

PUBLIC DISCLOSURE COPY

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SCL HEALTH - FRONT RANGE, INC.	Taxpayer identification number (TIN) 84-1103606
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 500 ELDORADO BLVD., SUITE 4300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOMFIELD, CO 80021	

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

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

COLIN QUINCY

- The books are in the care of ▶ 36 SOUTH STATE STREET, SUITE 1600 - SALT LAKE CITY, UT 84111

Telephone No. ▶ (801) 442-3491 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2022 or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: SCL HEALTH - FRONT RANGE, INC.
D Employer identification number: 84-1103606
E Telephone number: 303-813-5342
G Gross receipts \$: 1,039,979,959.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.SCLHEALTH.ORG/LOCATIONS
K Form of organization: Corporation
L Year of formation: 1988
M State of legal domicile: CO

Part I Summary
Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses, and net assets.

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.

Signature of officer: MARK KORTH, PRESIDENT
Preparer's name, signature, date, PTIN
Firm's name, address, EIN, phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 967,948,439. including grants of \$ 3,125,532.) (Revenue \$ 1,001,479,725.) SEE SCHEDULE O

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

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

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

4e Total program service expenses 967,948,439.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through I).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

X

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
COLIN QUINCY - (801) 442-3491
36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY, UT 84111

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYDIA JUMONVILLE FORMER OFFICER	0.00 56.00						X	0.	3,193,207.	695,330.
(2) JANIE WADE TREASURER 1/1-2/28/22	3.00 62.00			X				0.	2,254,921.	321,825.
(3) MARK KORTH PRESIDENT	1.00 54.00	X		X				0.	1,741,709.	320,302.
(4) JOHN WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC	50.00 1.00			X				0.	1,113,263.	468,497.
(5) JAMES TREADWELL, MD PHYSICIAN	50.00 0.00					X		1,160,577.	0.	52,146.
(6) JENNIFER ALDERFER FORMER OFFICER	0.00 50.00						X	0.	948,294.	253,601.
(7) JESS JOYMON, MD PHYSICIAN	50.00 0.00					X		1,118,060.	0.	53,109.
(8) DANIEL POSSLEY, MD PHYSICIAN	50.00 0.00					X		1,065,381.	0.	20,950.
(9) ADAM SMITH, MD PHYSICIAN	50.00 0.00					X		1,002,471.	0.	53,883.
(10) BASHEAL AGRAWAL, MD PHYSICIAN	50.00 0.00					X		953,749.	0.	53,596.
(11) THOMAS DONOHOE SECRETARY	3.00 59.00			X				0.	762,392.	172,741.
(12) DAWN ANUSZKIEWICZ PRESIDENT GSMC	50.00 1.00			X				0.	648,054.	193,056.
(13) STEVEN BROWN, MD VP CHIEF MEDICAL OFFICER	50.00 0.00				X			0.	525,234.	146,239.
(14) JAMES DOYLE FORMER OFFICER	0.00 50.00						X	0.	482,377.	138,977.
(15) SEAN FADDEN FORMER OFFICER	0.00 51.00						X	0.	472,817.	127,656.
(16) ANDREA BURCH VP CHIEF OPERATING/NURSING OFFICER L	50.00 0.00				X			0.	437,828.	135,774.
(17) TONI GREEN-CHEATWOOD VP CHIEF MEDICAL OFFICER	50.00 0.00				X			0.	412,938.	157,043.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SCOTT DAY VP HUMAN RESOURCE OPERATIONS LMC	50.00 0.00				X			0.	355,891.	101,027.
(19) PETER BENKOWSKI VP STRATEGY & BUS DEVELOPMENT GSMC	50.00 1.00				X			0.	294,320.	100,147.
(20) MARY DEINES VP CHIEF NURSING OFFICER GSMC 1/1-5/	50.00 0.00				X			0.	312,142.	76,027.
(21) MEGAN DURNING VP STRATEGY & BUS DEVELOPMENT LMC	50.00 0.00				X			0.	312,826.	72,561.
(22) MICHELLE SHIAO INTERIM VP, CHIEF NURSING OFFICER 5/	25.00 25.00				X			0.	283,919.	94,815.
(23) TROY STOEHR VP FINANCE GSMC 6/10 - 12/31/22	25.00 25.00			X				0.	234,341.	90,234.
(24) STEVEN HANKINS VP CHIEF OPERATING OFFICER GSMC 7/1-	50.00 0.00				X			0.	290,624.	24,810.
(25) PATRICE FARRELL-DELINE FORMER KEY EMPLOYEE	0.00 50.00						X	0.	225,211.	77,634.
(26) ASHLEY DENTON VP FINANCE LMC	50.00 0.00			X				0.	205,562.	79,588.
1b Subtotal								5,300,238.	15,507,870.	4,081,568.
c Total from continuation sheets to Part VII, Section A								205,452.	282,687.	106,919.
d Total (add lines 1b and 1c)								5,505,690.	15,790,557.	4,188,487.

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 902

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
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		0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CALVIN BEASLEY VP INTEGRATIVE SVCS LMC	50.00 0.00				X			205,452.	0.	75,656.
(28) HILDA DALFONSO VP FINANCE GSMC 1/1-6/10/22	50.00 0.00			X				0.	139,642.	25,734.
(29) THOMAS MYDLER, MD FORMER KEY EMPLOYEE	50.00 0.00						X	0.	143,045.	5,529.
(30) KATHY BOELTER DIRECTOR	1.00 1.00	X						0.	0.	0.
(31) CHRISTINE FORKNER DIRECTOR	1.00 2.00	X						0.	0.	0.
(32) STEVEN FRANKEL, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
(33) FAYE HUMMEL, RN DIRECTOR	1.00 2.00	X						0.	0.	0.
(34) MARK ISAKSON VICE CHAIR	3.00 3.00	X		X				0.	0.	0.
(35) DAVID KINNARD, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
(36) GILLIAN MCKNIGHT-TUTEIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(37) BERRY MORTON, MD CHAIR	3.00 3.00	X		X				0.	0.	0.
(38) KELLY SNOW-DUNKIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(39) BRUCE WARING, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								205,452.	282,687.	106,919.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	25,174,646.				
	e Government grants (contributions)	1e	8,636,957.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,025.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 51,875.				
	h Total. Add lines 1a-1f			33,814,628.			
Program Service Revenue	2 a NET PATIENT SERVICE RE	Business Code					
		621110	999,110,008.	998,652,909.	457,099.		
	b MEDICAL DIRECTOR FEES	621110	480,845.	480,845.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			999,590,853.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,510,576.			2,510,576.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			1,262,134.				
			(ii) Personal				
	b Less: rental expenses ...	6b	1,721,719.				
	c Rental income or (loss)	6c	-459,585.				
	d Net rental income or (loss)			-459,585.	-9,731.	-449,854.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	552,817.			
	b Less: cost or other basis and sales expenses	7b	589,767.				
	c Gain or (loss)	7c	-36,950.				
	d Net gain or (loss)			-36,950.		-36,950.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		37,621.				
b Less: cost of goods sold	10b	76,676.					
c Net income or (loss) from sales of inventory			-39,055.		-39,055.		
Miscellaneous Revenue	11 a CAFETERIA	Business Code					
		722514	1,888,871.	1,888,871.			
	b MED. DIRECTORS' FEES -	621110	322,459.		322,459.		
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			2,211,330.				
12 Total revenue. See instructions			1,037,591,797.	1,001,022,625.	769,827.	1,984,717.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,125,532.	3,125,532.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,613,243.	7,403,681.	209,562.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	408,968,576.	400,518,303.	8,450,273.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,168,882.	14,822,518.	346,364.	
9 Other employee benefits	5,751,734.	4,990,100.	761,634.	
10 Payroll taxes	27,607,316.	27,011,988.	595,328.	
11 Fees for services (nonemployees):				
a Management	41,428.		41,428.	
b Legal	23,707.		23,707.	
c Accounting				
d Lobbying	8,541.		8,541.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	164,634,897.	157,210,949.	7,423,948.	
12 Advertising and promotion	6,594,621.	1,419,262.	5,175,359.	
13 Office expenses	2,002,691.	1,829,978.	172,713.	
14 Information technology	73,620,943.	5,610,390.	68,010,553.	
15 Royalties				
16 Occupancy	25,938,261.	25,425,057.	513,204.	
17 Travel	925,736.	758,417.	167,319.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,330,032.	1,272,311.	57,721.	
20 Interest	7,356,995.	7,356,995.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	67,199,655.	67,199,655.		
23 Insurance	6,595,200.	6,595,200.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	133,556,133.	133,556,133.		
b MEDICAL PROVIDER TAXES	53,161,793.	53,161,793.		
c BILLING & COLLECTION -	22,152,455.		22,152,455.	
d BAD DEBT EXPENSE	20,851,513.	20,851,513.		
e All other expenses	71,119,105.	27,828,664.	43,290,441.	
25 Total functional expenses. Add lines 1 through 24e	1,125,348,989.	967,948,439.	157,400,550.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	24,821.	1	25,571.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	108,725,431.	4	111,440,250.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,134,004.	7	3,578,574.
	8 Inventories for sale or use	16,605,463.	8	15,927,447.
	9 Prepaid expenses and deferred charges	6,094,284.	9	2,034,867.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 807,284,974.		
	b Less: accumulated depreciation	10b 51,988,616.		
		429,401,892.	10c	755,296,358.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	153,919,113.	15	58,851,707.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	715,905,008.	16	947,154,774.	
Liabilities	17 Accounts payable and accrued expenses	104,147,839.	17	104,195,409.
	18 Grants payable		18	
	19 Deferred revenue	160,093.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	157,956,805.	25	372,030,686.
	26 Total liabilities. Add lines 17 through 25	262,264,737.	26	476,226,095.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	453,640,271.	27	470,928,679.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	453,640,271.	32	470,928,679.
33 Total liabilities and net assets/fund balances	715,905,008.	33	947,154,774.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,037,591,797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,125,348,989.
3	Revenue less expenses. Subtract line 2 from line 1	3	-87,757,192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	453,640,271.
5	Net unrealized gains (losses) on investments	5	1,213.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	105,044,387.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	470,928,679.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)

Public Charity Status and Public Support

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

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

Name of the organization <div style="text-align: center; font-size: small;">SCL HEALTH - FRONT RANGE, INC.</div>	Employer identification number <div style="text-align: center;">84-1103606</div>
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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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 17,345,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,803,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,505,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 507,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 7,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 5,042.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	SUPPLIES & FOOD _____ _____ _____	\$ 51,875.	12/31/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization <p style="text-align: center;">SCL HEALTH - FRONT RANGE, INC.</p>	Employer identification number <p style="text-align: center;">84-1103606</p>
---	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2022**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		8,541.
j Total. Add lines 1c through 1i			8,541.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SCHEDULE C, PART II-B, QUESTION 1I

LOBBYING EXPENDITURES

LOBBYING EXPENDITURES INCLUDES THE PORTIONS OF VARIOUS MEMBERSHIP DUES

THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH

SCL HEALTH - FRONT RANGE, INC. OR ITS ENTITIES ARE MEMBERS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,404,433.	12,702,594.	11,530,209.	10,068,398.	9,942,372.
b Contributions	6,454,792.	1,507,926.	2,797,061.	2,300,997.	1,873,883.
c Net investment earnings, gains, and losses	-1,173,368.	1,014,239.	919,333.	934,761.	-191,643.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,713,629.	1,820,326.	2,544,009.	1,773,947.	1,556,214.
f Administrative expenses					
g End of year balance	16,972,228.	13,404,433.	12,702,594.	11,530,209.	10,068,398.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 44.0000 %
 - c Term endowment 56.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		15,409,820.		15,409,820.
b Buildings		287,525,695.	24,678,838.	262,846,857.
c Leasehold improvements		42,597,524.	8,126,752.	34,470,772.
d Equipment		104,865,811.	18,755,452.	86,110,359.
e Other		356,886,124.	427,574.	356,458,550.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				755,296,358.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	1,885,613.
(2) LT ASSETS - ROU ASSETS	56,966,094.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	58,851,707.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY-MITIGATION	2,342,192.
(3) ACCRUED LIABILITY - FINANCING LEASE	318,088.
(4) ACCRUED LIABILITY - OPERATING LEASE	57,758,088.
(5) INTERCOMPANY PAYABLE	311,612,318.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	372,030,686.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART V, LINE 4:

LUTHERAN MEDICAL CENTER FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS SUPPORT THE LUTHERAN MEDICAL CENTER IN AREAS INCLUDING ASSOCIATE EDUCATION, HOSPICE & PALLATIVE CARE, AND OTHER SERVICES AND PROGRAMS.

GOOD SAMARITAN MEDICAL CENTER FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS SUPPORT THE GOOD SAMARITAN MEDICAL CENTER IN AREAS INCLUDING ASSOCIATE EDUCATION.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			9,184,010.	2,132,854.	7,051,156.	.64%
b Medicaid (from Worksheet 3, column a)			217,291,695.	157,775,138.	59,516,557.	5.39%
c Costs of other means-tested government programs (from Worksheet 3, column b)			659,172.	633,408.	25,764.	.00%
d Total. Financial Assistance and Means-Tested Government Programs			227,134,877.	160,541,400.	66,593,477.	6.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,223,462.	19,500.	1,203,962.	.11%
f Health professions education (from Worksheet 5)			2,525,861.	0.	2,525,861.	.23%
g Subsidized health services (from Worksheet 6)			45,445,358.	31,564,170.	13,881,188.	1.26%
h Research (from Worksheet 7)			0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			849,360.	0.	849,360.	.08%
j Total. Other Benefits			50,044,041.	31,583,670.	18,460,371.	1.68%
k Total. Add lines 7d and 7j			277,178,918.	192,125,070.	85,053,848.	7.71%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
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		
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	292,265,466.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	434,073,247.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-141,807,781.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 E PLUS PET IMAGING X, LP	RADIOLOGY SERVICES	42.86%	.00%	57.14%

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):

Table with 10 columns: Facility rank, Name, Address, Website, License, Hospital type (Licensed, Gen. medical, Children's, Teaching, Critical access, Research), ER-24 hours, ER-other, Other (describe), Facility reporting group. Rows 1 and 2 contain data for LUTHERAN MEDICAL CENTER and GOOD SAMARITAN MEDICAL CENTER.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 5: LUTHERAN MEDICAL CENTER (LMC) PARTICIPATED IN

A COLLABORATIVE PROCESS TO CONDUCT THE 2021 COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA), ALONG WITH JEFFERSON COUNTY PUBLIC HEALTH AND ST.

ANTHONY HOSPITAL (CENTURA). A NUMBER OF COMMUNITY BASED ORGANIZATIONS WERE

INVOLVED IN THE PROCESS AS WELL.

COMMUNITY SURVEY: THE 2021 PUBLIC HEALTH PARTNERSHIP COMMUNITY HEALTH AND

WELLBEING SURVEY GATHERED THE OPINIONS OF RESIDENTS IN JEFFERSON, CLEAR

CREEK AND GILPIN COUNTIES. DEVELOPING THE QUESTIONNAIRE WAS A

COLLABORATIVE EFFORT BETWEEN POLCO STAFF AND STAKEHOLDERS FROM JEFFERSON

COUNTY PUBLIC HEALTH (JCPH), WITH INPUT FROM MOUNTAIN YOUTH NETWORK, CLEAR

CREEK COUNTY PUBLIC AND ENVIRONMENTAL HEALTH, GILPIN COUNTY PUBLIC HEALTH,

AND OTHER HEALTH STAKEHOLDERS WITHIN JEFFERSON COUNTY.

THIS SURVEY WAS IMPLEMENTED IN MAY THROUGH JULY 2021. A TOTAL OF 8,400

HOUSEHOLDS WERE RANDOMLY SELECTED TO RECEIVE MAILED INVITATIONS TO

COMPLETE AN ONLINE SURVEY AND/OR TO COMPLETE AND MAIL BACK A PAPER SURVEY.

