THE HEALTH OF OUR PATIENTS AND THEIR FAMILIES, VISITORS AND STAFF WE ARE COMMITTED TO LEADING BY EXAMPLE AND IMPLEMENTING MEASURES TO IMPROVE THE QUALITY OF OUR NUTRITION MORE THAN 25 EDUCATIONAL SESSIONS WERE OFFERED BY LMC CLINICAL DIETICIANS IN THE COMMUNITY WITH ALMOST 200 COMMUNITY MEMBERS ATTENDING PRESENTATIONS ABOUT HEALTHY EATING AND ACTIVE LIVING LMC JOINED THE WHEAT RIDGE HEALTH COMMITTEE AND ACTIVELY PLANNED AND PARTICIPATED IN TWO LARGE, COMMUNITY EVENTS AIMED AT PROMOTING HEALTHY EATING AND ACTIVE LIVING MORE THAN 500 PEOPLE ATTENDED THESE EVENTS HEALTH PRIORITIES NOT ADDRESSED LUTHERAN MEDICAL CENTER (LMC) RECOGNIZES THAT THE OTHER HEALTH NEEDS AND INDICATORS IDENTIFIED IN THE 2015 LMC COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ARE IMPORTANT FOR THE HOSPITAL A</p>



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

Form and Line Reference	Explanation
LUTHERAN MEDICAL CENTER	ND THE COMMUNITIES IT SERVES NUMEROUS OTHER ORGANIZATIONS ARE CONCURRENTLY ADDRESSING MAN Y OF THESE REMAINING NEEDS THEREFORE, DUE TO LIMITED EXPERTISE AND RESOURCES AT THE INDIV IDUAL HOSPITAL LEVEL LMC HAS NARROWED ITS TOP PRIORITIES TO THE FOCUS AREAS LISTED ABOVE LMC WILL, HOWEVER, CONTINUE TO BUILD PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN OUR PRI MARY SERVICE AREA IN ORDER TO EXPAND OUR FOOTPRINT AS FAR AS POSSIBLE INTO ALL RELEVANT HE ALTH PRIORITY AREAS

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

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 FOR THE 2015 CHNA, GOOD SAMARITAN MEDICAL CENTER (GSMC) ENGAGE D PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) TO CONDUCT A CHNA CONCERNING THE HEALTH ST ATUS OF THE HOSPITAL'S COMMUNITY BOULDER COUNTY PUBLIC HEALTH (BCPH) AND BROOMFIELD COUNT Y PUBLIC HEALTH WERE ENGAGED TO PROVIDE HEALTH DATA USED IN THE SURVEY COMMUNITY LEADERS AND HEALTHCARE LEADERS IN BOULDER AND BROOMFIELD COUNTIES WERE SURVEYED TO DETERMINE THE T OP HEALTH NEEDS THE TOP HEALTH NEEDS IDENTIFIED BY SURVEY PARTICIPANTS WERE * OLDER ADULT S &amp; AGING* MENTAL HEALTH* CANCER* SUBSTANCE ABUSE, INCLUDING TOBACCO* EXERCISE, NUTRITION &amp; WEIGHT* HEART DISEASE &amp; STROKE* DIABETES* IMMUNIZATIONS &amp; INFECTIOUS DISEASES* ORAL HEAL TH* ACCESS TO HEALTH SERVICES* RESPIRATORY DISEASES* MATERNAL, FETAL &amp; INFANT HEALTHA TASK FORCE OF KEY COMMUNITY HEALTHCARE LEADERS, PUBLIC HEALTH OFFICIALS,AND INTERNAL SENIOR HO SPITAL LEADERS MET TO RANK AND PRIORITIZE THE 12HEALTH NEEDS THE SCOPE AND SEVERITY OF HE ALTH ISSUES WERE EVALUATED ASWELL AS GOOD SAMARITAN MEDICAL CENTER'S ABILITY TO IMPACT THE IDENTIFIED HEALTH ISSUES THE FINAL SELECTION OF THE TWO TOP HEALTH NEEDS GSMC WILL ADDRE SS DURING 2016-2018 INCLUDE 1 MENTAL HEALTH2 ACCESS TO HEALTH SERVICESPRIORITY MENTAL H EALTH/SUBSTANCE ABUSEMENTAL HEALTH FIRST AID (MHFA) GSMC PROVIDED 18 MENTAL HEALTH FIRST AID (MHFA) TRAININGS TO THE COMMUNITY IN 2017 301 INDIVIDUALS WERE TRAINED THROUGH THIS P ROGRAM IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS MENTAL HEALTH PARTNERS, COMMUNITY REACH CENTER AND JEFFERSON CENTER FOR MENTAL HEALTH MENTAL HEALTH FIRST AID (MHFA) IS A POPULA TION HEALTH, EVIDENCE BASED TRAINING THAT FOCUSES "UPSTREAM" TO TEACH MEMBERS OF THE PUBLI C 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 OF A VARIETY OF DIAGN OSABLE MENTAL DISORDERS SUCH AS DEPRESSION, ANXIETY, SUBSTANCE USE, TRAUMA, PSYCHOSIS, AND DELIBERATE SELF-INJURY MENTAL HEALTH FIRST AID TRAINING IS A GROUNDBREAKING PROGRAM OF T HE NATIONAL COUNCIL FOR BEHAVIORAL HEALTH MORE THAN 1 MILLION PEOPLE ACROSS THE UNITED ST ATES HAVE BEEN TRAINED IN THE PROGRAM THUS FAR IT IS AN IMPORTANT COMMUNITY INITIATIVE TO INCREASE MENTAL HEALTH AWARENESS AND STIGMA REDUCTION ADDITIONALLY, GSMC HAD 1 INDIVIDUAL TRAINED AS A MHFA INSTRUCTOR PROVIDING 4 MODULES TO THE COMMUNITY - ADULT, OLDER ADULTS, PUBLIC SAFETY AND VETERANS DURING THE RESEARCH, IT WAS DETERMINED THAT THERE WAS NO MODUL E APPROPRIATE FOR FIRE AND EMS WE PARTNERED WITH COMMUNITY REACH CENTER, INSTRUCTORS FROM JEFFERSON CENTER FOR MENTAL HEALTH AND THE NATIONAL ORGANIZATION FOR MENTAL HEALTH FIRST AID TO PILOT A MHFA PROGRAM SPECIFIC TO FIRE AND EMS PROVIDERS GSMC PROVIDED REVIEWS AND FEEDBACK TO THE NATIONAL ORGANIZATION FOR PUBLICATION OF THIS NEW MODULE GSMC EVALUATED TH E FEASIBILITY OF DEVELOPING A TELEHEALTH MODEL FOR ACCESS TO BEHAVIORAL HEALTH SERVICES R ESEARCH WAS COMPLETED IN 2017</p>