HOUSEHOLDS WERE SELECTED RANDOMLY FROM A USPS LIST OF HOUSEHOLDS IN THE

THREE COUNTIES AND STRATIFIED BY MAJOR CITIES WITHIN THE COUNTIES. USPS

LISTS ARE BEST FOR ENSURING ALL HOUSEHOLDS IN A GIVEN AREA ARE INCLUDED IN

THE SAMPLING FRAME AND THEREFORE HAVE AN EQUAL CHANCE OF BEING SELECTED TO

PARTICIPATE. THE SURVEYS AND MAILED INVITATIONS WERE ALSO TRANSLATED INTO

SPANISH. THE JCPH AND PARTNERS WERE PROVIDED A SEPARATE URL TO SHARE AN

INVITATION TO AN "OPEN PARTICIPATION" SURVEY, WHERE ALL RESIDENTS WHO

RECEIVED NOTICE THROUGH SOCIAL MEDIA OR OTHER COMMUNICATION CHANNELS COULD

Part V Facility Information (continued)

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

COMPLETE THE SURVEY. A TOTAL OF 486 COMPLETED THE RANDOM SAMPLE SURVEY (1

IN SPANISH) FOR A RESPONSE RATE OF 7% AND AN OVERALL MARGIN OF ERROR OF

5%. ADDITIONALLY, 503 COMPLETED THE OPEN PARTICIPATION SURVEY (3 IN

SPANISH). THE RESULTS FROM THESE TWO EFFORTS WERE STATISTICALLY COMPARED

AND THE TWO DATA SETS WERE COMBINED FOR ANALYSIS. THE RESULTS OF EACH

EFFORT WERE WEIGHTED TO REFLECT THE DEMOGRAPHIC PROFILE OF EACH OF THE

SUB-GEOGRAPHIES WITHIN EACH COUNTY THAT WERE INCLUDED IN THE STUDY, AND

THEN WEIGHTED TO REFLECT THEIR PROPORTION OF THE POPULATION IN THE COUNTY

AND THE REGION OVERALL.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 5: GOOD SAMARITAN MEDICAL CENTER (GSMC) IS AN

ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF LAFAYETTE, COLORADO, AND WHILE

LAFAYETTE IS SITUATED IN BOULDER COUNTY, THE HOSPITAL SERVICE AREA

INCLUDES COMMUNITIES IN BOULDER, BROOMFIELD, ADAMS, JEFFERSON, GILPIN AND

WELD COUNTIES. WE ARE COMMITTED TO HELPING ALL PEOPLE LIVE THE HEALTHIEST

LIVES POSSIBLE. GSMC WORKED CLOSELY WITH COMMUNITY PARTNERS TO CONDUCT A

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2021. THE CHNA REVIEWED 1)

EXISTING SECONDARY QUANTITATIVE DATA FROM GOVERNMENT AND NONGOVERNMENTAL

SOURCES; 2) PRIMARY QUALITATIVE DATA (FROM IN-PERSON COMMUNITY EVENTS

REACHING 275 COMMUNITY MEMBERS); 3) PRIMARY QUALITATIVE DATA PERFORMED BY

COLORADO HEALTH INSTITUTE (300 ONLINE COMMUNITY SURVEYS); AND PRIMARY

QUALITATIVE DATA PERFORMED BY BIEL CONSULTING, INC. (12 KEY INFORMANT PHONE

INTERVIEWS). LOCAL ORGANIZATIONS WERE SELECTED TO WORK WITH US IN THIS

PROCESS BECAUSE OF THEIR KNOWLEDGE OF THE NEEDS OF THE COMMUNITY AS IT

RELATED TO THEIR FIELDS OF EXPERTISE. ORGANIZATIONS THAT TOOK PART IN

THESE MEETINGS REPRESENTED ISSUES AROUND EDUCATION, PUBLIC HEALTH, PRIMARY

Part V Facility Information (continued)

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

CARE, BEHAVIORAL HEALTH, HOUSING INSECURITY, FOOD INSECURITY, SENIOR
ACTIVITIES, LGBTQ ISSUES, AND TRANSPORTATION AND INCLUDED BOTH GOVERNMENT
AND NONGOVERNMENTAL ORGANIZATIONS. THESE ORGANIZATIONS HAVE GREAT INSIGHT
INTO THE ISSUES THAT AFFECT THEIR CLIENTS AND ARE INVALUABLE TO THIS
PROCESS. MOST OF THESE ORGANIZATIONS SERVE CLIENTS THAT ARE LOW-INCOME,
UNINSURED OR UNDERSERVED. ON AUGUST 21, 2021, OUR PARTNERS GATHERED WITH
HOSPITAL LEADERS TO ANALYZE, DISCUSS, AND RANK THE HEALTH ISSUES BASED ON
THE PRIMARY DATA THAT HAD BEEN GATHERED THROUGH THE CHNA PROCESS.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6A: SAINT ANTHONY HOSPITAL

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS LISTED

PARTICIPATED IN THE CHNA PROCESS: JEFFERSON COUNTY DEPARTMENT OF PUBLIC
HEALTH, ARVADA CHAMBER, ARVADA FIRE, BRIGHT BY THREE, CITY OF EDGEWATER,
CITY OF LAKEWOOD, CITY OF LAKEWOOD RECREATION, CITY OF WESTMINISTER, CITY
OF WHEAT RIDGE, COLORADO COMMUNITY HEALTH ALLIANCE, COMMUNITY FIRST
FOUNDATION, CONSORTIUM OF OLDER ADULTS, CREA RESULTS, EVERGREEN FIRE,
FAMILY TREE, JEFFCO VETERANS SERVICES, JEFFERSON CENTER FOR MENTAL HEALTH,
CONSERVATION COLORADO, JEFFERSON COUNTY HOUSING AUTHORITY, JEFFERSON
COUNTY PUBLIC LIBRARIES, METRO COMMUNITY PROVIDER NETWORK, REGIS
UNIVERSITY, SENIOR RESOURCES CENTER, SCL LUTHERAN MEDICAL CENTER, STATE
SENATOR DISTRICT 20, THE ACTION CENTER, WEST CHAMBER, WEST METRO FIRE, TRI
COUNTY PUBLIC HEALTH, AND WEST PINES BEHAVIORAL HEALTH.

Part V Facility Information (continued)

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

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS LISTED

PARTICIPATED IN THE CHNA PROCESS: BEHAVIORAL HEALTH GROUP, BOULDER AREA

AGENCY ON AGING, BOULDER COUNTY PUBLIC HEALTH, BOULDER VALLEY SCHOOL

DISTRICT, BROOMFIELD FISH, BROOMFIELD COUNTY PUBLIC HEALTH, BROOMFIELD

SENIOR CENTER, CENTURA HEALTH, CITY AND COUNTY OF BROOMFIELD, CLINICA

FAMILY HEALTH SERVICES, COAL CREEK MEALS ON WHEELS, COLORADO, COMMUNITY

HEALTH ALLIANCE, LAFAYETTE SENIOR CENTER, MENTAL HEALTH PARTNERS, OUT

BOULDER COUNTY, THE REFUGE, SISTER CARMEN COMMUNITY CENTER, TRU COMMUNITY

CARE, UNIVERSITY OF COLORADO, BOULDER, AND VIA MOBILITY.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/ABOUT/COMMUNITY](https://www.sclhealth.org/locations/lutheran-medical-center/about/community)

[-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](#)

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/ABOUT/COM](https://www.sclhealth.org/locations/good-samaritan-medical-center/about/com)

[MUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](#)

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED

IMPLEMENTATION STRATEGY POSTED ON WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/ABOUT/COMMUNITY](https://www.sclhealth.org/locations/lutheran-medical-center/about/community)

Part V Facility Information (continued)

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

-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED

IMPLEMENTATION STRATEGY POSTED ON WEBSITE:

HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/ABOUT/COM

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

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. COPIES WERE PRESENTED TO

COMMUNITY ORGANIZATIONS ABOUT THE NEEDS ASSESSMENT UPON REQUEST. THE CHNA

IS ALSO AVAILABLE ON THE GSMC WEBSITE UNDER COMMUNITY BENEFIT.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: THROUGH THE 2021 COMMUNITY HEALTH NEEDS

ASSESSMENT PROCESS IN COLLABORATION WITH SAINT ANTHONY HOSPITAL AND

JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH, THREE NEEDS SURFACED AS THE

MOST PRESSING FOR JEFFERSON COUNTY: 1. MENTAL HEALTH AND SUBSTANCE USE 2.

FOOD INSECURITY 3. HOUSING.

MENTAL HEALTH AND SUBSTANCE USE:

BEGINNING IN 2022, LMC PARTNERED WITH THE JEFFERSON COUNTY PUBLIC LIBRARY

Part V Facility Information (continued)

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

AND JEFFERSON CENTER FOR MENTAL HEALTH TO OFFER SUPPORTIVE SERVICES AND PROGRAMMING FOR INDIVIDUALS EXPERIENCING HOMELESSNESS WHO USE THE LIBRARIES FOR SHELTER. THIS INNOVATIVE APPROACH ENGAGES A HARD-TO-REACH POPULATION IN ACTIVITIES THAT ARE SUPPORTIVE OF MAINTAINING STABLE MENTAL HEALTH BY MEETING THEM WHERE THEY ARE.

ACTIVITY: A SERIES CALLED "RECHARGE AND RENEW" WAS OFFERED AT THE GOLDEN LIBRARY. CONTENT DELIVERED BY A MENTAL HEALTH PROFESSIONAL ADDRESSES WELLNESS, SELF-CARE AND ACCESSING RESOURCES.

OUTCOME/RESULT: A TOTAL OF 30 INDIVIDUALS ATTENDED 3 SESSIONS OFFERED IN THE THIRD QUARTER OF 2022.

ACTIVITY: A PROGRAM CALLED "COMMUNITY CARES CAFE' " WAS OFFERED IN A VARIETY OF LIBRARY LOCATIONS. CONTENT WAS DELIVERED BY A CLINICIAN FROM THE JEFFERSON CENTER FOR MENTAL HEALTH. TOPICS INCLUDED FINDING YOUR VOICE, PREVENTING ESCALATION, AND CONFLICT MANAGEMENT.

OUTCOME/RESULT: A TOTAL OF SIX SESSIONS WERE OFFERED IN THE FOURTH QUARTER OF 2022 WITH 27 INDIVIDUALS ATTENDING.

ACTIVITY: SUPPORTIVE AMENITIES CAN HAVE AN IMPACT IN THE LIVES OF INDIVIDUALS EXPERIENCING HOMELESSNESS. FUNDING FROM LMC PROVIDED A NUMBER OF SUPPORTIVE SUPPLIES DISTRIBUTED BY THE JEFFERSON COUNTY LIBRARIES.

OUTCOME/RESULT: SUPPORTIVE SUPPLIES DISTRIBUTED INCLUDE 930 BUS PASSES, 691 HANDWARMERS, 500 PAIRS OF GLOVES, 356 WATER BOTTLES, 523 TAMPONS, 275

Part V Facility Information (continued)

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

SUNSCREENS.

MENTAL HEALTH AND SUBSTANCE USE: SCHOOL BASED MENTAL HEALTH COUNSELORS:

ACTIVITY: WITH MENTAL HEALTH AND SUBSTANCE USE RANKED AS A PRIORITY NEED,

AND WITH A CRITICAL SHORTAGE OF PEDIATRIC MENTAL HEALTH PROVIDERS IN

COLORADO AND THE DENVER AREA, LUTHERAN SAW A UNIQUE OPPORTUNITY TO PARTNER

TO BETTER SUPPORT CHILDREN. PARTNERING WITH JEFFERSON CENTER FOR MENTAL

HEALTH AND JEFFERSON COUNTY PUBLIC SCHOOLS, LUTHERAN IS FUNDING TWO

SCHOOL-BASED MENTAL HEALTH PROGRAMS AT NEARBY SCHOOLS THAT WERE FACING

BUDGET CHALLENGES THAT WOULD HAVE ELIMINATED THE POSITIONS. WITH FUNDING

FROM LUTHERAN, WHEAT RIDGE HIGH SCHOOL AND CREIGHTON MIDDLE SCHOOL BOTH

NOW HAVE A DEDICATED MENTAL HEALTH COUNSELOR.

OUTCOME/RESULT : MORE THAN 75 STUDENTS HAVE BEEN SERVED WITH A RANGE OF

DIAGNOSES. AT CREIGHTON, ALL STUDENTS BEING SEEN BY THE THERAPIST HAVE

SAFETY PLANS IN PLACE.

MENTAL HEALTH AND SUBSTANCE USE: SUICIDE PREVENTION:

ACTIVITY: 2022 WAS SPENT BUILDING CAPACITY FOR THE CLINICIANS IN THE LMC

EMERGENCY DEPARTMENT (ED) TO BE ABLE TO REFER PATIENTS EXPERIENCING A

SUICIDE ATTEMPT OF SUICIDAL IDEATION TO ROCKY MOUNTAIN CRISIS PARTNERS FOR

FOLLOW UP.

OUTCOME/RESULT: CLINICIANS ARE PREPARED TO BEGIN WARM HAND-OFF REFERRALS

IN 2023.

Part V Facility Information (continued)

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

MENTAL HEALTH AND SUBSTANCE USE: SUBSTANCE USE TREATMENT:

ACTIVITY: THE RECOVERY NURSE ADVOCATE (RNA) PROGRAM IS A NURSE HOME

VISITATION PROGRAM BASED AT LMC TO SUPPORT PERINATAL SUBSTANCE USE. NURSES

DO HOME VISITS WITH PATIENTS IDENTIFIED AS HAVING A SUBSTANCE USE DISORDER

(SUD). SERVICES INCLUDE INTENSIVE HOME VISITATION, SCREENING FOR PERINATAL

MOOD AND ANXIETY DISORDERS AT REGULAR INTERVALS, CONNECTIONS TO COMMUNITY

RESOURCES, A WEEKLY SUD SUPPORT GROUP AND REGULAR CHILD DEVELOPMENT

SCREENINGS AFTER BIRTH.

OUTCOME/RESULT: 36 MOTHERS WERE NEWLY ENROLLED INTO THE PROGRAM IN 2022.

FOOD INSECURITY:

ACTIVITY: SCREENING FOR THE SOCIAL DETERMINANTS OF HEALTH FOR PATIENTS

ADMITTED TO THE HOSPITAL BEGAN IN EARNEST DURING THE LAST TWO QUARTERS OF

2022. THOSE SCREENING POSITIVE FOR FOOD INSECURITY ARE OFFERED A BOX OF

FOOD UPON DISCHARGE AND THEN RECEIVE WEEKLY DELIVERY OF FRESH AND SHELF

STABLE FOOD FOR THE SUBSEQUENT YEAR. THESE PATIENTS WORK WITH OUR PARTNER,

FOOD BANK OF THE ROCKIES, TO SECURE A LONG-TERM STRATEGY FOR MEETING THEIR

FOOD NEEDS AT THE END OF THE PROGRAM.

OUTCOME/RESULT: 30 PATIENTS RECEIVED A FOOD BOX AND SUBSEQUENT ACCESS TO

THE WEEKLY FOOD DELIVERY PROGRAM DURING THE PILOT AT THE END OF 2022.

METRICS ARE BEING TRACKED AROUND DISEASE STATE AND REHOSPITALIZATION. 2023

WILL SEE A FULL ROLL OUT OF THIS PROGRAM.

Part V Facility Information (continued)

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

HOUSING:

JEFFERSON COUNTY HOMELESS NAVIGATOR PROGRAM:

ACTIVITY: SUPPORTING THE UNHOUSED TO BECOME HOUSED IS THE ULTIMATE GOAL

EXPRESSED BY THE COMMUNITY IN PRIORITIZING THIS HEALTH ISSUE. TO THAT END,

LMC PARTNERS WITH THE JEFFERSON COUNTY HOMELESS NAVIGATORS TO INFLUENCE

CONDITIONS, LARGE AND SMALL, TO MAKE THIS A REALITY.

OUTCOME/RESULT: IN 2022, LMC SUPPORTED VARIOUS ACTIVITIES THAT SUPPORT AN

INDIVIDUAL SEEKING HOUSING INCLUDING TEMPORARY CELL PHONES THAT ALLOW THE

INDIVIDUAL TO COMMUNICATE IN A TIMELY MANNER WITH CASE WORKERS AND

LANDLORDS WHILE IN THE PROCESS OF BECOMING HOUSED. LMC ALSO PURCHASED

TWENTY FOLDABLE BEDS ON WHEELS THAT INDIVIDUALS CAN USE WHEN THEY MOVE TO

TEMPORARY HOUSING AND CAN THEN MOVE WITH THEM AS THEY TRANSITION TO

PERMANENT HOUSING. LMC ALSO PROVIDES IN KIND OFFICE SPACE TO HOUSE

HOMELESS NAVIGATORS FROM FIVE MUNICIPALITIES IN JEFFERSON COUNTY.

HOUSING: MEDICAL RESPITE PROGRAM:

ACTIVITY: INDIVIDUALS EXPERIENCING HOMELESSNESS PRESENT CHALLENGES RELATED

TO DISCHARGING FROM A HOSPITAL STAY. THE USUAL CRITERIA USED TO DETERMINE

A PATIENT'S READINESS TO LEAVE ARE CONFOUNDED BY THE REALITY THAT A

HOMELESS INDIVIDUAL DOES NOT HAVE ACCESS TO THE BASICS NEEDED TO CARE FOR

THEMSELVES AT HOME, INCLUDING A ROOF OVER THEIR HEAD. THE COMPLEXITIES

SURROUNDING THIS SITUATION CHALLENGE BOTH CLINICAL EXPECTATIONS AND

Part V Facility Information *(continued)*

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

ETHICAL STANDARDS RELATED TO THE "RIGHT THING TO DO". IN MOST CASES

PATIENTS EXPERIENCING HOMELESSNESS ARE KEPT IN HOSPITAL BEDS FOR MANY MORE

DAYS, WEEKS, AND EVEN MONTHS DOING THE RECOVERY THAT THEIR HOUSED

COUNTERPARTS WOULD DO AT HOME. THIS IS EXPENSIVE AND PREMATURE DISCHARGE

LEADS TO FURTHER HEALTH COMPLICATIONS FOR THE INDIVIDUAL. LMC PARTNERS

WITH RECOVERY WORKS TO PROVIDE MEDICAL SUPERVISION WHILE BEING TEMPORARILY

HOUSED. THIS INCREASED PROXIMITY TO SERVICES AND CASE MANAGEMENT OFTEN

LEADS INDIVIDUALS TO SERVICES THEY WOULD NOT OTHERWISE ACCESS.

OUTCOME/RESULT: IN 2022, 27 INDIVIDUALS WERE ACCEPTED INTO THE MEDICAL

RESPITE PROGRAM AND RECEIVED SERVICES. WITHIN THAT GROUP, THREE

PARTICIPANTS FOUND HOUSING WITH A FAMILY MEMBER OR FRIEND, THREE

DISCHARGED TO A SHELTER, ONE TRANSITIONED TO A SUD REHAB PROGRAM, THREE

DISCHARGED TO A MOTEL, AND ONE WAS PERMANENTLY HOUSED.

ADDITIONAL PRIORITIES NOT ADDRESSED:

LMC RECOGNIZES THAT THE OTHER HEALTH NEEDS AND INDICATORS IDENTIFIED IN

THE 2021 LMC COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ARE IMPORTANT FOR

THE HOSPITAL AND THE COMMUNITIES IT SERVES. NUMEROUS OTHER ORGANIZATIONS

ARE CONCURRENTLY ADDRESSING MANY OF THESE REMAINING NEEDS. THEREFORE, DUE

TO LIMITED EXPERTISE AND RESOURCES AT THE INDIVIDUAL HOSPITAL LEVEL LMC

HAS NARROWED ITS TOP PRIORITIES TO THE FOCUS AREAS LISTED ABOVE. LMC WILL,

HOWEVER, CONTINUE TO BUILD PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN

OUR PRIMARY SERVICE AREA IN ORDER TO EXPAND OUR FOOTPRINT AS FAR AS

POSSIBLE INTO ALL RELEVANT HEALTH PRIORITY AREAS WITHOUT OVERTAXING

AVAILABLE RESOURCES IN OUR IDENTIFIED PRIORITY AREAS.

Part V Facility Information (continued)

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

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: A PRELIMINARY LIST OF SIGNIFICANT HEALTH

NEEDS WAS IDENTIFIED THROUGH AN ANALYSIS OF SECONDARY QUANTITATIVE DATA

AVAILABLE FROM GOVERNMENTAL AND NONPROFIT DATABASES WHICH WAS THEN USED TO

COLLECT PRIMARY DATA. SECONDARY DATA INCLUDED DEATH RATES, MORBIDITY

RATES, DEMOGRAPHIC DATA, NUMBER OF CARE PROVIDERS, BRSS DATA, AND

BENCHMARK DATA. SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED USING THE SIZE

AND SERIOUSNESS OF THE PROBLEM. THE PRELIMINARY LIST OF SIGNIFICANT HEALTH

NEEDS INCLUDED (ALPHABETICALLY): ACCESS TO HEALTH CARE SERVICES; CANCER;

COVID-19; DENTAL CARE; DIABETES; FOOD INSECURITY; HEART DISEASE & STROKE;

HOUSING; LUNG DISEASE; MENTAL HEALTH; OVERWEIGHT AND OBESITY; SUBSTANCE

USE; AND UNINTENDED INJURIES.

FOLLOWING THE COLLECTION OF PRIMARY DATA AND THE ANALYSIS OF THAT DATA,

OUR COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE CHOSE TWO PRIORITY ISSUES

TO ADDRESS BASED ON THE SEVERITY OF THE PROBLEM, WORSENING OF THE PROBLEM,

EXISTING RESOURCES, AND COMMUNITY PERCEPTION OF THE PROBLEMS. THE TOP TWO

IDENTIFIED ISSUES WERE 1) ACCESS TO HEALTHCARE, AND 2) BEHAVIORAL HEALTH.

ACCESS TO HEALTHCARE: THE GSMC SERVICE AREA HAD A HIGHER RATE OF HEALTH

INSURANCE COVERAGE (93.8%) THAN THE STATE (93.5%) OR THE HEALTHY PEOPLE

2030 OBJECTIVE (92.1%). THE OTHER COUNTIES INCLUDED ADAMS COUNTY RESIDENTS

(16.9%), BOULDER AND BROOMFIELD COUNTY (94.7%), JEFFERSON COUNTY (97.4%)

AND WELD COUNTY RESIDENTS (95.9%). 16.9% OF ADAMS RESIDENTS, 12.1% OF WELD

COUNTY RESIDENTS, 9.0% OF JEFFERSON COUNTY RESIDENTS, AND 8.1% OF BOULDER

AND BROOMFIELD COUNTIES DID NOT GET DOCTOR CARE WITHIN THE LAST 12 MONTHS

Part V Facility Information (continued)

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

(2019) DUE TO COST AS COMPARED TO THE STATE AVERAGE (12.8%). 62.5% OF KEY

INFORMANTS FELT THAT ACCESS TO HEALTHCARE HAD A SEVERE IMPACT ON THE COMMUNITY, 62.5% FELT THAT RESOURCES WERE INSUFFICIENT AND 12.5% FELT THAT IT HAD WORSENEDED OVER TIME. TO ADDRESS ACCESS TO HEALTHCARE, THE FOLLOWING ACTIVITIES OCCURRED IN 2022:

GSMC PROVIDES FUNDING AND PARTNERS WITH BENEFITS IN ACTION TO ASSIST HISPANIC/LATINO AND LOW-INCOME INDIVIDUALS TO IDENTIFY AND ENROLL IN INSURANCE PRODUCTS AND GOVERNMENTAL ASSISTANCE PROGRAMS. 97 PEOPLE WERE ENROLLED BETWEEN JULY AND DECEMBER 2022. 36% OF THOSE IDENTIFIED AS HISPANIC/LATINO.

GSMC PAID \$23,437 TO LYFT FOR TRANSPORTATION FOR PATIENTS LEAVING THE EMERGENCY DEPARTMENT AND \$6,446 WAS PAID TO LYFT FOR TRANSPORTATION FROM THE CANCER CENTER FOR A TOTAL OF \$29,883.

A \$15,000 GRANT WAS GIVEN TO VIA MOBILITY TO PROVIDE DOOR-TO-DOOR TRANSPORTATION TO AND FROM GSMC FOR 50 PEOPLE.

IN 2022, GSMC AND ITS NONPROFIT SPONSOR, SCL HEALTH, WORKED TO IMPROVE ACCESS TO CARE THROUGH EXPANSION IN TELEMEDICINE VISITS.

BEHAVIORAL HEALTH (MENTAL HEALTH/SUBSTANCE USE): THE PERCENTAGE OF THE ADULT POPULATION REPORTING MORE THAN 14 DAYS OF POOR MENTAL HEALTH PER MONTH WAS HIGHER IN ADAMS (11.8%) AND WELD (12.6%) COUNTIES THAN IN THE STATE (11%) AS IDENTIFIED IN THE 2016-2018 BRFSS DATABASE. THERE WERE FEWER MENTAL HEALTH PROVIDERS PER 1,000 PERSONS IN ADAMS COUNTY (2.1) AND WELD COUNTY (1.7) THAN IN THE STATE (2.7). BOULDER COUNTY (6.3),

Part V Facility Information (continued)

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

BROOMFIELD COUNTY (3.5) AND JEFFERSON COUNTY (3.1) HAD MORE PROVIDERS PER

1,000 PERSONS THAN THE STATE. 87.5% OF KEY INFORMANTS IDENTIFIED MENTAL

HEALTH AND 100% OF KEY INFORMANTS IDENTIFIED SUBSTANCE USE AS HAVING A

SEVERE AND VERY SEVERE IMPACT ON THE COMMUNITY. 87.5% FELT THAT RESOURCES

WERE INSUFFICIENT OR ABSENT FOR MENTAL HEALTH AND 100% FOR SUBSTANCE USE.

75% THOUGHT THAT MENTAL HEALTH ISSUES HAD WORSENERED OVER TIME AND 85.7%

THOUGHT THAT SUBSTANCE USE ISSUES HAD WORSENERED OVER TIME. TO ADDRESS

MENTAL HEALTH AND SUBSTANCE USE THE FOLLOWING ACTIVITIES OCCURRED IN 2022:

GSMC HOSTED ONE MENTAL HEALTH FIRST AID TRAINING SESSION IN 2022 THAT

TRAINED 7 PEOPLE. A SECOND SESSION WAS PLANNED BUT HAD TO BE CANCELLED DUE

TO WEATHER.

GSMC HOSTED TWO AGING MASTERY PROGRAM COURSES IN 2022 WHICH INCLUDED

CLASSES ON HEALTHY RELATIONSHIPS AND COMMUNITY ENGAGEMENT; THE CLASSES

SERVED 14 PEOPLE.

GSMC IS WORKING WITH MENTAL HEALTH PARTNERS TO DEVELOP AND IMPLEMENT A

PROGRAM TO FACILITATE COORDINATION OF CARE FOR PATIENTS DISCHARGING TO

HOME FROM THE EMERGENCY DEPARTMENT BUT WHO NEED TO BE CONNECTED TO THEIR

MENTAL HEALTH HOME OR NEED TO ESTABLISH A MENTAL HEALTH HOME.

GSMC STARTED EXPLORING PEER RECOVERY SPECIALIST PLACEMENT IN THE EMERGENCY

DEPARTMENT. IN 2022, THE FOCUS WAS INVESTIGATING POSSIBLE PARTNERSHIPS,

LOOKING AT EXISTING PROGRAMS, AND LOOKING INTO FUNDING SOURCES.

GSMC CONTINUED A PROGRAM TO DISTRIBUTE A NARCAN KIT AT DISCHARGE TO ANY

Part V Facility Information (continued)

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

PATIENT ADMITTED WITH A DIAGNOSIS OF HEROIN OR OPIOID OVERDOSE. 66 KITS

WERE DISTRIBUTED IN 2022.

GSMC PARTICIPATES IN A FOLLOW-UP PROJECT WITH THE COLORADO OFFICE OF

SUICIDE PREVENTION AT THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND

ENVIRONMENT (CDPHE) AND ROCKY MOUNTAIN CIRIS PARTNERS. 38 PATIENTS WHO

WERE SEEN IN THE EMERGENCY DEPARTMENT DURING A MENTAL HEALTH CRISIS OR

OVERDOSE EVENT ELECTED TO RECEIVE WEEKLY FOLLOW-UP PHONE CALLS FOR 30 DAYS

FOLLOWING DISCHARGE. FOLLOW-UP IS AN EVIDENCE-BASED INTERVENTION AND PART

OF THE ZERO SUICIDE MODEL TO PREVENT SUICIDE.

GSMC PARTICIPATES IN THE ZERO SUICIDE COLLABORATIVE TO IMPROVE TRAINING

AND TREATMENT APPROACHES FOR SUICIDE PREVENTION THROUGH THE OFFICE OF

SUICIDE PREVENTION (CDPHE).

GSMC PARTICIPATES IN THE BOULDER COUNTY SUBSTANCE USE ADVISORY GROUP.

GSMC PARTICIPATED IN THE COLORADO ALTERNATIVES TO OPIOIDS (ALTO) PROJECT.

IN 2022 GSMC INCREASED THE PERCENTAGE OF EPRESCRIBING OF CONTROLLED

SUBSTANCES FOR DISCHARGED PATIENTS TO 94.66%.

NEEDS NOT ADDRESSED: EACH OF THE HEALTH NEEDS IDENTIFIED IN THE CHNA

PROCESS ARE IMPORTANT, AND GSMC AND ITS NUMEROUS PARTNERS THROUGHOUT THE

COMMUNITY ARE ADDRESSING THESE NEEDS THROUGH VARIOUS PROGRAM INTERVENTIONS

AND INITIATIVES. DUE TO LIMITED RESOURCES, EXPERTISE AND TIME TO ACHIEVE

SUCCESSFUL IMPACT, GSMC CHOSE TO LIMIT THE ISSUES ADDRESSED DIRECTLY TO

TWO TOP ISSUES. GSMC WILL CONTINUE TO LOOK FOR COMMUNITY PARTNERS WITH

Part V Facility Information (continued)

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

WHICH TO COLLABORATE IN ORDER TO WORK ON ISSUES NOT ADDRESSED IN THE 2022

COMMUNITY HEALTH IMPROVEMENT PLAN.