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

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	<p>WITH SCL HEALTH CONTRACTING FOR INSIGHT TELEPSYCHIATRIC SERVICES INSIGHT IS THE NATION'S LEADING TELEPSYCHIATRIC SERVICES PROVIDER THE GOAL WAS TO PROVIDE TELEPSYCH SERVICES FOR GSMC PATIENTS AND COMMUNITY MEMBERS ALONG WITH TWO OTHER HOSPITALS -LUTHERAN MEDICAL CENTE R AND SAINT JOSEPH HOSPITAL FINANCIAL FEASIBILITY REQUIRES ALL THREE HOSPITALS TO PARTICI PATE IN ADDITION, GSMC CONTINUES TO PROVIDE PSYCHIATRIC CONSULTS THROUGH A CONTRACT WITH KAISER PERMANENTE THE OPPORTUNITY NOW EXISTS FOR GSMC TO PARTNER WITH FOOTHILLS UNITED WA Y TO PROMOTE THE 2-1-1 PHONE NUMBER 2-1-1 IS A FREE, CONFIDENTIAL REFERRAL AND INFORMATIO N HELPLINE AND WEBSITE THAT CONNECTS PEOPLE FROM ALL COMMUNITIES AND OF ALL AGES TO THE ES SENTIAL HEALTH AND HUMAN SERVICES THEY NEED, 24 HOURS A DAY, SEVEN DAYS A WEEK 2-1-1 CAN BE ACCESSED BY PHONE OR COMPUTER THE 2-1-1 PHONE NUMBER HAS BEEN USED NATIONALLY FOR MORE THAN 20 YEARS GSMC HAS ALSO PARTNERED WITH THE WORKLIFE ORGANIZATION TO PROVIDE MENTAL HE ALTH NAVIGATOR SERVICES TO ALL ASSOCIATES THROUGH INDIVIDUAL COUNCIL AND A COMMUNITY BASE D RESOURCE DATABASE, WORKLIFE WILL DIRECT ASSOCIATES TO THE APPROPRIATE COMMUNITY RESOURCE S FOR MENTAL HEALTH SERVICES THIS IS A FREE SERVICE TO ALL SCL HEALTH ASSOCIATES IN THE D ENVER REGION GSMC IS A MEMBER PARTICIPANT ON THE BOULDER COUNTY BEHAVIORAL HEALTH TASK FOR CE TO WORK WITH THE COMMUNITY TO ADDRESS MENTAL HEALTH ISSUES IN BOULDER COUNTY ONE OF TH E GOALS MET WAS TRAINING AN ADDITIONAL 2,000 INDIVIDUALS IN MHFA THROUGHOUT BOULDER COUNTY GSMC IS ALSO A MEMBER PARTICIPANT OF THE HEALTHY FUTURES COALITION IN BOULDER COUNTY TH IS COALITION WORKS TO REDUCE SUBSTANCE USE IN BOULDER COUNTY, PRIMARILY FOR YOUTH PRIORITY IMPROVED ACCESS TO CAREEXPANDED ACCESS TO HEALTH SERVICES BY LEVERAGING TECHNOLOGY GSMC PROMOTES "DOCTOR ON DEMAND" FOR PATIENTS, VISITORS AND ASSOCIATES TO ACCESS HEALTH CARE V IA THEIR ONLINE PLATFORM PAMPHLETS ARE READILY AVAILABLE IN OUR EMERGENCY DEPARTMENT AND THROUGHOUT THE HOSPITAL A VIRTUAL HEALTH LIBRARY IS AVAILABLE ON THE SCL HEALTH WEBSITE W HICH PROVIDES ONLINE ACCESS TO TRUSTED INFORMATION AND RESOURCES EXPANDED ACCESS TO HEALTH SERVICES THROUGH COMMUNITY AWARENESS GSMC PROVIDES THE FOLLOWING PROGRAMS TO INCREASE CO MMUNITY AWARENESS OF RESOURCES AND HEALTH INFORMATION TRAUMA SERVICES THROUGH EDUCATION, INJURY PREVENTION AND OUTREACH TO THE COMMUNITY, HEART HEALTH EDUCATION AND CHEST PAIN ACC REDITATION, STROKE PROGRAMS AND SERVICES, (DESIGNATION AS PRIMARY STROKE CENTER), BIRTHING AND FAMILY EDUCATION EXPAND ACCESS TO HEALTH SERVICES THROUGH EFFECTIVE COMMUNITY PARTNER SHIPS GSMC PARTNERS WITH THE FOLLOWING ORGANIZATIONS TO IMPROVE ACCESS TO HEALTH SERVICES INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE CASH DONATIONS OF \$11,917 00 HAVE BEEN MADE TO EACH ORGANIZATION IN 2017 CLINICA FAMILY HEALTH SERVICES (ACCESS TO COMPREHENSIVE HEAL TH SERVICES, INTEGRATION OF MENTAL HEALTH WITHIN CLINICS), COLORADO CRISIS SERVICES LINE ( SUPPORTING 24/7/365 CRISIS LIN</p>

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

Form and Line Reference	Explanation
GOOD SAMARITAN MEDICAL CENTER	E WITH TRAINED CRISIS COUNSELORS IN MENTAL HEALTH), AND COMMUNITY REACH CENTER (CRC) (CONN ECTS INDIVIDUALS TO PROGRAMS AND SERVICES WITH MENTAL HEALTH NEEDS WITH EMPHASIS ON ADAMS COUNTY) ADDITIONAL DONATIONS IN 2018 INCLUDED FUNDS TO EDGE - MENTAL HEALTH DIVERSION PRO GRAM \$11,917 00 (CRISIS TEAM ACTIVATED IN REAL TIME TO DIVERT INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS BEFORE THEY FACE ARREST), INMI - INTERFAITH NETWORK ON MENTAL ILLNESS \$1 1,917 00 (INCREASE AWARENESS AND UNDERSTANDING OF MENTAL ILLNESS AMONG CLERGY, STAFF, LAY LEADERS, AND MEMBERS OF FAITH COMMUNITIES, COMMUNITY REACH CENTER (CRC) \$12,917 00 (CONNECT S INDIVIDUALS TO PROGRAMS AND SERVICES WITH MENTAL HEALTH NEEDS WITH EMPHASIS ON ADAMS COU NTY), CLINICA FAMILY SERVICES \$10,000, VIA MOBILITY \$15,000 (PROVIDES DOOR TO DOOR TRANSPO RTATION TO THE ELDERLY AND DISABLED TO HEALTHCARE APPOINTMENTS FOR FREE OR AT A REDUCED CO ST) EDUCATE THERAPEUTIC PROFESSIONALS, FAMILY MEMBERS, AND THE GENERAL PUBLIC ON MENTAL HE ALTH ISSUES, COPING STRATEGIES AND MANAGEMENT, INCLUDING THEIR SPIRITUALITY/FAITH ASSIST FAITH COMMUNITIES, MORE EFFECTIVELY DEVELOP AND NURTURE SUPPORTIVE ENVIRONMENTS FOR PERSON S DEALING WITH MENTAL ILLNESSES, AS WELL AS THEIR FAMILIES AND FRIENDS THE FOLLOWING COMM UNITY BASED ORGANIZATIONS RECEIVE VARIOUS LEVELS OF GSMC COMMUNITY BENEFIT SUPPORT AND LEA DERSHIP SUPPORT ON THEIR EFFORTS TO MEET THE ACCESS TO CARE AND BEHAVIORAL HEALTH NEEDS OF OUR SERVICE COMMUNITY MENTAL HEALTH PARTNERS - PROVIDES SERVICES FOR THE COMMUNITY THROUG H PRIMARY CARE, PEER SUPPORT GROUPS, ONE ON ONE INTERVENTIONS, COMMUNITY KNOWLEDGE AND EDU CATION AROUND MENTAL HEALTH FIRST AID, WHILE PROVIDING ACCESS TO CARE TO THOSE WITH MENTAL ILLNESS SERVE BOULDER AND BROOMFIELD COUNTIES NAMI - NATIONAL ASSOCIATION MENTAL ILLNESS BOULDER/BROOMFIELD COUNTY - ADVOCACY GROUP THAT REPRESENTS FAMILIES AND INDIVIDUALS AFFEC TED BY MENTAL ILLNESS PROVIDES PSYCH EDUCATION, RESEARCH AND SUPPORT TO THOSE WITH MENTAL ILLNESS THROUGH VARIOUS PUBLIC EDUCATION AND AWARENESS ACTIVITIES SISTER CARMEN CENTER - PROVIDES FOOD, TRAINING AND EDUCATION TO THOSE OF OUR COMMUNITY IN NEED WHILE PROVIDING AC CESS TO CARE THROUGH EMBEDDING MENTAL HEALTH CLINICIANS IN THEIR CENTER ROCKY MOUNTAIN CRI SIS PARTNERS- STATEWIDE, 24/7, YEAR-ROUND, COMMUNITY-BASED SYSTEM OF CRISIS INTERVENTION S ERVICES FROM WHICH PEOPLE EXPERIENCING MENTAL HEALTH AND/OR SUBSTANCE ABUSE CRISES CAN BE ASSESSED, SAFELY AND EFFECTIVELY STABILIZED, AND EFFICIENTLY LINKED TO APPROPRIATE FOLLOW- UP CARE AND SERVICES TRU COMMUNITY CARE - TRU IS A COMMUNITY HOSPICE THAT ADDRESSES NEEDS IN AND AROUND BOULDER WITH PROGRAMS THAT EXTEND BEYOND HOSPICE TO INCLUDE SUPPORTIVE SERVI CES FOR THOSE WITH ADVANCED ILLNESS AND THEIR FAMILIES SEE CONTINUATION BELOW