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/BI
LLING-PRICING/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-VISIT
ORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:

WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/PATIENTS-VISITORS/BI
LLING-PRICING/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-VISIT
ORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE

Part V Facility Information *(continued)*

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

SUMMARY:

WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/PATIENTS-VISITORS/BI

LLING-PRICING/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-VISIT

ORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 125

Name and address	Type of facility (describe)
1 SCL HEALTH MEDICAL GROUP - ROCKY MOUNTAIN 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
2 SCL HEALTH HEART & VASCULAR INSTITUTE 3655 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6010	OUTPATIENT PHYSICIAN CLINIC
3 SCL HEALTH HEART & VASCULAR INSTITUTE 360 WEST PARK DR GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
4 SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
5 SCL HEALTH ST. MARY'S / HOSPITALISTS 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
6 SCL HEALTH MEDICAL GROUP - CENTER FOR 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
7 CANCER CENTERS OF COLORADO - LUTHERAN 400 INDIANA ST GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
8 SCL HEALTH MEDICAL GROUP - LUTHERAN 8550 W 38TH AVE WHEAT RIDGE, CO 80033-6016	OUTPATIENT PHYSICIAN CLINIC
9 SCL HEALTH MEDICAL GROUP - PATTERSON 2570 PATTERSON RD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
10 SCL HEALTH MEDICAL GROUP - BROOMFIELD 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
11 SCL HEALTH MEDICAL GROUP - MIDTOWN 1960 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
12 SCL HEALTH HEART & VASCULAR INSTITUT 300 EXEMPLA CIR LAFAYETTE, CO 80026-3394	OUTPATIENT PHYSICIAN CLINIC
13 SCL HEALTH MEDICAL GROUP - THORNTON 1181 E 120TH AVE THORNTON, CO 80233-5729	OUTPATIENT PHYSICIAN CLINIC
14 SCL HEALTH HEART & VASCULAR INSTITUT 1818 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
15 SCL HEALTH MEDICAL GROUP - DENVER WE 1726 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
16 SCL HEALTH MEDICAL GROUP - LAFAYETTE 2600 CAMPUS DR LAFAYETTE, CO 80026-3358	OUTPATIENT PHYSICIAN CLINIC
17 SCL HEALTH MEDICAL GROUP - OB-GYN SE 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
18 SCL HEALTH MEDICAL GROUP - CENTRAL P 2823 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
19 CRITICAL CARE INTENSIVISTS 2635 NORTH 7TH GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
20 SCL HEALTH MEDICAL GROUP - CHERRY CR 400 S COLORADO BLVD DENVER, CO 80246	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
21 SCL HEALTH HEART & VASCULAR INSTITUT 1818 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
22 SCL HEALTH MEDICAL GROUP - GREEN MOU 12790-A W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC
23 SCL HEALTH MEDICAL GROUP - LUTHERAN 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
24 SCL HEALTH MEDICAL GROUP - SUPERIOR 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
25 SCL HEALTH MEDICAL GROUP - COMMUNITY 11900 GRANT ST NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
26 SCL HEALTH MEDICAL GROUP - GOOD SAMA 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
27 ST MARY'S MEDICAL CENTER - CANCER CE 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
28 SCL HEALTH MEDICAL GROUP - LUTHERAN 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
29 ST MARY'S MEDICAL CENTER - CANCER CE 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
30 SCL HEALTH MEDICAL GROUP - WHEAT RID 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
31 SCL HEALTH MEDICAL GROUP - PHYSICAL 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
32 SCL HEALTH MEDICAL GROUP - DENVER OB 1960 N OGDEN ST DENVER, CO 80218-3668	OUTPATIENT PHYSICIAN CLINIC
33 SCL HEALTH HEART & VASCULAR INSTITUT 11900 GRANT ST NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
34 WEST PINES 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
35 SCL HEALTH ST. MARY'S / NEPHROLOGY 2635 N 7TH ST, 4TH FLOOR GRAND JUNCTION, CO 81501-6100	OUTPATIENT PHYSICIAN CLINIC
36 SCL HEALTH MEDICAL GROUP - LOWRY 63 N QUEBEC ST DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
37 MATERNAL FETAL MEDICINE CENTER SJ 1960 OGDEN ST DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
38 SCL HEALTH HEART & VASCULAR INSTITUT 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
39 SCL HEALTH MEDICAL GROUP - LAFAYETTE 380 EMPIRE RD LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
40 SJH RADIATION ONCOLOGY 1375 EAST 19TH AVE DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
41 SCL HEALTH MEDICAL GROUP - CENTRAL P 2803 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
42 SCL HEALTH MEDICAL GROUP - WHEAT RID 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
43 SCL HEALTH MEDICAL GROUP - SUPERIOR 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
44 SCL HEALTH HEART & VASCULAR INSTITUT 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
45 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
46 SCL HEALTH MEDICAL GROUP - WESTMINST 8758 WOLFF CT WESTMINSTER, CO 80031-6904	OUTPATIENT PHYSICIAN CLINIC
47 SCL HEALTH MEDICAL GROUP - LUNG & SL 1050 WELLINGTON AVE GRAND JUNCTION, CO 81501-8121	OUTPATIENT PHYSICIAN CLINIC
48 SCL HEALTH MEDICAL GROUP - WHEAT RID 3555 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6000	OUTPATIENT PHYSICIAN CLINIC
49 CERTIFIED NURSE MIDWIVES 1960 N OGDEN ST DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
50 SCL HEALTH ST. MARY'S / NEONATAL INT 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
51 SCL HEALTH MEDICAL GROUP - DENVER UR 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
52 SCL HEALTH MEDICAL GROUP - BELMAR 325 S TELLER ST LAKEWOOD, CO 80226-7429	OUTPATIENT PHYSICIAN CLINIC
53 SCL HEALTH MEDICAL GROUP - OCCUPATIO 2686 PATTERSON RD GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
54 SCL HEALTH MEDICAL GROUP - DENVER SP 1830 FRANKLIN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
55 SCL HEALTH MEDICAL GROUP - AURORA 23770 E SMOKEY HILL RD AURORA, CO 80016	OUTPATIENT PHYSICIAN CLINIC
56 SCL HEALTH MEDICAL GROUP - ROCKY MOU 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
57 SCL HEALTH MEDICAL GROUP - LOWRY NEU 130 RAMPART WAY DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
58 SCL HEALTH MEDICAL GROUP - CONGRESS 1400 JACKSON ST DENVER, CO 80206-2761	OUTPATIENT PHYSICIAN CLINIC
59 SCL HEALTH MEDICAL GROUP - MATERNAL 710 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
60 SCL HEALTH MEDICAL GROUP - LARKRIDGE 16570 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
61 SCL HEALTH MEDICAL GROUP - GREEN VAL 4859 N YAMPA ST DENVER, CO 80249	OUTPATIENT PHYSICIAN CLINIC
62 SCL HEALTH MEDICAL GROUP - FIRESTONE 8350 COLORADO BLVD FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC
63 SCL HEALTH MEDICAL GROUP - QUAIL CRE 2055 WEST 136TH AVE BROOMFIELD, CO 80023-9308	OUTPATIENT PHYSICIAN CLINIC
64 SCL HEALTH MEDICAL GROUP - LOWRY 63 N QUEBEC ST DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
65 SCL HEALTH HEART & VASCULAR INSTITUT 1818 N OGDEN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
66 SAINT JOSEPH HOSPITAL - CANCER CENTE 1825 MARION ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
67 SCL HEALTH MEDICAL GROUP - CANDELAS 15389 WEST 91ST DR ARVADA, CO 80007	OUTPATIENT PHYSICIAN CLINIC
68 SCL HEALTH LUTHERAN MEDICAL CENTER - 400 INDIANA ST GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
69 LUTHERAN MATERNAL FETAL MEDICINE 3455 LUTHERAN PARKWAY WHEAT RIDGE, CO 80033-6012	OUTPATIENT PHYSICIAN CLINIC
70 SCL HEALTH MEDICAL GROUP - DENVER DI 1960 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
71 SCL HEALTH MEDICAL GROUP - LUTHERAN 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
72 ST MARY'S METABOLIC AND BARIATRIC SU 2440 N 11TH STREET GRAND JUNCTION, CO 81501-8102	OUTPATIENT PHYSICIAN CLINIC
73 SCL HEALTH HEART & VASCULAR INSTITUT 3555 LUTHERAN PARKWAY WHEAT RIDGE, CO 80033-6023	OUTPATIENT PHYSICIAN CLINIC
74 SCL HEALTH MEDICAL GROUP - HIGHLANDS 8671 S QUEBEC ST HIGHLANDS RANCH, CO 80130	OUTPATIENT PHYSICIAN CLINIC
75 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
76 SCL HEALTH HEART AND VASCULAR INSTIT 1536 COLE BLVD LAKEWOOD, CO 80401-3426	OUTPATIENT PHYSICIAN CLINIC
77 SCL HEALTH MEDICAL GROUP - DENVER S 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
78 LUTHERAN PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6019	OUTPATIENT PHYSICIAN CLINIC
79 SCL HEALTH MEDICAL GROUP - INFECTIOU 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
80 SCL HEALTH MEDICAL GROUP - BROOMFIEL 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
81 SCL HEALTH MEDICAL GROUP - PEDIATRIC 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
82 SCL HEALTH MEDICAL GROUP - DENVER CO 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
83 SCL HEALTH MEDICAL GROUP - VIRTUAL C 8550 W 38TH AVE WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
84 GOOD SAMARITAN MEDICAL CENTER - CANC 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
85 GOOD SAMARITAN MEDICAL CENTER - CANC 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
86 SCL HEALTH ST. MARY'S / WOUND & HYPE 2635 N 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC
87 SCL HEALTH ST. MARY'S / PALLIATIVE C 2635 N 7TH ST GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
88 SCL HEALTH MEDICAL GROUP - WELLINGTO 2525 N 8TH ST GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
89 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIR LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
90 LUTHERAN ORTHOPEDIC TRAUMA 8550 W 38TH AVE #100 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC

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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? 125

Name and address	Type of facility (describe)
91 SCL HEALTH MEDICAL GROUP - LARKRIDGE 16570 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC
92 SCL HEALTH MEDICAL GROUP - SAINT JO 1960 N OGDEN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
93 SCL HEALTH MEDICAL GROUP - ENDOCRINO 2686 PATTERSON RD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
94 SCL HEALTH MEDICAL GROUP - CENTRAL P 2807 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
95 SCL HEALTH MEDICAL GROUP - BRIGHTON 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
96 SCL HEALTH MEDICAL GROUP - WHEAT RID 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
97 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIR LAFAYETTE, CO 80026-3392	OUTPATIENT PHYSICIAN CLINIC
98 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
99 SCL HEALTH / HEART & VASCULAR INSTIT 296 STAFFORD LN DELTA, CO 81416-2243	OUTPATIENT PHYSICIAN CLINIC
100 SCL HEALTH MEDICAL GROUP - GREEN MOU 12792 C-1 W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2022

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? 125

Name and address	Type of facility (describe)
101 SCL HEALTH MEDICAL GROUP / INPATIENT 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
102 SCL HEALTH MEDICAL GROUP - BRIGHTON 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
103 SCL HEALTH MEDICAL GROUP - WHEAT RID 3555 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6000	OUTPATIENT PHYSICIAN CLINIC
104 SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 HOSPITAL LOOP CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
105 SCL HEALTH MEDICAL GROUP - NEUROLOGY 1280 N MILDRED RD CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
106 ST MARY'S RHEUMATOLOGY CLINIC 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC
107 SCL HEALTH MEDICAL GROUP - NEUROLOGY 711 N TAYLOR ST GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
108 SCL HEALTH MEDICAL GROUP - NEUROLOGY 350 MARKET AVE BASALT, CO 81621-7405	OUTPATIENT PHYSICIAN CLINIC
109 SCL HEALTH MEDICAL GROUP - LUNG NODU 1960 N OGDEN ST DENVER, CO 80218-3673	OUTPATIENT PHYSICIAN CLINIC
110 SCL HEALTH ST. MARY'S / WOUND & HYPE 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2022

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? 125

Name and address	Type of facility (describe)
111 SCL HEALTH MEDICAL GROUP / PODIATRY 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
112 SCL HEALTH HEART & VASCULAR INSTITUT 23770 E SMOKY HILL RD AURORA, CO 80016	OUTPATIENT PHYSICIAN CLINIC
113 ST MARY'S MEDICAL CENTER - CANCER CE 750 HOSPITAL LOOP CRAIG, CO 81625-8750	OUTPATIENT PHYSICIAN CLINIC
114 SCL HEALTH HEART AND VASCULAR INSTIT 630 PLAZA DR HIGHLANDS RANCH, CO 80129-2750	OUTPATIENT PHYSICIAN CLINIC
115 ST MARY'S MEDICAL CENTER - CANCER CE 450 WEST WILLIAMS WAY MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC
116 ST MARY'S MEDICAL CENTER - CANCER CE 501 AIRPORT ROAD RIFLE, CO 81650-8510	OUTPATIENT PHYSICIAN CLINIC
117 SCL HEALTH MEDICAL GROUP - MATERNAL 711 N TAYLOR ST GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
118 SCL HEALTH MEDICAL GROUP - NEUROLOGY 476 WEST WILLIAM WAY MOAB, UT 84532	OUTPATIENT PHYSICIAN CLINIC
119 SCL HEALTH HEART & VASCULAR INSTITUT 450 WILLIAMS WAY MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC
120 GSMC CRITICAL CARE & PULMONOLOGY 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2022

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? 125

Name and address	Type of facility (describe)
121 SCL HEALTH MEDICAL GROUP / LUNG & SL 0401 CASTLE CREEK ROAD ASPEN, CO 81611	OUTPATIENT PHYSICIAN CLINIC
122 ST MARY'S MEDICAL CENTER - CANCER CE 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
123 SCL HEALTH MEDICAL GROUP RENAL REHAB 2643 PATTERSON ROAD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
124 SCL HEALTH MEDICAL GROUP - CENTER FO 575 RIVERGATE LN DURANGO, CO 81301-7488	OUTPATIENT PHYSICIAN CLINIC
125 SCL HEALTH MEDICAL GROUP- WHEATRIDGE 1960 N OGDEN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 6A:

THIS ORGANIZATION IS PART OF INTERMOUNTAIN HEALTH CARE SYSTEM WHICH
 PREPARES AN ANNUAL REPORT TO THE COMMUNITY ON A CONSOLIDATED BASIS. THE
 REPORT IS PREPARED BY THE PARENT COMPANY, INTERMOUNTAIN HEALTH CARE, INC.

PART I, LINE 7:

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

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
 BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
 THIS COLUMN IS \$ 20,851,513.

PART II, COMMUNITY BUILDING ACTIVITIES:

Part VI Supplemental Information (Continuation)

LUTHERAN MEDICAL CENTER:

COMMUNITY-BUILDING ACTIVITIES ARE THOSE THAT IMPROVE THE HEALTH AND SAFETY OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G. POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). IN 2022 LMC CONTINUED TO EXPAND SEVERAL PARTNERSHIPS INTENDED TO DIRECTLY ADDRESS THE HEALTH AND SAFETY NEEDS OF RESIDENTS OF JEFFERSON COUNTY. ONE EXAMPLE IS OUR WORK AS A FOUNDING MEMBER OF THE HEALTHY JEFFCO ALLIANCE. THE HEALTHY JEFFCO ALLIANCE WAS FOUNDED ON THE CONCEPTS OF CONNECTION AND COLLABORATION WITH COMMUNITIES AND BETWEEN ORGANIZATIONS WITH A STRONG COMMITMENT TO ELEVATING COMMUNITY VOICE IN DECISION MAKING. LMC IS PART OF SEVERAL WORKGROUPS FOCUSED ON BUILDING OPPORTUNITIES FOR HEALTH IN MARGINALIZED COMMUNITIES IN JEFFERSON COUNTY. WHILE THIS WORK DOES NOT GENERATE AN EXPENSE RELATED TO COMMUNITY BENEFIT REPORTING, IT IS INTEGRAL TO OUR WORK AROUND THE SOCIAL DETERMINANTS OF HEALTH AND AN UPSTREAM APPROACH TO SOLVING THE MOST PRESSING HEALTH ISSUES FACING OUR COMMUNITY.

GOOD SAMARITAN MEDICAL CENTER:

COMMUNITY-BUILDING ACTIVITIES ARE THOSE THAT IMPROVE THE HEALTH AND SAFETY OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G. POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). GOOD SAMARITAN MEDICAL CENTER (GSMC) CONTINUES TO BE INTENTIONAL IN BUILDING COMMUNITY RELATIONSHIPS WITH LOCAL ORGANIZATIONS TO ADDRESS THE HEALTH OF OUR COMMUNITY. THIS IS ADDRESSED THROUGH STAFF PARTICIPATION FOR EMERGENCY PREPAREDNESS AND DISASTER READINESS.

PART III, LINE 1

Part VI Supplemental Information (Continuation)

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

PART III, LINE 2:

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

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

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

PART III, LINE 4:

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

THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT

Part VI Supplemental Information (Continuation)

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 PATIENT SERVICE REVENUE FOOTNOTE WHICH DESCRIBES BAD DEBT EXPENSE AND

ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ON PAGES 13 AND 14 OF THE AUDITED

CONSOLIDATED FINANCIAL STATEMENTS.

PART III, LINE 8:

THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR

IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING

MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL

Part VI Supplemental Information (Continuation)

MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY

BENEFIT. PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE

GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY

PROVIDE THESE MEDICAL SERVICES. AS DEMONSTRATED AND CALCULATED ON FORM

990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE

COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL

SERVICES UNDER THE MEDICARE PROGRAM. BY ABSORBING THE MEDICARE SHORTFALL

COSTS, WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN

OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS.

TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED

ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED

COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS. THE

ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST

REPORT COST TO CHARGE RATIO.

PART III, LINE 9B:

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

Part VI Supplemental Information (Continuation)

ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED.

PART VI, LINE 2:

LUTHERAN MEDICAL CENTER:

AS PART OF LUTHERAN MEDICAL CENTER'S CORE VALUE OF SERVICE TO THE POOR AND VULNERABLE, STEWARDSHIP, AND CARING SPIRIT, THE HOSPITAL TAKES STEPS TO DETERMINE WHERE THERE IS THE MOST NEED IN ORDER TO PROVIDE THE GREATEST GOOD THROUGH INCREMENTAL REVIEW OF CURRENT NEEDS ACROSS THE COMMUNITIES SERVED. AS AN ACTIVE MEMBER AND LEADER OF THE NEWLY FORMED JEFFERSON COUNTY HEALTH ALLIANCE, THE HOSPITAL IS IN TOUCH WITH CURRENT NEEDS AND POISED TO RESPOND WHEN NEW NEEDS ARE IDENTIFIED. AN EXAMPLE OF THIS RESPONSIVE APPROACH CAN BE FOUND IN THE LMC PIVOT RELATED TO ITS VACCINE RESPONSE WHEN LAGS IN UPTAKE WERE IDENTIFIED. AS DATA REVEALED A DISPROPORTIONATELY LOW PARTICIPATION IN COVID VACCINATION AMONG COMMUNITY MEMBERS IDENTIFYING AS HISPANIC, LMC INITIATED A COMMUNICATION EFFORT. WIDE DISSEMINATION OF SPANISH LANGUAGE FLYERS, SPANISH SPEAKING COMMUNITY NAVIGATORS, AND CHANGES TO THE ID AND INSURANCE PREFERENCES ALL LEAD TO A 112% INCREASE IN UPTAKE IN THE POPULATION OF FOCUS.

GOOD SAMARITAN MEDICAL CENTER:

GSMC ACTIVELY PARTICIPATES WITH COMMUNITY COALITIONS AND WORK GROUPS WHO WORK ON SPECIFIC HEALTH ISSUES WITHIN THE COMMUNITY. THROUGH CONTACTS WITH LOCAL AND STATE HEALTH ORGANIZATIONS (SUCH AS BOULDER COUNTY HEALTH DEPARTMENT, BROOMFIELD COUNTY HEALTH DEPARTMENT, ADAMS COUNTY HEALTH

Part VI Supplemental Information (Continuation)

INITIATIVE, HEALTHY FUTURES COALITION, AND SUBSTANCE USE ADVISORY GROUP)

AND NONPROFITS (SUCH AS MENTAL HEALTH PARTNERS, COMMUNITY REACH CENTER,

COLORADO HOSPITAL ASSOCIATION, AND SISTER CARMEN COMMUNITY CENTER). GSMC

MONITORS AND IDENTIFIES AREAS OF NEEDS IN THE COMMUNITY AND WORKS TO

IDENTIFY WAYS TO ENSURE THAT THE NEEDS ARE MET. INTERNAL TRACKING AND

REVIEWS ARE COMPLETED IN ORDER TO CONFIRM THAT GSMC PROGRAMS ARE MEETING

THEIR GOALS TO ADDRESS THE NEEDS OF THE COMMUNITY.

IN ADDITION, THROUGH SCL HEALTH, GSMC IS REPRESENTED AND PARTICIPATES IN

THE METRO DENVER PARTNERSHIP FOR HEALTH, A COLLABORATIVE OF COLORADO

HEALTH SYSTEMS, PUBLIC HEALTH DEPARTMENTS AND COMMUNITY BASED PROVIDERS.

THIS COLLABORATIVE WORKS TO ADDRESS CHALLENGING COMMUNITY HEALTH NEEDS

USING COLLECTIVE IMPACT STRATEGIES.

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 AND THROUGH THE PATIENT PORTAL, MYCHART. 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

Part VI Supplemental Information (Continuation)

AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

PART VI, LINE 4:

LUTHERAN MEDICAL CENTER:

LUTHERAN MEDICAL CENTER (LMC) IS SITUATED IN THE WESTERN PORTION OF THE DENVER METROPOLITAN AREA IN THE CITY OF WHEAT RIDGE, COLORADO. THIS ACUTE CARE FACILITY HAS A SERVICE AREA THAT SERVES SEVERAL COMMUNITIES IN THE WESTERN METROPOLITAN AREA INCLUDING WHEAT RIDGE, ARVADA, GOLDEN, LAKEWOOD, WESTMINSTER AS WELL AS COMMUNITIES IN THE FOOTHILLS OF THE FRONT RANGE. LMC'S PRIMARY SERVICE AREA CONSISTS OF 18 STANDARD ZIP CODES, MAINLY LOCATED IN JEFFERSON COUNTY (13 ZIP CODES), BUT ALSO REPRESENTED BY ZIP CODES IN THE COUNTIES OF DENVER (3 ZIP CODES), ADAMS (1 ZIP CODE) AND GILPIN (1 ZIP CODE). THE SECONDARY SERVICE AREA INCLUDES 20 ZIP CODES AND EXTENDS THROUGH ADAMS COUNTY, BROOMFIELD COUNTY, CLEAR CREEK COUNTY, DENVER COUNTY AND JEFFERSON COUNTY. THE PRIMARY SERVICE AREA IS DEFINED AS THE GEOGRAPHIC AREA OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS APPROXIMATELY 75% OF ITS INPATIENT DISCHARGES AND THE COMBINED PRIMARY AND SECONDARY SERVICE AREA IS BASED ON APPROXIMATELY 90% OF DISCHARGES. LMC'S MAIN CONCENTRATION OF CARE IS PROVIDED TO THE COMMUNITIES OF WHEAT RIDGE, ARVADA AND GOLDEN. 50% OF THE CARE SITE'S DISCHARGES COME FROM EIGHT ZIP CODES WITHIN THOSE CITIES. ADDITIONALLY, LMC SERVICES THE MOST PATIENTS WITHIN ITS PRIMARY SERVICE AREA WHEN COMPARED TO OTHER HOSPITALS FURNISHING CLOSE TO 30% OF THE INPATIENT CARE.

LMC AND SAINT ANTHONY HOSPITAL ARE THE ACUTE CARE PROVIDERS IN ALL OF JEFFERSON COUNTY WITH LMC BEING THE ONLY TO OFFER MATERNITY SERVICES. THERE ARE TWO ACUTE CARE HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA,

Part VI Supplemental Information (Continuation)

NORTH SUBURBAN MEDICAL CENTER (AN AFFILIATE OF THE FOR-PROFIT HEALTHONE 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 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, IN THORNTON.

THE COMMUNITY SERVED BY LMC CONTAINS THE FOLLOWING DEMOGRAPHIC INFORMATION, UPDATED FOR 2021, USING THE RESOURCES OF COUNTY HEALTH RANKINGS, US CENSUS DATA, STATE HEALTH DEPARTMENT DATA AND THE EXISTING CHNA .

POPULATION

FROM 2015 TO 2019, THE AVERAGE POPULATION OF THE LUTHERAN MEDICAL CENTER (LMC) SERVICE AREA WAS 595,832. JEFFERSON COUNTY'S POPULATION WAS 574,798. COLORADO'S TOTAL POPULATION WAS 5,610,349.

YOUTH, AGES 0 - 19 MAKE UP 20% OF THE POPULATION IN THE SERVICE AREA. 63.5% OF THE POPULATION WAS 20 TO 64 YEARS OLD AND 16.4% WERE 65 YEARS AND OLDER. THE SERVICE AREA HAD A LOWER PERCENTAGE OF YOUTH, AGES 0-19, AND A HIGHER PERCENTAGE OF ADULTS, AGES 45 AND OLDER, THAN IN THE STATE.

IN THE SERVICE AREA, LITTLETON (80127) HAD THE LARGEST PERCENTAGE OF YOUTH, AGES 5-17, (23.7%) AND KITTREDGE HAD THE SMALLEST PERCENTAGE OF YOUTH (4.2%). BUFFALO CREEK HAD THE HIGHEST PERCENTAGE OF SENIORS (26.8%)

Part VI Supplemental Information (Continuation)

AND KITTREDGE HAD THE LOWEST PERCENT OF SENIORS IN THE SERVICE AREA

(9.4%). THE MEDIAN AGE IN JEFFERSON COUNTY WAS 40.3 YEARS.

RACE AND ETHNICITY

IN THE SERVICE AREA, 80.2% OF THE POPULATION IS WHITE, 12.9% ARE

HISPANIC/LATINO, 3.0% ARE ASIAN, AND 1.1% ARE BLACK/AFRICAN AMERICAN. THE

LMC SERVICE AREA HAD MORE WHITE AND ASIAN RESIDENTS THAN JEFFERSON COUNTY.

IN THE SERVICE AREA, BUFFALO CREEK HAS THE PERCENTAGE OF WHITE RESIDENTS

(98.7%). DENVER 80226 HAS THE HIGHEST PERCENTAGE OF HISPANIC OR LATINO

RESIDENTS (31.6%). IDLEDALE 80453 HAS THE HIGHEST PERCENTAGE OF ASIAN

AMERICANS (17.3%) AND DENVER 80235 HAS THE HIGHEST PERCENTAGE OF

BLACK/AFRICAN AMERICANS (5.8%) IN THE SERVICE AREA.

LANGUAGE

OVER THREE-QUARTERS OF THE SERVICE AREA POPULATION, AGES 5 YEARS AND

OLDER, SPEAK ONLY ENGLISH IN THE HOME (90.2%). 9.8% SPEAK A LANGUAGE OTHER

THAN ENGLISH AT HOME, AND 5.2% OF THE POPULATION SPEAKS SPANISH IN THE

HOME. COLORADO'S RATES OF SPANISH SPEAKING AT THE HOME AND SPEAKING A

LANGUAGE OTHER THAN ENGLISH AT HOME WERE HIGHER THAN THE SERVICE AREA.

SEE CONTINUATION BELOW

PART VI, LINE 5:

LUTHERAN MEDICAL CENTER:

Part VI Supplemental Information (Continuation)

LMC HAS A MULTITUDE OF PROGRAMS IN PLACE THROUGH ITS CANCER CENTER,
 NEUROVASCULAR CENTER, TRAUMA CENTER AND THROUGH COMMUNITY OUTREACH. A
 VARIETY OF CLASSES ARE OFFERED ON WEIGHT MANAGEMENT AND MAINTAINING A
 HEALTHY LIFESTYLE. SUPPORT GROUPS FOR CANCER PATIENTS ARE ALSO OFFERED.
 ADDITIONALLY, LMC ROUTINELY OFFERS COMMUNITY HEALTH EDUCATION, SKIN CANCER
 SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, CLASSES FOR PROSPECTIVE
 PARENTS AND DIABETES MANAGEMENT CLASSES, TO NAME A FEW. LMC PARTNERS WITH
 SAFETY NET CLINICS SUCH AS STRIDE. LMC ALSO RECOGNIZES THE ESSENTIAL NEED
 TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY, AND SERVICES. THE
 OBJECTIVES OF THESE PROGRAMS ARE TO BE A HIGHLY RELIABLE ORGANIZATION,
 OFFER HIGH QUALITY CARE, PROVIDE SAFETY FOR PATIENTS AND STAFF, AND BE
 COST EFFECTIVE. THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR
 PUBLICLY COMPARABLE DATABASES INCLUDING THE COLORADO HEALTH AND HOSPITAL
 ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES.

GOOD SAMARITAN MEDICAL CENTER:

COLLECTIVELY WITH ITS 234 LICENSED BEDS, GOOD SAMARITAN MEDICAL CENTER
 (GSMC) HAS SERVED ITS COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL
 SERVICES INCLUDING CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY,
 EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEUROSURGERY,
 OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE,
 BEHAVIORAL HEALTH, SENIOR EMERGENCY DEPARTMENT CARE, PALLIATIVE & HOSPICE
 CARE AND INTEGRATIVE HEALTH SERVICES.

A VARIETY OF DIRECTORS AND ADMINISTRATORS PARTICIPATED ON COMMUNITY BOARDS
 AND CHAMBERS IN ORDER TO ASSIST WITH COMMUNITY BUILDING. IN 2022, GSMC
 ASSOCIATES SERVED ON THE FOLLOWING COMMUNITY BOARDS OR COMMITTEES:

Part VI Supplemental Information (Continuation)

AMERICAN COLLEGE OF SURGEONS PIPS COMMITTEE, AMERICAN HEART ASSOCIATION,
 BOULDER COUNTY MEDICAL SOCIETY, NORTH CENTRAL REGION HEALTHCARE COALITION,
 ZERO SUICIDE LEARNING COLLABORATIVE, FOOTHILLS REGIONAL EMERGENCY MEDICAL
 AND TRAUMA ADVISORY COUNCIL (FRETAC), COLORADO TRAUMA NETWORK, ERIE
 CHAMBER OF COMMERCE, LAFAYETTE CHAMBER OF COMMERCE, TRAUMA CENTER
 ASSOCIATION OF AMERICAN ADVOCACY COMMITTEE, BOULDER MULTI-AGENCY
 COORDINATION GROUP, HEALTHY FUTURES COALITION, BROOMFIELD COUNTY OPIOID
 REGIONAL COUNCIL, COLORADO COMMUNITY HEALTH ALLIANCE PROGRAM IMPROVEMENT
 ADVISORY COMMITTEE, AND BOULDER COUNTY BEHAVIORAL HEALTH ROADMAP
 OPERATIONS GROUP.

COMMUNITY OUTREACH PROGRAMS: OUTREACH PROGRAMS WERE STILL IMPACTED IN 2022
 BY COVID RESTRICTIONS AND NOT ALL CLASSES AND OUTREACH EFFORTS HAD
 RETURNED TO THE NORMAL SCHEDULE.

IN ADDITION TO PRIORITY HEALTH PROGRAMMING, GOOD SAMARTIAN MEDICAL CENTER
 ALSO ENGAGES IN THE FOLLOWING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES:

BABY'S FIRST RIDE- PROVIDED 996 CAR SEAT CHECKS.

AGING MASTERY PROGRAM- THIS IS A COURSE TO HELP OLDER ADULTS IMPROVE
 HEALTHY BEHAVIORS AND TO LEARN BEHAVIORS THAT WILL INCREASE WELL-BEING AS
 THEY AGE. THE CLASS CONSISTS OF TEN 1.5 HOUR CLASSES AND COVER TOPICS SUCH
 AS: FALL PREVENTION; MEDICATION MANAGEMENT; HEALTHY EATING AND HYDRATION;
 FINANCIAL FITNESS; COMMUNITY ENGAGEMENT AND ADVANCE PLANNING.

CANCER SUPPORT GROUP: TWO GROUPS - ONE SPECIFICALLY FOR YOUNG ADULTS WITH
 CANCER OFFERED BY THE CANCER CENTERS OF COLORADO AT GSMC 200 ENCOUNTERS.

Part VI Supplemental Information (Continuation)

STROKE SUPPORT GROUP - VIRTUAL GROUP DONE IN COLLABORATION WITH THE ROCKY MOUNTAIN STROKE CENTER AND HAD 246 ENCOUNTERS.

"DOING GOOD" GRANT - FOUR GRANTS DISTRIBUTED IN 2022 FOR A TOTAL OF \$60,000. 1) VIA MOBILITY, 2) SISTER CARMEN COMMUNITY CENTER, 3) CLINICA FAMILY HEALTH, AND 4) OUT BOULDER.

EMS PROGRAM TO PROVIDE CONTINUING EDUCATION TO LOCAL EMS PROVIDERS - 2,470 ENCOUNTERS (FREDERICK-FIRESTONE FIRE DEPARTMENT, LAFAYETTE FIRE DEPARTMENT, PLEASANT VIEW FIRE DEPARTMENT).

EMS PROGRAM TO PROVIDE EDUCATIONAL FOLLOW UP TO EMS PROVIDERS WHO DROPPED OFF PATIENTS AT GSMC - 789 ENCOUNTERS.