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	CONTINUED NARRATIVEGOOD SAMARITAN MEDICAL CENTER BROOMFIELD COUNTY AND COMMUNITY PEDIATRICIANS- GSMC COLLABORATED WITH THESE ORGANIZATIONS TO OFFER THE 'FITKIDS 360' PROGRAM TO THE COMMUNITY 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 GSME WORKED TO EXPAND ACCESS TO HEALTH SERVICES THROUGH RELIABLE TRANSPORTATION VIA MOBILITY- PROVIDE ACCESS TO CARE FOR PATIENTS THROUGH PROVIDING RIDES TO AND FROM THE HOSPITAL PROGRAM EXPANDED IN 2018 TO A BROADER TRANSPORTATION ACCOMMODATION THROUGH AN SCL HEALTH SYSTEM CONTRACT WITH LYFT IN ADDITION TO MENTAL HEALTH AND ACCESS TO HEALTH SERVICES, THE HOSPITAL SUPPORTS OTHER AREAS OF NEED IN THE COMMUNITY INCLUDING SUPPORT OF ORGANIZATIONS THAT ADDRESS FOOD INSECURITY, ORAL HEALTH NEEDS FOR BOTH ADULTS AND CHILDREN, CANCER CARE ASSISTANCE, CHILD SAFETY PROGRAMS AND MEDICAL FIELD RESIDENCIES AMONG OTHERS HEALTH PRIORITIES NOT ADDRESSEDTHE REMAINDER OF NEEDS IDENTIFIED IN THE CHNA ARE IMPORTANT TO GSMC, BUT DUE TO LIMITED RESOURCES AT THE HOSPITAL LEVEL, AND THE AVAILABILITY OF COMMUNITY ORGANIZATIONS WHO ARE ALREADY ADDRESSING THESE NEEDS, GSMC WILL FOCUS PRIMARILY ON ITS SELECTED PRIORITIES GSMC WILL CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO ENSURE OTHER NEEDS AND HEALTH INDICATORS ARE SUPPORTED SOME OF THE ORGANIZATIONS ACTIVELY ADDRESSING OTHER HEALTH PRIORITIES INCLUDE BOULDER COUNTY PUBLIC HEALTH, BROOMFIELD PUBLIC HEALTH DEPARTMENT, CATHOLIC CHARITIES, UNITED WAY, AMERICAN CANCER SOCIETY, MENTAL HEALTH PARTNERS, WOMEN'S HEALTH, AND OTHERS