RECERTIFICATION FOR EMS PROVIDERS (35 ENCOUNTERS) PROVIDES PARAMEDIC REFRESHER COURSE, CPR AND AED TRAINING, BASIC EKG TRAINING.

IN-KIND DONATIONS TO PROJECT CURE OF \$82,612.

STUDENT CLINICALS - 268 STUDENTS COMPLETED THEIR CLINICAL ROTATIONS IN LABORATORY, NURSING, PHARMACY, PHYSICAL MEDICINE, RADIOLOGY, RESPIRATORY, SOCIAL WORK, AND SURGERY AT GSMC.

IN CONJUNCTION WITH VITALANT BLOOD DONATION, GSMC HELD FIVE BLOOD DRIVES. EMPLOYEES AND COMMUNITY MEMBERS DONATED CLOSE TO 160 UNITS (EACH UNIT = 500 ML) OF BLOOD.

Part VI Supplemental Information (Continuation)

TRAUMA OUTREACH PROVIDED: 25 "MATTER OF BALANCE" CLASSES WITH 192 ENCOUNTERS. EIGHT "STEPPING ON" CLASSES WITH 92 ENCOUNTERS, 19 "STOP THE BLEED" TRAINING SESSIONS WITH 224 INDIVIDUALS COMPLETING THE COURSE, BICYCLE SAFETY EDUCATION AND HELMET DISTRIBUTION, SAFE ALCOHOL CONSUMPTION EDUCATION AT WESTMINSTER BREWFEST (1,900 ATTENDEES), AND THREE "THINK FIRST FOR PARENTS OF TEEN DRIVERS WITH 10 ENCOUNTERS.

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.

PART VI, LINE 6:

THE FILING ORGANIZATION IS AN AFFILIATE OF INTERMOUNTAIN HEALTH CARE, INC. (INTERMOUNTAIN), AN INTEGRATED HEALTH SYSTEM WHOSE VISION IS TO "BE A MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICES AT AN AFFORDABLE COST." INTERMOUNTAIN STRIVES TO FULFILL THAT MISSION THROUGH ACCOMPLISHING ITS STATED MISSION OF "HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE."

Part VI Supplemental Information (Continuation)

INTERMOUNTAIN HEALTH CARE, INC., IS A NONPROFIT CORPORATION EXEMPT UNDER

INTERNAL REVENUE CODE 501(C)(3). AFFILIATES WITHIN THE HEALTH SYSTEM

NETWORK INCLUDE NONPROFIT CORPORATIONS EXEMPT UNDER IRS 501(C)(3) AND

501(C)(4), TAXABLE CORPORATIONS, PARTNERSHIPS WITH PHYSICIANS, STRATEGIC

INVESTMENTS, AND JOINT VENTURES.

HEADQUARTERED IN SALT LAKE CITY, UTAH, INTERMOUNTAIN CONSISTS OF A TEAM OF

NEARLY 60,000 CAREGIVERS WHO SERVE THE HEALTHCARE NEEDS OF PEOPLE ACROSS

THE INTERMOUNTAIN WEST, INCLUDING UTAH, IDAHO, NEVADA, COLORADO, MONTANA,

WYOMING, AND KANSAS. INTERMOUNTAIN PROVIDES SERVICES TO AND PROMOTES THE

HEALTH OF THESE COMMUNITIES THROUGH 33 HOSPITALS, HUNDREDS OF CLINICS, A

MEDICAL GROUP, AFFILIATE NETWORKS, HOMECARE, TELEHEALTH, INSURANCE PLANS,

MEDICAL AIR TRANSPORT, AND OTHER SERVICES. INTERMOUNTAIN IS WIDELY

RECOGNIZED AS A LEADER IN TRANSFORMING HEALTHCARE BY USING EVIDENCE-BASED

BEST PRACTICES TO CONSISTENTLY DELIVER HIGH-QUALITY OUTCOMES AT

SUSTAINABLE COSTS.

INTERMOUNTAIN IS WORKING TO IMPROVE THE HEALTH AND WELL-BEING BY IMPROVING

MENTAL WELL-BEING, PREVENTING AVOIDABLE DISEASE, IMPROVING AIR QUALITY,

ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND OTHER COMMUNITY HEALTH

INITIATIVES.

THROUGH MULTIPLE CHARITABLE FOUNDATIONS, INTERMOUNTAIN ALSO DEVELOPS

FINANCIAL AND CHARITABLE SUPPORT FOR ITS PATIENTS WHILE ALSO SUPPORTING

OTHER NONPROFIT ORGANIZATIONS THAT PROVIDE DIRECT MEDICAL, DENTAL, AND

MENTAL SERVICES FOR LOW-INCOME, UNINSURED, OR MEDICALLY UNDERSERVED

POPULATIONS.

Part VI Supplemental Information (Continuation)

SCHEDULE H, PART VI, LINE 4

CONTINUED NARRATIVE

GOOD SAMARITAN MEDICAL CENTER:

GOOD SAMARITAN MEDICAL CENTER (GSMC) IS AN ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF LAFAYETTE, COLORADO. WHILE LAFAYETTE IS SITUATED IN BOULDER COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN ADAMS, BOULDER, BROOMFIELD, GILPIN, JEFFERSON, AND WELD COUNTIES.

TOTAL POPULATION: ON AVERAGE, FROM 2015 TO 2019, THE POPULATION OF THE GSMC SERVICE AREA WAS 1,111,074. ADAMS COUNTY HAD A POPULATION OF 504,108, BOULDER COUNTY'S POPULATION WAS 322,510, AND BROOMFIELD COUNTY'S POPULATION WAS 67,886.

POPULATION BY GENDER: IN THE GSMC SERVICE AREA, 50.3% WAS MALE AND 49.7% WAS FEMALE.

POPULATION BY AGE: YOUTH AGES 0 TO 19 COMPRISE 26.5% OF THE POPULATION IN THE SERVICE AREA. JUST OVER 61% OF THE POPULATION WAS 20 TO 64 YEARS OLD, AND 12.6% WERE AGES 65 YEARS AND OLDER. ADAMS AND WELD COUNTIES HAD THE HIGHEST PERCENTAGE OF YOUTH, AGES 0-19, (29.3%). GILPIN COUNTY HAD THE HIGHEST PERCENTAGE OF SENIORS (17.9%) AS A PROPORTION OF THE TOTAL POPULATION.

RACE/ ETHNICITY: IN THE SERVICE AREA, 69.3% OF THE POPULATION IS WHITE, 22.7% ARE HISPANIC/LATINX, 3.9% ARE ASIAN, AND 1.2% ARE BLACK/AFRICAN AMERICAN. THE SERVICE AREA HAD A GREATER PERCENTAGE OF WHITE, LATINX,

Part VI Supplemental Information (Continuation)

AND ASIAN-AMERICAN INDIVIDUALS THAN COLORADO OVERALL.

LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER: IN THE SERVICE AREA, 87.9% OF THE POPULATION, AGES 5 YEARS AND OLDER, SPEAK ONLY ENGLISH IN THE HOME. JUST UNDER 18% SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, AND 12.1% OF THE POPULATION SPEAKS SPANISH AT HOME.

ADAMS COUNTY HAD THE HIGHEST RATE OF RESIDENTS SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME (29.0%) AND GILPIN COUNTY HAD THE LOWEST (6.7%). ADAMS COUNTY HAD THE HIGHEST RATE OF RESIDENTS WHO SPEAK SPANISH AT HOME (23.6%) AND GILPIN COUNTY HAD THE LOWEST RATE OF RESIDENTS WHO SPEAK SPANISH AT HOME (2.7%).

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 38TH, WELD COUNTY CAME IN 28TH, FOLLOWED BY GILPIN COUNTY AT 6TH, JEFFERSON COUNTY AT 15TH, BOULDER COUNTY 13TH, AND BROOMFIELD COUNTY RANKED 2ND.

ECONOMICS, 2020: THE MEDIAN HOUSEHOLD INCOME IN THE STATE WAS \$77,104. THE COUNTY INCOMES WERE (FROM HIGHEST TO LOWEST) BROOMFIELD (\$106,892), JEFFERSON (\$89,696), BOULDER (\$88,341), WELD (\$78,160), ADAMS (\$75,341), AND GILPIN (\$74,806).

Part VI Supplemental Information (Continuation)

EDUCATIONAL ATTAINMENT (25+): AMONG THE SERVICE AREA POPULATION, AGES

25 AND OLDER, 8.4% HAD NOT ATTAINED A HIGH SCHOOL DIPLOMA. 91.6% OF

ADULTS WERE HIGH SCHOOL GRADUATES. 19.3% OF THE POPULATION IN THE

SERVICE AREA HAD SOME COLLEGE WITH NO DEGREE, AND 43.9% HAD A

BACHELOR'S DEGREE OR HIGHER. BOULDER COUNTY HAD THE HIGHEST RATE OF

BACHELOR'S DEGREE ATTAINMENT AMONG ITS RESIDENTS (62.1%), AND ADAMS

COUNTY HAD THE LOWEST (24.3%). ADAMS COUNTY HAD THE HIGHEST RATE OF

ADULTS WITHOUT A HIGH SCHOOL DIPLOMA (16.2%) AND GILPIN COUNTY HAD THE

LOWEST RATE (1.5%). GILPIN COUNTY HAD THE HIGHEST HIGH SCHOOL

GRADUATION RATE (98.5%) AND ADAMS COUNTY HAD THE LOWEST (83.8%).

HEALTH INSURANCE COVERAGE, CIVILIAN NONINSTITUTIONALIZED POPULATION,

AGES 18-64: HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO

ACCESS HEALTH CARE. THE HEALTHY PEOPLE 2030 OBJECTIVE IS FOR 92.1% OF

THE POPULATION TO HAVE HEALTH INSURANCE COVERAGE. IN THE SERVICE AREA,

93.8% OF THE POPULATION WAS INSURED. INSURANCE COVERAGE IN HSR 16

(BOULDER AND BROOMFIELD COUNTIES) WAS 94.7%. INSURANCE COVERAGE WAS

HIGHER IN HSR 18, WELD COUNTY (95.9%) THAN IN HSR 14, ADAMS COUNTY

(90.9%). INSURANCE COVERAGE WAS HIGHEST IN HSR 21, JEFFERSON COUNTY

(97.4%), AND LOWEST IN HSR 17, GILPIN COUNTY (88.2%). COLORADO HAD

93.5% INSURANCE COVERAGE ACROSS THE STATE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PROJECT CURE INTERNATIONAL HEADQUARTERS - 10377 E. GEDDES AVENUE - CENTENNIAL, CO 80112	84-1568566	501 (C) (3)	0.	1,558,745.	BOOK	MEDICAL SUPPLIES	PROGRAM SUPPORT
LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033	20-8846152	501 (C) (3)	704,387.	0.			PROGRAM SUPPORT
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 200 EXEMPLA CIRCLE - LAFAYETTE, CO 80026	84-1649162	501 (C) (3)	679,316.	0.			PROGRAM SUPPORT
BENEFITS IN ACTION 12157 W CEDAR DR, SUITE 100 LAKEWOOD, CO 80228	87-3774775	501 (C) (3)	42,250.	0.			PROGRAM SUPPORT
METRO COMMUNITY PROVIDER NETWORK 2255 S. ONEIDA STREET DENVER, CO 80224	74-2477108	501 (C) (3)	30,000.	0.			PROGRAM SUPPORT
SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DR. LAFAYETTE, CO 80026	84-0820308	501 (C) (3)	25,000.	0.			PROGRAM SUPPORT

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

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

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE ST WHEAT RIDGE, CO 80033	84-0474717	501 (C) (3)	21,250.	0.			PROGRAM SUPPORT
CLINICA FAMILY HEALTH SERVICES 1345 PLAZA COURT N. LAFAYETTE, CO 80026	84-0743432	501 (C) (3)	15,000.	0.			PROGRAM SUPPORT
VIA MOBILITY SERVICES 2855 63RD ST. BOULDER, CO 80301	84-0777296	501 (C) (3)	15,000.	0.			PROGRAM SUPPORT
BOULDER PRIDE 3340 MITCHELL LANE BOULDER, CO 80301	84-1467134	501 (C) (3)	15,000.	0.			PROGRAM SUPPORT
COLORADO RAILROAD MUSEUM 17155 W 44TH AVE GOLDEN, CO 80403	84-6037753	501 (C) (3)	7,500.	0.			PROGRAM SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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 (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LYDIA JUMONVILLE FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,457,019.	1,300,392.	435,796.	675,533.	19,797.	3,888,537.	382,586.
(2) JANIE WADE TREASURER 1/1-2/28/22	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	911,292.	757,353.	586,276.	296,475.	25,350.	2,576,746.	581,138.
(3) MARK KORTH PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	889,240.	847,403.	5,066.	294,602.	25,700.	2,062,011.	0.
(4) JOHN WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	604,937.	198,354.	309,972.	447,555.	20,942.	1,581,760.	0.
(5) JAMES TREADWELL, MD PHYSICIAN	(i)	640,554.	516,757.	3,266.	18,300.	33,846.	1,212,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER ALDERFER FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	570,549.	174,139.	203,606.	225,368.	28,233.	1,201,895.	72,010.
(7) JESS JOYMON, MD PHYSICIAN	(i)	823,235.	292,726.	2,099.	18,300.	34,809.	1,171,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL POSSLEY, MD PHYSICIAN	(i)	558,669.	505,290.	1,422.	0.	20,950.	1,086,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ADAM SMITH, MD PHYSICIAN	(i)	947,237.	53,460.	1,774.	18,300.	35,583.	1,056,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BASHEAL AGRAWAL, MD PHYSICIAN	(i)	861,880.	91,235.	634.	18,300.	35,296.	1,007,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS DONOHOE SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	439,403.	237,988.	85,001.	144,291.	28,450.	935,133.	83,350.
(12) DAWN ANUSZKIEWICZ PRESIDENT GSMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	443,601.	55,700.	148,753.	166,356.	26,700.	841,110.	0.
(13) STEVEN BROWN, MD VP CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	386,348.	85,438.	53,448.	124,335.	21,904.	671,473.	0.
(14) JAMES DOYLE FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	331,513.	107,328.	43,536.	118,980.	19,997.	621,354.	0.
(15) SEAN FADDEN FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	340,253.	111,907.	20,657.	102,280.	25,376.	600,473.	19,816.
(16) ANDREA BURCH VP CHIEF OPERATING/NURSING OFFICER I	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	328,726.	74,043.	35,059.	106,124.	29,650.	573,602.	33,320.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) TONI GREEN-CHEATWOOD VP CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	374,727.	33,771.	4,440.	128,810.	28,233.	569,981.	0.
(18) SCOTT DAY VP HUMAN RESOURCE OPERATIONS LMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	261,681.	58,064.	36,146.	82,802.	18,225.	456,918.	25,530.
(19) PETER BENKOWSKI VP STRATEGY & BUS DEVELOPMENT GSMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	221,153.	50,312.	22,855.	71,697.	28,450.	394,467.	19,859.
(20) MARY DEINES VP CHIEF NURSING OFFICER GSMC 1/1-5/	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	108,802.	53,319.	150,021.	52,992.	23,035.	388,169.	0.
(21) MEGAN DURNING VP STRATEGY & BUS DEVELOPMENT LMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	237,736.	51,867.	23,223.	72,527.	34.	385,387.	22,805.
(22) MICHELLE SHIAO INTERIM VP, CHIEF NURSING OFFICER 5/	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	234,542.	48,433.	944.	65,382.	29,433.	378,734.	0.
(23) TROY STOEHR VP FINANCE GSMC 6/10 - 12/31/22	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	190,438.	43,552.	351.	62,108.	28,126.	324,575.	0.
(24) STEVEN HANKINS VP CHIEF OPERATING OFFICER GSMC 7/1-	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	151,878.	0.	138,746.	24,054.	756.	315,434.	0.
(25) PATRICE FARRELL-DELINE FORMER KEY EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	181,245.	41,927.	2,039.	56,758.	20,876.	302,845.	0.
(26) ASHLEY DENTON VP FINANCE LMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,018.	21,040.	504.	61,396.	18,192.	285,150.	0.
(27) CALVIN BEASLEY VP INTEGRATIVE SVCS LMC	(i)	166,345.	37,977.	1,130.	54,159.	21,497.	281,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) HILDA DALFONSO VP FINANCE GSMC 1/1-6/10/22	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	94,403.	44,859.	380.	25,717.	17.	165,376.	0.
(29) THOMAS MYDLER, MD FORMER KEY EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	143,045.	0.	5,529.	148,574.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR:

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. 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 INTERMOUNTAIN HEALTH CARE, INC.'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

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.

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

INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED

BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY

INTERMOUNTAIN HEALTH CARE INC.'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, INTERMOUNTAIN HEALTH CARE, INC. 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

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.

5) COMPENSATION SURVEYS AND STUDIES

6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

PART I, LINES 4A-B:

SCHEDULE J, PART I, LINE 4A:

SEVERANCE PAYMENTS

THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE PAYMENTS TO FORMER EMPLOYEES. THE INDIVIDUALS AND THE AMOUNTS PAID FOR SEVERANCE IN 2022 WERE: MARY DEINES - \$148,560, THOMAS MYDLER - \$100,743.

SCHEDULE J, PART I, LINE 4B:

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.

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

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.

EXECUTIVE UPON VESTING.

NQDC SERP PLANS PRIOR TO 2014:

PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION.

THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER.

THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013.

FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS

ARE PAYABLE UPON THE END OF EMPLOYMENT. THE VESTED AMOUNTS WITHDRAWN

INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO

THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE

RECIPIENT'S W-2. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

IN 2019, THE RELATED ORGANIZATION CONSOLIDATED FOUR NON QUALIFIED DEFERRED

COMPENSATION PLANS INTO ONE PLAN. AS PART OF THIS EFFORT, ALL VESTED

BALANCES FROM THE SERP PLANS PRIOR TO 2014 WERE PAID TO THE PARTICIPANTS IN

2020. THERE ARE NO REMAINING PARTICIPANTS IN THE LEGACY PLANS.

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.

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 2022. 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 2022 WERE: JANIE WADE - \$581,138, THOMAS DONOHOE - \$83,350, JOHN WICKLUND - \$289,621, PETER BENKOWSKI - \$19,859, STEVEN BROWN - \$45,886, ANDREA BURCH - \$33,320, SCOTT DAY - \$25,530, MEGAN DURNING - \$22,805, JAMES DOYLE - \$33,481, SEAN FADDEN - \$19,816, LYDIA JUMONVILLE - \$382,586, JENNIFER ALDERFER - \$72,010.

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.

IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION EARNED OVER THE VESTING PERIOD IS REPORTED IN COLUMN C AND ANY AMOUNTS VESTED/PAID FROM A DEFERRED COMPENSATION PLAN ARE REPORTED IN COLUMN B(III). THUS, THE SAME AMOUNT WOULD BE REPORTED TWICE (FIRST WHEN IT ACCRUED DURING THE VESTING PERIOD AND AGAIN WHEN IT IS VESTED/PAID). THIS RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY ARE ACTUALLY PAID FROM THE DEFERRED COMPENSATION PLANS. COLUMN F IS INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN COLUMN B(III) THAT HAD BEEN REPORTED AS DEFERRED COMPENSATION ON A SCHEDULE J FOR A PREVIOUS YEAR). HOWEVER, THE SIGNIFICANCE OF THE AMOUNTS LISTED IN COLUMN F IS OFTEN OVERLOOKED AND GIVEN THE COMPLEXITY OF THE SCHEDULE J REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD. TO DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT) DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E.

PART I, LINE 7:

OTHER NON-FIXED PAYMENTS:

Part III Supplemental Information

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

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

THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND AWARD OPPORTUNITIES ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR MANAGEMENT LEVEL AT SCL HEALTH. ACTUAL AWARDS WILL BE PAID OUT BASED ON ATTAINMENT OF SELECTED SCL HEALTH BOARD-APPROVED GOALS, INCLUDING EBIDA (EARNINGS BEFORE INTEREST, DEPRECIATION AND AMORTIZATION), STEWARDSHIP, QUALITY, PATIENT AND ASSOCIATE SAFETY, AND PATIENT EXPERIENCE AND FULFILLMENT OF OUR MISSION.

AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR.

THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE

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.

ISSUED THEREUNDER. THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR

TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

ON APRIL 1, 2022, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

AFFILIATED WITH INTERMOUNTAIN HEALTH CARE, INC., CREATING A MODEL HEALTH

SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE

HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA,

WYOMING, AND KANSAS. THE ORGANIZATION EMPLOYS NEARLY 60,000 CAREGIVERS,

OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS

HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE

MILLION PEOPLE IN UTAH, IDAHO AND NEVADA. INTERMOUNTAIN HEALTH CARE,

INC. AND RELATED TAX-EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE

EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN KEEPING WITH

INTERMOUNTAIN HEALTH CARE, INC.'S CORE VALUE OF STEWARDSHIP,

INTERMOUNTAIN HEALTH CARE, INC.'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

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.

SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF
COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT IS REASONABLE,
APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	2,400.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	6	44,620.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MISC SUPPLIES)	X	2	4,500.	FMV
26 Other (MISC OTHER)	X	3	355.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

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

WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

FORM 990, PART III, LINES 4A - 4D

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 NORTHWEST COUNTIES OF METRO DENVER, AND OTHER AFFILIATED MEDICAL OPERATIONS. LUTHERAN MEDICAL CENTER BEGAN IN 1905 AS THE EVANGELICAL LUTHERAN SANITARIUM, A TENT COLONY FOR TUBERCULOSIS PATIENTS. IN 1961, LUTHERAN HOSPITAL, A GENERAL MEDICAL FACILITY LOCATED ON A 100-ACRE CAMPUS OPENED. IN 1973, A SIX-FLOOR TOWER WAS ADDED AND IN 1985 A CRITICAL CARE UNIT WAS ADDED, BRINGING THE NUMBER OF LICENSED BEDS TO 338, ITS CURRENT CAPACITY.

IN JANUARY 1998, LUTHERAN MEDICAL CENTER JOINED SAINT JOSEPH HOSPITAL AND EXEMPLA MEDICAL GROUP TO FORM EXEMPLA HEALTHCARE, A NON-PROFIT COMMUNITY BASED ORGANIZATION, TO MANAGE OPERATIONS OF THE HOSPITAL AND MEDICAL GROUP. IN DECEMBER 2004, GOOD SAMARITAN MEDICAL CENTER, A COMMUNITY-BASED, ACUTE-CARE HOSPITAL, WAS CONSTRUCTED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IN 2010, EXEMPLA HEALTHCARE WAS ACQUIRED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IN DECEMBER 2013, THE NAME WAS CHANGED FROM EXEMPLA HEALTHCARE TO SCL

HEALTH FRONT RANGE, INC.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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ON APRIL 1, 2022, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

AFFILIATED WITH INTERMOUNTAIN HEALTH CARE, INC., CREATING A MODEL HEALTH

SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE

HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA,

WYOMING, AND KANSAS. THE ORGANIZATION EMPLOYS NEARLY 60,000 CAREGIVERS,

OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS

HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE

MILLION PEOPLE IN UTAH, IDAHO AND NEVADA.

AS PART OF INTERMOUNTAIN HEALTH (INTEGRATED HEALTH SYSTEM), SCL HEALTH

- FRONT RANGE, INC. HAS DIRECT ACCESS TO BEST PRACTICES, RESOURCES,

TECHNOLOGY, TALENT AND STRATEGIC CAPITAL.

SCL HEALTH - FRONT RANGE, INC. HAS A VARIETY OF PROGRAMS AND SERVICES

TO SERVE THE COMMUNITY INCLUDING BUT NOT LIMITED TO:

LUTHERAN MEDICAL CENTER:

- CANCER CARE (CANCER CENTERS OF COLORADO, BREAST CARE CENTER)

- CERTIFIED COMPREHENSIVE STROKE CENTER

- EMERGENCY AND TRAUMA SERVICES (LEVEL II TRAUMA CENTER)

- FAMILY MEDICINE

- HEART AND NEUROVASCULAR CENTER

- HOSPICE AND PALLIATIVE CARE

- LABOR AND DELIVERY

- ORTHOPEDICS

- RADIOLOGY, IMAGING AND ANCILLARY SERVICES

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
--	--

- SENIOR BEHAVIORAL HEALTH
- SPORTS MEDICINE
- SURGERY CENTER (INCLUDING ROBOTIC-ASSISTED SURGERY)
- REHABILITATION SERVICES
- WOMEN'S HEALTH

GOOD SAMARITAN MEDICAL CENTER:

- CANCER CARE (CANCER CENTERS OF COLORADO)
- CHEST PAIN CENTER AND CARDIOVASCULAR CENTER OF EXCELLENCE
- EMERGENCY AND TRAUMA SERVICES (LEVEL II TRAUMA CENTER)
- INTEGRATIVE HEALTH AND HEALING CENTER
- LABOR AND DELIVERY, LEVEL II NEONATAL CARE UNIT
- ORTHOPEDICS, BONE AND JOINT INSTITUTE
- PALLIATIVE CARE
- RADIOLOGY, IMAGING AND ANCILLARY SERVICES
- STROKE CENTER
- SURGERY CENTER (INCLUDING ROBOTIC-ASSISTED SURGERY)
- REHABILITATION SERVICES
- WOMEN'S HEALTH

DURING 2022, SCL HEALTH - FRONT RANGE, INC. HAD THE FOLLOWING RESULTS:

ADMISSIONS: 27,043

OUTPATIENT VISITS: 249,875

EMERGENCY ROOM VISITS: 95,171

BIRTHS: 3,515

SURGERIES: 13,074

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
--	--

LAB TESTS: 1,740,280

MISSION, VISION, AND VALUES:

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.

VISION:

INSPIRED BY OUR FAITH, WE WILL PARTNER WITH OUR PATIENTS AND
 COMMUNITIES TO EXCEED THEIR EXPECTATIONS FOR HEALTH.

VALUES:

CARING SPIRIT - WE HONOR THE SACRED DIGNITY OF EACH PERSON.

EXCELLENCE - WE SET AND SURPASS HIGH STANDARDS.

GOOD HUMOR - WE CREATE JOYFUL AND WELCOMING ENVIRONMENTS.

INTEGRITY - WE DO THE RIGHT THING WITH OPENNESS AND PRIDE.

SAFETY - WE DELIVER CARE THAT SEEKS TO ELIMINATE ALL HARM FOR PATIENTS
 AND ASSOCIATES.

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
--	--

STEWARDSHIP - WE ARE ACCOUNTABLE FOR THE RESOURCES ENTRUSTED TO US.

AWARDS AND RECOGNITION:

LUTHERAN MEDICAL CENTER AND GOOD SAMARITAN MEDICAL CENTER EARNED A

4-STAR RATING WHEN IT COMES TO PATIENT EXPERIENCE AS REPORTED BY

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS).

BOTH LUTHERAN MEDICAL CENTER AND GOOD SAMARITAN MEDICAL CENTER ARE

PROUD TO HAVE RECEIVED AN 'A' GRADE IN SPRING 2022 FROM THE LEAPFROG

GROUP FOR HOSPITAL SAFETY. THE LEAPFROG GROUP IS A WASHINGTON D.C.

BASED ORGANIZATION AIMING TO IMPROVE HEALTHCARE QUALITY AND SAFETY FOR

CONSUMERS AND PURCHASERS. THE LEAPFROG GROUP ASSIGNS LETTER GRADES

BASED ON NUMEROUS HEALTH CARE QUALITY MEASURES.

THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION

RECOGNIZED BOTH LUTHERAN MEDICAL CENTER AND GOOD SAMARITAN MEDICAL

CENTER WITH GOLD PLUS QUALITY ACHIEVEMENT AWARD, TARGET STROKE ELITE

PLUS HONOR ROLE, AND TARGET TYPE 2 DIABETES HONOR ROLL AWARDS IN 2022

FOR THEIR CONTINUED SUCCESS FOLLOWING GUIDELINES TO SPEED RECOVERY AND

REDUCE DEATH AND DISABILITY FOR STROKE PATIENTS.

LUTHERAN MEDICAL CENTER AND GOOD SAMARITAN MEDICAL CENTER BOTH RECEIVED

THE CHEST PAIN MI REGISTRY AWARD IN 2022 FROM THE AMERICAN COLLEGE OF

CARDIOLOGY WHICH RECOGNIZES HOSPITALS THAT HAVE TOP-LEVEL PERFORMANCE

IN THEIR CARE OF PATIENTS WHILE ADHERING TO THEIR SPECIFIC GUIDELINE

RECOMMENDATIONS.

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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BOTH LUTHERAN MEDICAL CENTER AND GOOD SAMARITAN MEDICAL CENTER ARE DESIGNATED BABY-FRIENDLY UNDER THE BABY-FRIENDLY HOSPITAL INITIATIVE, A GLOBAL PROGRAM SPONSORED BY THE WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF).

LUTHERAN MEDICAL CENTER RECEIVED ACCREDITATION FROM THE PRESTIGIOUS MAGNET RECOGNITION PROGRAM IN SEPTEMBER 2020. MAGNET ACCREDITATION IS THE NATION'S TOP HONOR FOR NURSING EXCELLENCE, QUALITY PATIENT CARE, AND INNOVATIONS IN PRACTICE. ONLY 9.4% OF U.S. HOSPITALS HAVE ACHIEVED THIS DESIGNATION. GOOD SAMARITAN MEDICAL CENTER RECEIVED ACCREDITATION FROM THE MAGNET RECOGNITION PROGRAM IN AUGUST 2022.

FORM 990, PART V, LINE 1A

EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096:

THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO BE FILED.

FORM 990, PART VI, SECTION A, LINE 4:

SIGNIFICANT CHANGES TO ITS GOVERNING DOCUMENTS SINCE THE PRIOR FORM 990:

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. ("SCLHS"), THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE, INC., AFFILIATED WITH INTERMOUNTAIN HEALTH CARE, INC. ("INTERMOUNTAIN") EFFECTIVE APRIL 1, 2022. AS A RESULT, THE GOVERNING DOCUMENTS OF SCL HEALTH - FRONT RANGE, INC. WERE UPDATED TO

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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REFLECT THE NEW PARENT ORGANIZATION, INTERMOUNTAIN AS A MEMBER OF SCLHS,
 HOWEVER SCLHS CONTINUES TO BE THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE,
 INC.

AS A RESULT OF THE AFFILIATION BETWEEN SCLHS AND INTERMOUNTAIN, RESERVED
 POWERS ARE HELD BY BOTH SCLHS AND INTERMOUNTAIN. SCLHS HAS THE POWER TO
 APPOINT TRUSTEES TO THE BOARD OF DIRECTORS, SUBJECT TO RATIFICATION BY
 INTERMOUNTAIN.

RESERVED POWERS HELD BY INTERMOUNTAIN INCLUDE THE FOLLOWING:

- ESTABLISH THE MISSION, VISION, AND VALUES FOR THE CORPORATION;
- DEVELOP, ADOPT, AND OVERSEE STRATEGY, GOALS, OBJECTIVES, POLICIES,
STANDARDS, AND GUIDELINES FOR THE CORPORATION;
- ADOPT, AMEND, OR REPEAL THE GOVERNING DOCUMENTS OF THE CORPORATION;
- FIX THE NUMBER OF TRUSTEES OF THE BOARD AND APPOINT AND REMOVE TRUSTEES
TO AND FROM THE BOARD;
- APPOINT AND REMOVE THE TRUSTEES, DIRECTORS, MANAGERS, OR BOARD OFFICERS
OF THE CORPORATION;
- PROVIDE FOR THE OVERALL MANAGEMENT OF THE CORPORATION, INCLUDING
APPOINTING, OVERSEEING, AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE
OFFICER OF THE CORPORATION;
- OVERSEE AUDIT AND COMPLIANCE, CLINICAL EXCELLENCE, COMPENSATION, FINANCE,
INVESTMENT, NOMINATING AND GOVERNANCE, AND ANY OTHER NEEDED FUNCTIONS FOR
THE PROPER OPERATION OF THE CORPORATION;
- OVERSEE THE MEDICAL GROUPS OF THE SYSTEM IN A MANNER TO ENCOURAGE THE
DELIVERY OF COST-EFFECTIVE PROFESSIONAL SERVICES TO PATIENTS SERVED AND, IN
ACCORDANCE WITH APPLICABLE STATE LAW, OVERSEE CLINICAL PRACTICE AND

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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EVIDENCED-BASED MEDICINE;

- APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS, SALE,
LEASE, TRANSFER, ASSIGNMENT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF
THE ASSETS OF THE CORPORATION;

- APPROVE ANY MERGER, CHANGE OF CONTROL, DISSOLUTION, OR CORPORATE
RESTRUCTURING OF THE CORPORATION;

- OVERSEE THE ACQUISITION OR FORMATION OF ANY NEW SUBSIDIARY OF THE
CORPORATION; AND

- DIRECT FINANCES AND INVESTMENTS OF THE CORPORATION, INCLUDING CONTROLS,
OPERATING AND CAPITAL BUDGETS, INTERCOMPANY TRANSFERS OR LOANS, AND
SELECTION AND REMOVAL OF EXTERNAL AUDITORS.