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

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

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - SCL HEART & VASCULAR INST - WHEAT RIDGE 3655 LUTHERAN PKWY STE 201 WHEAT RIDGE, CO 800336010	OUTPATIENT PHYSICIAN CLINIC
1 2 - SCL HEALTH MEDICAL GROUP - THORNTON 1181 E 120TH AVE UNIT A THORNTON, CO 802335729	OUTPATIENT PHYSICIAN CLINIC
2 3 - SCL HEALTH MEDICAL GROUP NEUROLOGY 750 WELLINGTON AVE STE 3C GRAND JUNCTION, CO 815016124	OUTPATIENT PHYSICIAN CLINIC
3 4 - SCL HEALTH MEDICAL GROUP LUNG & SLEEP 1050 WELLINGTON AVE GRAND JUNCTION, CO 815018121	OUTPATIENT PHYSICIAN CLINIC
4 5 - SCL HEALTH MEDICAL GROUP CTR FOR BRAIN 750 WELLINGTON AVE STE 3A GRAND JUNCTION, CO 815016124	OUTPATIENT PHYSICIAN CLINIC
5 6 - SCL HEALTH MEDICAL GROUP - MIDTOWN 1960 OGDEN ST STE 120 DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
6 7 - SCL HEALTH MEDICAL GROUP ORTHOPAEDICS 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
7 8 - SCL HEALTH MEDICAL GROUP - BROOMFIELD 12169 SHERIDAN BLVD BROOMFIELD, CO 800202459	OUTPATIENT PHYSICIAN CLINIC
8 9 - SCL HEALTH MEDICAL GROUP - LUTHERAN 3550 LUTHERAN PKWY G-20 WHEAT RIDGE, CO 800336016	OUTPATIENT PHYSICIAN CLINIC
9 10 - SCL HEALTH HEART & VASCULAR- DENVER CTS 1960 OGDEN ST STE 540 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
10 11 - SCL HEALTH MEDICAL GROUP - LAFAYETTE 2600 CAMPUS DR STE A LAFAYETTE, CO 800263358	OUTPATIENT PHYSICIAN CLINIC
11 12 - SCL HEART & VASCULAR INST - LAFAYETTE 300 EXEMPLA CIR STE 310 LAFAYETTE, CO 800263394	OUTPATIENT PHYSICIAN CLINIC
12 13 - SCL HEALTH MEDICAL GROUP - FOOTHILLS 7777 W 38TH AVE A-118 WHEAT RIDGE, CO 800336170	OUTPATIENT PHYSICIAN CLINIC
13 14 - SCL HEART & VASCULAR INSTITUTE - DENVER 1960 OGDEN ST STE 110 DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
14 15 - SCL HEALTH HEART & VASCULAR INSTTHORA 2643 PATTERSON RD STE 403 GRAND JUNCTION, CO 815061937	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)
<b>16</b> 16 - SCL HEALTH MEDICAL GROUP - GREEN MTN 12790-A W ALAMEDA PKWY LAKEWOOD, CO 802282850	OUTPATIENT PHYSICIAN CLINIC
<b>1</b> 17 - SCL HEALTH MEDICAL GROUP - COMM FOOT & A 11900 GRANT ST STE 220 NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
<b>2</b> 18 - SCL HEALTH MEDICAL GROUP- GOOD SAM SURGE 300 EXEMPLA CIR STE 400 LAFAYETTE, CO 800263396	OUTPATIENT PHYSICIAN CLINIC
<b>3</b> 19 - SCL HEALTH MEDICAL GROUP - CHERRY CREEK 360 S GARFIELD STE 500 DENVER, CO 802093136	OUTPATIENT PHYSICIAN CLINIC
<b>4</b> 20 - SCL HEALTH MEDICAL GROUP - STAPLETON 2803 ROSLYN ST DENVER, CO 802382624	OUTPATIENT PHYSICIAN CLINIC
<b>5</b> 21 - SCL HEALTH MEDICAL GROUP - LARKRIDGE 16570 WASHINGTON ST THORNTON, CO 800238964	OUTPATIENT PHYSICIAN CLINIC
<b>6</b> 22 - SCL HEALTH MEDICAL GROUP - WESTMINSTER 8758 WOLFF CT STE 200 WESTMINSTER, CO 800316904	OUTPATIENT PHYSICIAN CLINIC
<b>7</b> 23 - SCL HEALTH MEDICAL GROUP - STAPLETON OB- 2823 ROSLYN ST DENVER, CO 802382624	OUTPATIENT PHYSICIAN CLINIC
<b>8</b> 24 - SCL HEALTH MEDICAL GROUP OBGYN SVCS 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
<b>9</b> 25 - SCL HEART & VASCULAR INST - NORTHGLENN 11900 GRANT ST SUITE 240 NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
<b>10</b> 26 - WEST PINES TMS 3400 LUTHERAN PKWY WHEAT RIDGE, CO 800336035	OUTPATIENT PHYSICIAN CLINIC
<b>11</b> 27 - LUTHERAN SPINE CENTER 1687 COLE BLVD STE 103 LAKEWOOD, CO 804013322	OUTPATIENT PHYSICIAN CLINIC
<b>12</b> 28 - SCL HEALTH MEDICAL GROUP - BELMAR 325 S TELLER ST STE 250 LAKEWOOD, CO 802267429	OUTPATIENT PHYSICIAN CLINIC
<b>13</b> 29 - SCL HEALTH MEDICAL GROUP OCC HEALTH 2686 PATTERSON RD GRAND JUNCTION, CO 815068817	OUTPATIENT PHYSICIAN CLINIC
<b>14</b> 30 - SCL HEALTH MEDICAL GROUP- WHEAT RIDGE PT 9830 I-70 FRONTAGE ROAD S WHEAT RIDGE, CO 800331724	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)
<b>31</b> 31 - SCL HEALTH MEDICAL GROUP PHY MED & REH 2686 PATTERSON ROAD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
<b>1</b> 32 - SCL HEALTH CANCER CENTERS OF COLORADO 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
<b>2</b> 33 - SCL HEALTH MEDICAL GROUP - WHEAT RIDGE 9830 I-70 FRONTAGE ROAD S WHEAT RIDGE, CO 800331724	OUTPATIENT PHYSICIAN CLINIC
<b>3</b> 34 - SCL HEALTH MEDICAL GROUP MATERNAL-FETA 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
<b>4</b> 35 - SCL HEALTH HEART & VASCULAR- WHEAT RIDGE 3555 LUTHERAN PARKWAY STE 380 WHEAT RIDGE, CO 800336023	OUTPATIENT PHYSICIAN CLINIC
<b>5</b> 36 - SCL HEALTH MEDICAL GROUP - DENVER UROGYN 1960 OGDEN ST STE 520 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
<b>6</b> 37 - LMC - RADIATION ONCOLOGY CLINIC - SCL HE 8300 W 38TH AVE WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
<b>7</b> 38 - SCL HEALTH MEDICAL GROUP - DENVER OB-GYN 1960 OGDEN ST STE 230 DENVER, CO 802183668	OUTPATIENT PHYSICIAN CLINIC
<b>8</b> 39 - SCL HEALTH HEART & VASCULAR-STRUCTURAL H 1960 OGDEN ST STE 540 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
<b>9</b> 40 - LUTHERAN MEDICAL CENTER - CANCER CTR OF 3550 LUTHERAN PKWY STE 100A WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
<b>10</b> 41 - SCL HEALTH MEDICAL GROUP - FIRESTONE 8350 COLORADO BLVD STE 160 FIRESTONE, CO 805046803	OUTPATIENT PHYSICIAN CLINIC
<b>11</b> 42 - SCL HEALTH MEDICAL GROUP- WHEAT RIDGE DI 3555 LUTHERAN PKWY STE 180 WHEAT RIDGE, CO 800336000	OUTPATIENT PHYSICIAN CLINIC
<b>12</b> 43 - SCL HEALTH MEDICAL GROUP ENDOCRINOLOGY 2686 PATTERSON RD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
<b>13</b> 44 - SCL HEALTH MEDICAL GROUP - QUAIL CREEK 2055 WEST 136TH AVE UNIT B118 BROOMFIELD, CO 800239308	OUTPATIENT PHYSICIAN CLINIC
<b>14</b> 45 - SCL HEALTH HEART & VASCULAR INSTVASCU 2643 PATTERSON RD SUITE 401 GRAND JUNCTION, CO 815061937	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 - LUTHERAN MATERNAL FETAL MEDICINE 3455 LUTHERAN PARKWAY STE 210 WHEAT RIDGE, CO 800336012	OUTPATIENT PHYSICIAN CLINIC
1 47 - SCL HEALTH MEDICAL GROUP-DENVER SURGERY 1960 OGDEN ST STE 530 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
2 48 - LUTHERAN MEDICAL CENTER PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 800336019	OUTPATIENT PHYSICIAN CLINIC
3 49 - SCL HEALTH MEDICAL GROUP INFECTIOUS DI 2643 PATTERSON RD STE 406 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
4 50 - SCL HEALTH MEDICAL GROUP - DENVER BREAST 1960 OGDEN ST STE 690 DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
5 51 - SCL HEALTH MEDICAL GROUP - LITTLETON 8515 W COAL MINE AVE STE 240 LITTLETON, CO 80123	OUTPATIENT PHYSICIAN CLINIC
6 52 - SCL HEALTH MEDICAL GROUP - DENVER SPORTS 1960 OGDEN ST STE 30 DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
7 53 - SCL HEALTH MEDICAL GROUP- BROOMFIELD PT 12169 SHERIDAN BLVD BROOMFIELD, CO 800202459	OUTPATIENT PHYSICIAN CLINIC
8 54 - SCL HEALTH MEDICAL GROUP- LARKRIDGE PT 16571 WASHINGTON ST THORNTON, CO 800238964	OUTPATIENT PHYSICIAN CLINIC
9 55 - GSMC CRITICAL CARE & PULMONOLOGY 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
10 56 - SCL HEALTH MEDICAL GROUP-DENVER DIAB & E 1960 OGDEN ST STE 120A DENVER, CO 802183667	OUTPATIENT PHYSICIAN CLINIC
11 57 - GOOD SAMARITAN MEDICAL CENTER - CANCER C 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
12 58 - SCL HEALTH MEDICAL GROUP- STAPLETON PT 2807 ROSLYN ST DENVER, CO 802382624	OUTPATIENT PHYSICIAN CLINIC
13 59 - SCL HEALTH MEDICAL GROUP- ASSOCIATE HEAL 500 ELDORADO BLVD BLDG 4 STE 4250 BROOMFIELD, CO 800213408	OUTPATIENT PHYSICIAN CLINIC
14 60 - SCL HEALTH MEDICAL GROUP-LAFAYETTE DIAB& 300 EXEMPLA CIR STE 300 LAFAYETTE, CO 800263395	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)
<b>61</b> 61 - SCL HEALTH MEDICAL GROUP PEDIATRIC SPE 2643 PATTERSON RD STE 603 GRAND JUNCTION, CO 815061937	OUTPATIENT PHYSICIAN CLINIC
<b>1</b> 62 - SCL HEALTH CANCER CENTERS OF COLORADO 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
<b>2</b> 63 - SCL HEALTH MEDICAL GROUP - AURORA 23770 E SMOKEY HILL RD STE 240 AURORA, CO 80016	OUTPATIENT PHYSICIAN CLINIC
<b>3</b> 64 - SCL HEALTH MEDICAL GROUP NEUROLOGY 20 S MARKET ST CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
<b>4</b> 65 - SCL HEALTH MEDICAL GROUP RHEUMATOLOGY 1050 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
<b>5</b> 66 - WEST PINES MEDICATION MANAGEMENT CLINIC 3400 LUTHERAN PKWY WHEAT RIDGE, CO 800336035	OUTPATIENT PHYSICIAN CLINIC
<b>6</b> 67 - SCL HEALTH MEDICAL GROUP- GREEN MOUNTAIN 12792 C-1 W ALAMEDA PKWY LAKEWOOD, CO 802282850	OUTPATIENT PHYSICIAN CLINIC
<b>7</b> 68 - SCL HEALTH MEDICAL GROUP NEUROLOGY 785 RUSSELL ST CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
<b>8</b> 69 - SCL HEALTH MEDICAL GROUP NEUROLOGY 350 MARKET AVE STE 316 BASALT, CO 816217405	OUTPATIENT PHYSICIAN CLINIC
<b>9</b> 70 - LUTHERAN WEIGHT LOSS CENTER 3455 LUTHERAN PKWY STE 220 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
<b>10</b> 71 - SCL HEALTH MEDICAL GROUP- WHEAT RIDGE DI 3555 LUTHERAN PKWY STE 180 WHEAT RIDGE, CO 800336000	OUTPATIENT PHYSICIAN CLINIC
<b>11</b> 72 - GOOD SAMARITAN TRAUMA PROFESSIONAL FEES 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
<b>12</b> 73 - SCL HEALTH MEDICAL GROUP-COSMETIC&PLASTI 300 EXEMPLA CIR STE 400 LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
<b>13</b> 74 - SCL HEALTH SAINT JOSEPH EMERGENCY DEPT-A 23770 E SMOKY HILL RD AURORA, CO 800163089	OUTPATIENT PHYSICIAN CLINIC
<b>14</b> 75 - SCL HEALTH MEDICAL GROUP-LAFAYETTE UROGY 300 EXEMPLA CIR STE 300 LAFAYETTE, CO 800263392	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)
<b>76</b> 76 - SCL HEALTH MEDICAL GROUP NEUROLOGY 711 N TAYLOR ST GUNNISON, CO 812302243	OUTPATIENT PHYSICIAN CLINIC
<b>1</b> 77 - SCL HEALTH MEDICAL GROUP NEUROLOGY 450 S CAMINO DEL RIO HWY 550 DURANGO, CO 813016856	OUTPATIENT PHYSICIAN CLINIC
<b>2</b> 78 - SCL HEALTH MEDICAL GROUP- WHEATRIDGE URO 1960 OGDEN ST STE 520 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
<b>3</b> 79 - LUTHERAN ONCOLOGY 3550 LUTHERAN PKWY STE 100-A WHEAT RIDGE, CO 800336013	OUTPATIENT PHYSICIAN CLINIC
<b>4</b> 80 - SCL HEALTH MEDICAL GROUP NEUROLOGY 476 WEST WILLIAM WAY MOAB, UT 84532	OUTPATIENT PHYSICIAN CLINIC
<b>5</b> 81 - SCL HEALTH MEDICAL GROUP MAT-FETAL MED 711 N TAYLOR ST GUNNISON, CO 812302243	OUTPATIENT PHYSICIAN CLINIC
<b>6</b> 82 - SCL HEALTH MEDICAL GROUP CTR FOR BRAIN 20 S MARKET ST CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
<b>7</b> 83 - SCL HEALTH MEDICAL GROUP CTR FOR BRAIN 575 RIVERGATE LN STE 109 DURANGO, CO 813017488	OUTPATIENT PHYSICIAN CLINIC
<b>8</b> 84 - SCL HEALTH MEDICAL GROUP LUNG & SLEEP 785 RUSSELL STREET CRAIG, CO 816258750	OUTPATIENT PHYSICIAN CLINIC
<b>9</b> 85 - SCL HEART & VASCULAR INSTITUTE - EVERGRE 32135 CASTLE COURT PEAK BDG STE 100A EVERGREEN, CO 80439	OUTPATIENT PHYSICIAN CLINIC
<b>10</b> 86 - SCL HEALTH MEDICAL GROUP CTR FOR BRAIN 785 RUSSELL ST CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
<b>11</b> 87 - SCL HEALTH MEDICAL GROUP LUNG & SLEEP 450 W WILLIAMS WAY MOAB, UT 845322065	OUTPATIENT PHYSICIAN CLINIC
<b>12</b> 88 - LMC BRIDGES CHIROPRACTIC SERVICES 8098 W 38TH AVE WHEAT RIDGE, CO 800336114	OUTPATIENT PHYSICIAN CLINIC
<b>13</b> 89 - SCL HEALTH MEDICAL GROUP CTR FOR BRAIN 711 N TAYLOR ST GUNNISON, CO 812302296	OUTPATIENT PHYSICIAN CLINIC
<b>14</b> 90 - ORTHOPEDIC HOSPITALIST 3455 LUTHERAN PKWY WHEAT RIDGE, CO 800336034	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)
<b>91</b> 91 - SCL PHYSICIANS-UNION 355 UNION BLVD STE 200 LAKEWOOD, CO 802281500	OUTPATIENT PHYSICIAN CLINIC
<b>1</b> 92 - SCL HEALTH MEDICAL GROUP BARIATRIC CLI 2440 N 11TH STREET GRAND JUNCTION, CO 815018102	OUTPATIENT PHYSICIAN CLINIC
<b>2</b> 93 - HEART INSTITUTE OF COLORADO - UNION 355 UNION BLVD STE 200 LAKEWOOD, CO 80228	OUTPATIENT PHYSICIAN CLINIC
<b>3</b> 94 - SCL PHYSICIANS-WELLMORE 7777 W 38TH AVE WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
<b>4</b> 95 - SCL PHYSICIANS NEUROSCIENCES LMC 3550 LUTHERAN PKWY STE 200 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
<b>5</b> 96 - UNION FAMILY INTERNAL MEDICINE 355 UNION BLVD STE 200 LAKEWOOD, CO 802281500	OUTPATIENT PHYSICIAN CLINIC
<b>6</b> 97 - GYNECOLOGIC ONCOLOGY - DENVER 1960 OGDEN ST STE 520A DENVER, CO 802183671	OUTPATIENT PHYSICIAN CLINIC
<b>7</b> 98 - CLEAR CREEK FAMILY PRACTICE 4704 HARLAN ST STE 500 DENVER, CO 80212	OUTPATIENT PHYSICIAN CLINIC
<b>8</b> 99 - E PLUS PET IMAGING X LP 104 WOODMONT BLVD STE 500 NASHVILLE, TN 37205	RADIOLOGY SERVICES