THE TAX-EXEMPT PURPOSE OF SCL HEALTH - FRONT RANGE, INC. WAS UPDATED TO
INCLUDE THE FURTHERANCE OF THE TAX-EXEMPT PURPOSES OF INTERMOUNTAIN.

THE MAXIMUM NUMBER OF BOARD MEMBERS WAS INCREASED FROM 17 TO 22 TO PROVIDE
ADDITIONAL FLEXIBILITY MOVING FORWARD.

THE TERM THE BOARD CHAIR MAY SERVE WAS EXTENDED FROM 2 YEARS TO 3 YEARS.

THE DISSOLUTION CLAUSE WAS UPDATED TO THE NEW ORGANIZATIONAL PARENT,
INTERMOUNTAIN, WHO REPLACED SCLHS.

CHANGES TO THE GOVERNING DOCUMENTS MAY BE PROPOSED BY THE MEMBER, BUT NEED
TO BE APPROVED BY THE INTERMOUNTAIN BOARD, PRIOR TO ADOPTION.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS:

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF

SCL HEALTH - FRONT RANGE, INC.

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., HAS THE POWER TO APPOINT MEMBERS OF THE SCL

HEALTH - FRONT RANGE, INC. BOARD OF DIRECTORS, SUBJECT TO THE RATIFICATION

BY THE BOARD OF INTERMOUNTAIN HEALTH CARE, INC.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS:

WHILE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. ("SCLHS") IS

THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE INC., RESERVED POWERS ARE

PRIMARILY HELD BY INTERMOUNTAIN HEALTH CARE, INC. ("INTERMOUNTAIN"), WHO AS

A RESULT OF MERGER, IS A MEMBER OF SCLHS. SCLHS, HAS THE POWER TO APPOINT

TRUSTEES TO THE BOARD OF DIRECTORS, WHICH ARE SUBJECT TO RATIFICATION BY

INTERMOUNTAIN. RESERVED POWERS HELD BY INTERMOUNTAIN INCLUDE:

- ESTABLISH THE MISSION, VISION, AND VALUES FOR THE CORPORATION;

- DEVELOP, ADOPT, AND OVERSEE STRATEGY, GOALS, OBJECTIVES, POLICIES,

STANDARDS, AND GUIDELINES FOR THE CORPORATION;

- ADOPT, AMEND, OR REPEAL THE GOVERNING DOCUMENTS OF THE CORPORATION;

- FIX THE NUMBER OF TRUSTEES OF THE BOARD AND APPOINT AND REMOVE TRUSTEES

TO AND FROM THE BOARD;

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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- APPOINT AND REMOVE THE TRUSTEES, DIRECTORS, MANAGERS, OR BOARD OFFICERS OF THE CORPORATION;
- PROVIDE FOR THE OVERALL MANAGEMENT OF THE CORPORATION, INCLUDING APPOINTING, OVERSEEING, AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION;
- OVERSEE AUDIT AND COMPLIANCE, CLINICAL EXCELLENCE, COMPENSATION, FINANCE, INVESTMENT, NOMINATING AND GOVERNANCE, AND ANY OTHER NEEDED FUNCTIONS FOR THE PROPER OPERATION OF THE CORPORATION;
- OVERSEE THE MEDICAL GROUPS OF THE SYSTEM IN A MANNER TO ENCOURAGE THE DELIVERY OF COST-EFFECTIVE PROFESSIONAL SERVICES TO PATIENTS SERVED AND, IN ACCORDANCE WITH APPLICABLE STATE LAW, OVERSEE CLINICAL PRACTICE AND EVIDENCED-BASED MEDICINE;
- APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS, SALE, LEASE, TRANSFER, ASSIGNMENT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION;
- APPROVE ANY MERGER, CHANGE OF CONTROL, DISSOLUTION, OR CORPORATE RESTRUCTURING OF THE CORPORATION;
- OVERSEE THE ACQUISITION OR FORMATION OF ANY NEW SUBSIDIARY OF THE CORPORATION; AND
- DIRECT FINANCES AND INVESTMENTS OF THE CORPORATION, INCLUDING CONTROLS, OPERATING AND CAPITAL BUDGETS, INTERCOMPANY TRANSFERS OR LOANS, AND SELECTION AND REMOVAL OF EXTERNAL AUDITORS.

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 HEALTH CARE SYSTEM.
THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT. A COPY OF

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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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 DEPARTMENT PRIOR TO FILING THE FORM 990 WITH THE INTERNAL
 REVENUE SERVICE.

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

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

SCL HEALTH - FRONT RANGE, INC. AND 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, OFFICERS AND DIRECTORS.
 PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS BOARD MEMBERS,
 OFFICERS, PHYSICIANS, EXECUTIVES AND DIRECTOR LEVEL MANAGERS ARE ALL
 REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT UPON HIRE/APPOINTMENT
 AND ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICT ISSUES. THESE
 STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY AND
 COMPLIANCE DEPARTMENT AND APPROPRIATE LEADERSHIP.

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

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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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 SUPERVISOR AND/OR BOARD CHAIR.

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, COMPLETE A DISCLOSURE, AND RETURN IT TO THE SCL HEALTH INTEGRITY

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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AND COMPLIANCE DEPARTMENT.

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

THE INTERESTED PERSON'S LOCAL COMPLIANCE AND PRIVACY OFFICER AND/OR SUPERVISOR/BOARD OR COMMITTEE CHAIR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. PERSON(S) RESPONSIBLE FOR THE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIANCE OR LEGAL DEPARTMENTS.

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

WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS. THE PROPOSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST INTERESTS AND IS FAIR AND REASONABLE. A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD, COMMITTEE OR OTHER DECISION-MAKING BODY.

MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR AUDIT AND COMPLIANCE COMMITTEES. ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE HEALTH CARE SYSTEM'S TAX DEPARTMENT FOR COMPLIANCE WITH THE FORM 990 TAX RETURN.

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

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

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 INTERMOUNTAIN HEALTH CARE, INC. 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 INTERMOUNTAIN HEALTH

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

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84-1103606

CARE, INC.'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 INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY INTERMOUNTAIN HEALTH CARE, INC.'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, INTERMOUNTAIN HEALTH CARE, INC. 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

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

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

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

FORM 990, PART VII, SECTION B, LINE 2

INDEPENDENT CONTRACTORS:

THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO BE FILED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	79,100,525.
MANAGEMENT AND GENERAL EXPENSES	3,735,352.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	82,835,877.

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	21,023,463.
MANAGEMENT AND GENERAL EXPENSES	992,788.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,016,251.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	57,086,961.
MANAGEMENT AND GENERAL EXPENSES	2,695,808.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,782,769.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	164,634,897.

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

FAIR VALUE ACQUISITION ADJUSTMENT	105,176,308.
BOOK VS. TAX DEPRECIATION	-131,921.
TOTAL TO FORM 990, PART XI, LINE 9	105,044,387.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization <p align="center">SCL HEALTH - FRONT RANGE, INC.</p>	Employer identification number <p align="center">84-1103606</p>
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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
GOOD SAMARITAN MEDICAL CENTER, LLC - 43-1982139, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	HOSPITAL SERVICES	COLORADO	342,542,364.	281,551,169.	SCL HEALTH - FRONT RANGE, INC.
SCL HEALTH MEDICAL GROUP - DENVER, LLC - 46-3778226, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	205,416,342.	35,232,661.	SCL HEALTH - FRONT RANGE, INC.
SCL PHYSICIANS - RMPC, LLC - 35-2563201 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	0.	0.	SCL HEALTH MEDICAL GROUP - DENVER, LLC
SCL HEALTH MEDICAL GROUP - GRAND JUNCTION, LLC - 46-3778277, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81502	PHYSICIAN SERVICES	COLORADO	117,477,897.	13,887,451.	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.

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

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

Schedule R (Form 990) 2022

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH		X
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL		X
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SISTERS OF CHARITY OF LEAVENWORTH		X
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 DENVER, CO 80211	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SISTERS OF CHARITY OF LEAVENWORTH		X
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.		X
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.	X	
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.	X	
ST. MARYS HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. MARYS HOSPITAL FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARYS HOSPITAL & MEDICAL CENTER,		X
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
MARIAN CLINIC, INC. - 48-1046905 3164 SE 6TH AVENUE TOPEKA, KS 66607	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOLY ROSARY HEALTHCARE - 81-0231792 2600 WILSON STREET MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
HOLY ROSARY HEALTHCARE FOUNDATION, INC. - 20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE		X
ST. JAMES HEALTHCARE - 81-0231785 400 SOUTH CLARK STREET BUTTE, MT 59701	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. JAMES HEALTHCARE FOUNDATION, INC. - 65-1202190, 400 SOUTH CLARK STREET, BUTTE, MT 59701	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	ST. JAMES HEALTHCARE		X
SCL HEALTH - MONTANA - 81-0232124 1233 NORTH 30TH STREET BILLINGS, MT 59101	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. VINCENT HEALTHCARE FOUNDATION, INC. - 81-0468034, 1106 NORTH 30TH STREET, BILLINGS, MT 59101	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	SCL HEALTH - MONTANA		X
INTERMOUNTAIN HEALTH CARE, INC. - 87-0269232 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	HOLDING COMPANY	UTAH	501(C)(3)	LINE 12B, II	N/A		X
INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC. - 94-2853320, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 12B, II	INTERMOUNTAIN HEALTH CARE, INC.		X
SELECTHEALTH, INC. - 87-0409820 5381 GREEN STREET MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UTAH	501(C)(4)		INTERMOUNTAIN HEALTH CARE, INC.		X
INTERMOUNTAIN HEALTH CARE RETIREE VEBA - 74-2675605, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	RETIREE BENEFIT	UTAH	501(C)(9)		INTERMOUNTAIN HEALTH CARE, INC.		X
INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. - 80-0225150, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTH SERVICES, INC.		X
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC. - 00-0160881, 6355 SOUTH BUFFALO, LAS VEGAS, NV 89113	HOLDING COMPANY	DELAWARE	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH SERVICES, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SCLH-GI ENDOSCOPY HOLDINGS, LLC - 81-2979243, 382 S. ARTHUR AVENUE, LOUISVILLE, CO 80027	OP ENDOSCOPY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCLTDI JV, LLC - 47-2294770 4200 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER) - 27-2270640, 1144 NORTH 28TH STREET, BILLINGS,	PHYSICAL THERAPY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUMMIT SURGERY CENTER, LLC - 81-0536068, 434 SOUTH CLARK STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A		X
WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	REAL ESTATE MANAGEMENT	MT	N/A	C CORP	N/A	N/A	N/A		X
LEAVEN INSURANCE COMPANY, LTD. - 98-0370522 23 LIME TREE BAY AVENUE, WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK, INC. - 46-3632053, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	MT	N/A	C CORP	N/A	N/A	N/A		X
SELECTHEALTH BENEFIT ASSURANCE COMPANY - 87-0497549, 5381 GREEN STREET, MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OP SURGERY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MONUMENT HEALTH, LLC. - 47-4424617, 744 HORIZON CT., STE. 260, GRAND JUNCTION, CO 81506	HEALTH CARE NETWORK	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PAVILION IMAGING, LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OP CANCER	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	RENTAL REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GALLATIN VALLEY SURGERY CENTER, LLC - 88-2505265, 2825 WEST MAIN STREET, SUITE C, BOZEMAN, MT 59718	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	
FIRST FLIGHT OF WYOMING, LLC - 92-1785143, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MCKAY DEE SURGICAL CENTER, LLC - 26-0286308, 3895 HARRISON BLVD, STE 200, OGDEN, UT 84403	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GRANDEUR PEAK INTERNATIONAL STALWARTS, LP - 47-5468723, 136 S. MAIN STREET, STE 720, SALT LAKE CITY, UT 84101	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INNOVATION FUND HOLDINGS COMPANY, LLC - 47-1525723, 1000 WEST FULTON STREET, STE 213, CHICAGO, IL 60607	INNOVATION	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHBOX SALT LAKE CITY I, LLC - 46-5338772, 33 WEST MONROE STREET, STE 1700, CHICAGO, IL 60603	INNOVATION	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INTERMOUNTAIN VENTURES FUND, LLC - 84-4037085, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PELION OPPORTUNITY FUND III, LLC - 84-2757193, 2750 E COTTONWOOD PARKWAY, STE 600, SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP KOREA BUYOUT INVESTORS II, LP - 82-4971663, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP SPECIAL SITUATIONS II, LP - 83-2883726, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AACP KOREA BUYOUT INVESTORS IV, LP - 98-1549044, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LOGAN SURGERY CENTER, LLC - 86-1965725, 1300 NORTH 500 EAST, LOGAN, UT 84341	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. GEORGE SURGERY CENTER, LLC - 85-3880188, 652 SOUTH MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SALTZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642	OP SURGERY	ID	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HW AE CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N. MILITARY TRAIL #470, BOCA RATON, FL 33431	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR,	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300 WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SARATOGA SPRINGS SURGERY CENTER, LLC - 87-3875864, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PARK CITY SURGICAL CENTER REAL ESTATE, LLC - 86-2568233, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CDHC 3, LLC - 87-3215157 265 N. COUNTRY MANOR LANE ALPINE, UT 84004	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ARK GLOBAL EMERGING COMPANIES, LP - 82-3044843, 22 EAST 100 SOUTH, 3RD FLOOR, SALT LAKE CITY, UT 84111	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
HEALTHCARE CAPTIVE INSURANCE COMPANY - 20-1937561, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		X
NAVICAN GENOMICS, INC. - 81-4153832 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	CANCER TREATMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
ALLUCEO, INC. - 82-4614934 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	MENTAL HEALTH INTEGRATION SERVICES	DE	N/A	C CORP	N/A	N/A	N/A		X
SALTZER MEDICAL GROUP, INC. - 82-0299231 215 EAST HAWAII AVENUE NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A		X
CLASSIC MEDICAL, INC. - 46-1141912 1021 SOUTH DOUGLAS STREET SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A		X
CLASSIC HELICOPTERS, INC. - 46-1153642 1021 SOUTH DOUGLAS STREET SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A		X
CULMINATION BIO, INC. - 36-5016511 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A		X

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	B	679,316.	CASH
(2) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	C	507,956.	CASH
(3) LUTHERAN MEDICAL CENTER FOUNDATION	B	704,387.	CASH
(4) LUTHERAN MEDICAL CENTER FOUNDATION	C	1,505,258.	CASH
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SCL HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH RESEARCH INSTITUTE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

INTEGRITY HEALTH

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

MOUNT ST. VINCENT HOME, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SAINT JOSEPH HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARYS HOSPITAL & MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARYS HOSPITAL FOUNDATION

DIRECT CONTROLLING ENTITY: ST. MARYS HOSPITAL & MEDICAL CENTER, INC

NAME OF RELATED ORGANIZATION:

CARITAS CLINICS, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

MARIAN CLINIC, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

HOLY ROSARY HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. JAMES HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - MONTANA

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

Part VII Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

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

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

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

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831