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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
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](http://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  
SCL HEALTH - FRONT RANGE INC

Employer identification number

84-1103606

Part I General Information on Grants and Assistance

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

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

(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 . . . . . 19

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

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

Part III can be duplicated if additional space is needed

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN MEDICAL CENTER FOUNDATION 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026	84-1649162	501 ( C ) (3)	729,340				PROGRAM SUPPORT
LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033	20-8846152	501 ( C ) (3)	599,566				PROGRAM SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT CURE INTERNATIONAL HEADQUARTERS 10377 E GEDDES AVENUE CENTENNIAL, CO 80112	84-1568566	501 ( C ) (3)		245,196	BOOK	SURGICAL SUPPLES	PROGRAM SUPPORT
DENVER HEALTH FOUNDATION 601 BROADWAY MC 0111 DENVER, CO 80203	84-1085196	501 ( C ) (3)	75,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITAL SISTERS MISSION OUTREACH CORP 4930 LAVERNA ROAD SPRINGFIELD, IL 62705	35-2271729	501 ( C ) (3)	30,573				PROGRAM SUPPORT
BIG GREEN 1637 PEARL STREET UNIT 201 BOULDER, CO 80302	27-5083595	501 ( C ) (3)	30,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO COMMUNITY PROVIDER NETWORK 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501 ( C ) (3)	29,750				SUPPORT FOR ESTES STREET CLINIC
SENIORS RESOURCE CENTER INC 3227 CHASE STREET DENVER, CO 80212	84-0877538	501 ( C ) (3)	25,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIA MOBILITY SERVICES 2855 63RD ST BOULDER, CO 80301	84-0777296	501 ( C ) (3)	15,000				PROGRAM SUPPORT
CLINICA CAMPESINA FAMILY HEALTH SERVICES 1345 PLAZA COURT N LAFAYETTE, CO 80026	84-0743432	501 ( C ) (3)	14,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN CRISIS PARTNERS PO BOX 460695 DENVER, CO 80246	27-0544143	501 ( C ) (3)	11,917				PROGRAM SUPPORT
INTERFAITH NETWORK ON MENTAL ILLNESS PO BOX 17293 BOULDER, CO 80308	27-4436782	501 ( C ) (3)	11,917				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI BOULDER COUNTY INC 3470 BROADWAY ST BOULDER, CO 80304	84-1565503	501 ( C ) (3)	11,917				PROGRAM SUPPORT
YOUNG AMERICANS CENTER FOR FINANCIAL EDUCATION 3550 EAST FIRST AVE DENVER, CO 80206	84-1564926	501 ( C ) (3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTIN PARKER NEUROLOGICAL INSTITUTE 4743 ARAPAHOE AVE BOULDER, CO 80303	26-3588986	501 ( C ) (3)	10,000				PROGRAM SUPPORT
SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DR LAFAYETTE, CO 80026	84-0820308	501 ( C ) (3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF CHARITY FEDERATION 7005 BAPTIST ROAD BETHEL PARK, PA 15102	20-8570981		10,000				PROGRAM SUPPORT
UPLIFT INTERNATIONAL PO BOX 2195 WHEAT RIDGE, CO 80034	84-1129849	501 ( C ) ( 3 )	6,000				PROGRAM SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENDING FACES 422 HUMBOLT STREET DENVER, CO 80218	27-2151804	501 ( C ) (3)	6,000				PROGRAM SUPPORT
INROADS INC 10 SOUTH BROADWAY ST LOUIS, MO 63102	62-0967197	501 ( C ) (3)	5,220				PROGRAM SUPPORT

**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  
SCL HEALTH - FRONT RANGE INC

Employer identification number  
84-1103606

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

**Only 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**

**2**

**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**

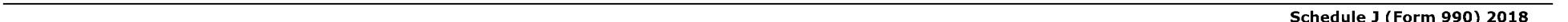
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

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 SUSAN KERSCHEN - \$233,637, ELIZABETH CARVER - \$206,250 SCHEDULE J, PART I, LINE 4B PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COST AND HAVE GREATER CONTROL OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO A DEFINED CONTRIBUTION (DC) DESIGN CERTAIN MEMBERS OF SENIOR MANAGEMENT WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A SIMILAR TRANSITION THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE TERMS OF THE DC SERP ( I E , AFTER THREE YEARS) AND ARE PAID TO THE EXECUTIVE UPON VESTING NQDC SERP PLANS PRIOR TO 2014 PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013 THE RELATED ORGANIZATION HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THE AMOUNTS ARE VESTED RATHER THAN WHEN THEY ARE RECEIVED AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE VESTED IN THE CURRENT YEAR, ARE CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS FOR SOME OF THE PARTICIPANTS, AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE FEDERAL AND STATE GOVERNMENTS AS WITHHOLDING ON THE TAXABLE BENEFIT NO CASH PAYMENT IS MADE DIRECTLY TO THE PARTICIPANT AND THE REMAINING BENFIT 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 RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS ROLLING 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 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, MICHAEL TAYLOR - 129,032, BETH FORSYTH - \$29,639, JOHN HIGGINS - \$23,171, J GRANT WICKLUND - \$952,915, FOREST BINDER - \$33,962, STEVEN BROWN - \$38,102, SCOTT DAY - \$22,146, CHRISTINA JOHNSON - \$105,288, THOMAS MYDLER - \$42,174, JAMES DOYLE - \$20,413, ROSLAND MCLEOD - \$127,904, KAREN SCREMIN - \$24,303, AMY PACEY - \$20,941, GERALDINE TOWNDROW - \$36,588 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	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
SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES	THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCL HEALTH) AND RELATED TAX EXEMPT ORGANIZATIONS CONSISTS OF EIGHT HOSPITALS, NINE FOUNDATIONS, TWO SAFETY-NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 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





Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LYDIA JUMONVILLE TREASURER 1/1-5/31	(i)	0	0	0	0	0	0	0
	(ii)	1,019,409	739,010	236,660	365,397	19,784	2,380,260	218,055
KEVIN MILLER MD MEMBER	(i)	816,709	75,000	32,848	21,174	24,157	969,888	0
	(ii)	0	0	0	0	0	0	0
MICHAEL TAYLOR VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	745,975	669,039	158,272	132,734	24,236	1,730,256	129,032
JANIE WADE TREASURER 6/1-12/31	(i)	0	0	0	0	0	0	0
	(ii)	792,350	0	60,539	0	13,525	866,414	0
JENNIFER ALDERFER PRESIDENT-GSM SYSTEM TRANSFORM OFCR	(i)	0	0	0	0	0	0	0
	(ii)	387,690	36,712	15,374	65,984	23,563	529,323	0
THOMAS DONOHOE SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	302,361	0	941	0	18,376	321,678	0
BETH FORSYTH CHIEF OPERATING OFFICER-GSMC	(i)	0	0	0	0	0	0	0
	(ii)	280,820	106,492	37,229	47,766	18,445	490,752	29,639
JOHN HIGGINS VICE PRESIDENT AND CFO EGSMC	(i)	0	0	0	0	0	0	0
	(ii)	211,128	59,667	29,578	37,877	26,110	364,360	23,171
J GRANT WICKLUND PRESIDENT-CEO LMC	(i)	0	0	0	0	0	0	0
	(ii)	471,307	195,651	987,402	19,800	24,693	1,698,853	0
FOREST BINDER VP-FINANCIAL SERVICES LMC	(i)	0	0	0	0	0	0	0
	(ii)	289,969	80,504	46,025	51,240	21,539	489,277	33,962
STEVEN BROWN MD VP-CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	330,370	89,604	48,470	17,050	21,536	507,030	0
ANDREA BURCH VP CHIEF NURSING OFFICER LMC	(i)	0	0	0	0	0	0	0
	(ii)	228,970	57,123	1,419	33,409	444	321,365	0
SCOTT DAY VP HUMAN RESOURCES LMC	(i)	0	0	0	0	0	0	0
	(ii)	227,696	62,999	31,623	37,679	20,865	380,862	22,146
NOOMI HIRSCH VP OPERATIONS ELMC 5/12-12/31	(i)	0	0	0	0	0	0	0
	(ii)	180,831	22,879	1,237	8,313	24,152	237,412	0
CHRISTINA JOHNSON VP OPERATIONS ELMC 1/1-5/12	(i)	0	0	0	0	0	0	0
	(ii)	162,750	111,932	53,099	66,167	0	393,948	51,407
SUSAN KERSCHEN MD VP CHIEF NURSING OFFICER LMC	(i)	0	0	0	0	0	0	0
	(ii)	-1,833	0	242,829	0	11,944	252,940	0
THOMAS MYDLER MD VP-CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	342,407	93,545	46,122	58,037	25,786	565,897	42,174
ROBERT REPLOGLE MD PHYSICIAN	(i)	1,005,916	0	16,135	18,794	26,472	1,067,317	0
	(ii)	0	0	0	0	0	0	0
BRIAN WITWER MD PHYSICIAN	(i)	826,278	126,331	15,654	21,200	27,339	1,016,802	0
	(ii)	0	0	0	0	0	0	0
LEONARD LAPKIN MD PHYSICIAN	(i)	929,307	0	8,046	21,216	27,535	986,104	0
	(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				
BASHEAL AGRAWAL MD PHYSICIAN	(i)	837,609	59,068	13,856	17,518	26,153	954,204	0
	(ii)	0	0	0	0	0	0	0
EDWARD MAURIN MD PHYSICIAN	(i)	832,934	59,068	4,962	17,409	30,729	945,102	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH CARVER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	39,579	39,125	206,422	1,967	15,132	302,225	0
JAMES DOYLE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	270,252	111,265	44,430	43,466	24,046	493,459	20,413
ROSLAND MCLEOD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	495,374	454,541	198,284	150,132	27,816	1,326,147	177,312
KAREN SCREMIN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	364,530	98,002	26,782	64,050	8,574	561,938	24,303
AMY PACEY FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	226,996	57,399	22,461	37,500	7,470	351,826	20,941
GERALDINE TOWNDROW FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	323,592	291,509	56,602	17,461	9,869	699,033	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
SCL HEALTH - FRONT RANGE INC

Employer identification number  
84-1103606

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JUDY CABOT	SEE PART V	57,280	ANDREA BURCH (KEY EMPLOYEE), IS THE DAUGHTER OF AN EMPLOYEE OF SCLHEALTH FRONT RANGE, INC , JUDY CABOT		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493310017859
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No 1545-0047
			<b>2018</b>
Department of the Treasury			<b>Open to Public Inspection</b>
Name of the organization SCL HEALTH - FRONT RANGE INC		Employer identification number  84-1103606	

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4D	<p>DESCRIPTION OF PROGRAM SERVICE ACHIEVEMENTS SCL HEALTH - FRONT RANGE, INC (SCLHFR) OPERATES LUTHERAN MEDICAL CENTER (LMC) SERVING PRIMARILY WESTERN AND SOUTHERN SUBURBAN AREAS OF METRO DENVER AND GOOD SAMARITAN MEDICAL CENTER (GSMC), SERVING PRIMARILY BOULDER AND NORTH WEST COUNTIES OF METRO DENVER, AND OTHER AFFILIATED MEDICAL OPERATIONS THE SYSTEM'S COLLECTIVE PROGRAM SERVICES ACCOMPLISHMENTS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING MEDICAL SERVICES ARE PROVIDED TO ALL WHO SEEK SERVICE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL FOR THE OPERATION AND STABILITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES THE MISSION OF SCL HEALTH IS "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE" THEREFORE, IN KEEPING WITH SCLHFR'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE WILL BE CONSIDERED AND PROVIDED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY EXIST IN ADDITION, SCLHFR RECOGNIZES THE ESSENTIAL NEED TO BE EXCEPTIONAL STEWARDS OF MEDICARE, MEDICAID AND COMMUNITY/PRIVATE FUNDING DOLLARS DURING THE YEAR, SCL HEALTH - FRONT RANGE, INC PROVIDED BENEFITS TO THE COMMUNITY WHICH WENT TO CARING FOR THOSE WHO ARE POOR AND VULNERABLE THROUGH CHARITY CARE, UNREIMBURSED MEDICAID AND OTHER MEANS - TESTED GOVERNMENT PROGRAMS SCLHFR PROVIDED ADDITIONAL BENEFITS TO THE COMMUNITY WHICH WENT TO IMPROVING THE HEALTH OF THE HOSPITAL'S COMMUNITY THROUGH HEALTH EDUCATION, COMMUNITY PROGRAMS, SUBSIDIZED HEALTH SERVICES AND ENVIRONMENTAL IMPROVEMENTS SCLHFR ALSO RECOGNIZES THE ESSENTIAL NEED TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY AND SERVICES IN RESPONSE, A BEST IN THE NATION STRATEGY AND PROGRAM WAS IMPLEMENTED THE OBJECTIVES OF THE PROGRAM ARE TO BE THE BEST IN THE NATION IN PREDEFINED QUALITY, SERVICE AND COST INDICATORS THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR PUBLICLY COMPARABLE DATABASES, INCLUDING THE COLORADO HEALTH AND HOSPITAL ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES COLLECTIVELY WITH ITS 572 LICENSED BEDS AT LMC AND GSMC, SCLHFR SERVED THE COMMUNITY WITH 27,679 INPATIENT ADMISSIONS AND 306,486 TOTAL OUTPATIENT VISITS WHILE PROVIDING SURGICAL SERVICES TO 17,508 RECIPIENTS TOTAL BIRTHS AT SCLHFR WERE 3,951 TOTAL ER VISITS WERE 107,013 TOTAL LAB TESTS PERFORMED WERE 1,194,121 -COMPREHENSIVE MEDICAL SERVICES INCLUDE, BUT ARE NOT LIMITED TO, CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY, PEDIATRICS, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEURO SURGERY, OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, HOSPICE CARE AND INTEGRATIVE HEALTH SERVICES A STRONG COMMITMENT TO THE HEALTH OF THE COMMUNITY IS FURTHER EXE</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A - 4D	<p>AMPLIFIED BY, BUT NOT LIMITED TO, THE FOLLOWING PROGRAMS, -THE CANCER CENTER AT LMC INCLUDE S ALL STAGES OF CARE INCLUDING INITIAL DIAGNOSIS, PROVIDING MONITORING, AND MANAGING MEDIC ATIONS THE CENTER INCLUDES STATE-OF-THE-ART-RADIATION ONCOLOGY CENTER, INFUSION CENTER, O NCOLOGY UNIT, CLINICAL TRIALS, NUTRITION COUNSELING, SOCIAL WORK SERVICES, SITE SPECIFIC C ARE TEAM, EDUCATION AND SUPPORT SERVICES -AT THE HEART AND NEUROVASCULAR CENTER, PATIENTS ARE TREATED BY AN INTERDISCIPLINARY TEAM FOR CARDIAC AND NEUROLOGICAL CARE PATIENTS DO N OT NEED TO BE TRANSFERRED TO ANOTHER FACILITY THE CENTER FEATURES ADVANCED IMAGING EQUIPM ENT AND NEUROLOGICAL SUITES TO SPEED PATIENTS' CARE -THE BREAST CARE CENTER, ACCREDITED B Y THE AMERICAN COLLEGE OF RADIOLOGY AND THE NATIONAL ACCREDITATION BREAST CARE CENTER, PRO VIDES A FULL RANGE OF HIGH-TECH SERVICES IN ITS SCREENING AND DIAGNOSTIC SUITES INCLUDING DIGITAL MAMMOGRAPHY SCREENINGS AND DIAGNOSTIC SERVICES, ULTRASOUND, STEREOTACTIC BIOPSIES, MEDICAL CONSULTATION, EDUCATION, AS WELL AS AN ALTERNATIVE HEALTH CENTER AND EMOTIONAL SU PPORT -THE WOMEN AND FAMILY CENTER INCLUDES A LEVEL III NEONATAL INTENSIVE CARE UNIT AND COMPREHENSIVE PRENATAL AND PARENTING EDUCATION THE ANTEPARTUM FAMILY UNIT HELPS PREGNANT WOMEN WHO NEED SPECIALIZED CARE FOR THEMSELVES AND/OR THEIR UNBORN BABIES SUPPORT FOR THE NEW UNIT HELPS US REACH OUR GOAL TO HELP WOMEN HAVE HEALTHY PREGNANCIES, BIRTHS AND BABIE S THE DIAGNOSTIC IMAGING CENTER IS ONE OF DENVER'S MOST ADVANCED IMAGING CENTERS FEATURIN G COMPREHENSIVE STATE-OF-THE-ART DIAGNOSTIC IMAGING SERVICES INCLUDING 40 SLICE CT SCANNER , 3 0 TESLA MRI SYSTEM, 3D MAMMO EQUIPMENT ULTRASOUND ROOMS WITH ADJOINED CHANGING ROOMS A ND RESTROOMS AND DIAGNOSTIC TECHNOLOGY IN ALL-DIGITAL ENVIRONMENT -THE HUMAN MOTION INSTI TUTE (HMI) OFFERS STATE-OF-THE-ART MUSCULOSKELETAL CARE HMI COMBINES THE MOST ADVANCED ME DICAL TECHNOLOGY WITH A DEDICATED TEAM OF PHYSICIANS AND MEDICAL PROFESSIONALS THE FOCUS IS ON PREVENTION, ASSESSMENT, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL INJURIES -C OLLIER HOSPICE CENTER PROVIDES COMPASSIONATE, COMPREHENSIVE, INTERDISCIPLINARY END-OF-LIFE CARE FOR TERMINALLY ILL PATIENTS AND SUPPORT FOR THEIR FAMILIES PATIENTS ARE SERVED IN T HEIR HOMES, IN NURSING HOMES AND IN THE HOSPICE INPATIENT UNIT LOCATED ON LMC'S CAMPUS TH ERE ARE FREE COMMUNITY SERVICES INCLUDING VOLUNTEER-BASED PRE-HOSPICE SUPPORT, GRIEF SUPPO RT GROUPS, GRIEF EDUCATION WORKSHOPS, CAREGIVER SUPPORT GROUPS AND GRIEF SUPPORT FOR YOUNG PEOPLE -WEST PINES IS A BEHAVIORAL HEALTH FACILITY THAT PROVIDES INPATIENT AND OUTPATIENT PSYCHIATRIC AND ADDICTION SERVICES TO ADULTS THE WEST PINES RECOVERY CENTER OFFERS AN I NNOVATIVE TWO-WEEK ADDICTION RECOVERY PROGRAM TO CLIENTS AND THEIR FAMILIES WHO STRUGGLE W ITH ADDICTION, OR ADDICTION PLUS MENTAL ILLNESS AFTER THE TWO-WEEK STAY, CLIENTS RECEIVE INTENSIVE OUTPATIENT ASSISTANCE AND OPTIONAL MEDICATION MANAGEMENT THE PROGRAM PROVIDES S HORTER STAYS AND LOWER COSTS</p>

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY SCL HEALTH - FRONT RANGE, INC , AND THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (COLLECTIVELY REFERRED TO AS SCL HEALTH), REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY PROVIDING EDUCATION AND TRAINING FOR ITS EMPLOYEES, STAFF, OFFICERS AND DIRECTORS PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION , SUCH AS BOARD MEMBERS, OFFICERS, PHYSICIANS, EXECUTIVES AND 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 A</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>WARE THAT AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST IS BEI NG CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXIST ENCE 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 B EEN PREVIOUSLY DISCLOSED WITH REGARD TO EMPLOYEES OTHER THAN THE SCL HEALTH CEO, THE INTE RESTED PERSON'S SUPERVISOR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS WITH REGA RD TO THE SCL HEALTH CEO AND BOARD OR COMMITTEE MEMBERS, THE REMAINING MEMBERS OF THE BOAR D 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 CO MPLIANCE OR LEGAL DEPARTMENTS UPON MAKING HIS OR HER DISCLOSURE, THE INTERESTED PERSON WI LL LEAVE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DE CISION-MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED IF A DETERMINATION HA S 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 I NTERESTED PERSON HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PAR TICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT, BE PRES ENT 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 CONFL ICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR AR RANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTI ON OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS THE PROP OSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AF TER 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 O F POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SI TE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMI TTEES AND/OR SYSTEM INTEGRITY AND COMPLIANCE COMMITTEE, THE AUDIT, ORGANIZATIONAL INTEGRIT Y AND COMPLIANCE COMMITTEE OF THE SCL HEALTH BOARD OF DIRECTORS ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE SCL HEALTH TAX DIRECTOR FOR COMPLIANCE WITH THE FORM 990 TAX RETURN</p>

**990 Schedule O, Supplemental Information**

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



# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFER - FUND PHYSICIAN CLINIC LOSSES - INCLUDING PRIOR PERIOD LOSSES 108,189,291 BOOK VS TAX DEPRECIATION 17,545

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
SCL HEALTH - FRONT RANGE INC

Employer identification number  
84-1103606

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GOOD SAMARITAN MEDICAL CENTER LLC 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 43-1982139	HOSPITAL SERVICES	CO	335,154,952	223,946,214	SCL HEALTH - FRONT RANGE INC
(2) SCL HEALTH MEDICAL GROUP - DENVER LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80026 46-3778226	PHYSICIAN SERVICES	CO	66,837,164	16,325,656	SCL HEALTH - FRONT RANGE INC
(3) SCL PHYSICIANS - RMPC LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80026 35-2563201	PHYSICIAN SERVICES	CO	0	0	SCL HEALTH MEDICAL GROUP - DENVER LLC
(4) SCL HEALTH MEDICAL GROUP - GRAND JUNCTION LLC 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81502 46-3778277	PHYSICIAN SERVICES	CO	50,049,909	4,244,997	SCL HEALTH - FRONT RANGE INC

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> CARITAS INC AND SUBSIDIARIES 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0941069	HEALTHCARE	KS	N/A	C					No
<b>(2)</b> ST FRANCIS ACCOUNTABLE HEALTH NETWORK INC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 46-2874128	HEALTHCARE	KS	N/A	C					No
<b>(3)</b> LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	N/A	C					No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	B	729,340	CASH
(2) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	C	322,721	CASH
(3) LUTHERAN MEDICAL CENTER FOUNDATION	B	599,566	CASH
(4) LUTHERAN MEDICAL CENTER FOUNDATION	C	2,603,781	CASH

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: 84-1103606  
Name: SCL HEALTH - FRONT RANGE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 23-7379161	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KS	501(C)(3)	LINE 12C, III-FI	N/A		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-3290526	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCLHS		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-4520350	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12C, III-FI	SCLHS		No
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 84-0482695	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	INTEGRITY HEALTH		No
1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 74-2255936	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION		No
4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)(3)	LINE 10	SCLHS		No
500 ELDORADO BLVD SUITE 4300 DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)(3)	LINE 12A, I	SCLHS		No
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0417134	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
1375 EAST 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL INC		No
200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 84-0425720	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	ST MARYS HOSPITAL & MEDICAL CENTER INC		No
818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
3164 SE 6TH AVENUE TOPEKA, KS 66607 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0547719	HOSPITAL SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-1092520	SUPPORTING ORGANIZATION	KS	501(C)(3)	LINE 12A, I	ST FRANCIS HEALTH CENTER INC		No
2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE		No
400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No



**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		No
1233 NORTH 30TH STREET BILLINGS, MT 59101 81-0232124	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	ST VINCENT HEALTHCARE		No

