



Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission:

TO PROVIDE THE HIGHEST QUALITY HEALTH CARE TO OUR COMMUNITY BY BRINGING EXCELLENCE, VALUE AND SERVICE TOGETHER TO PROMOTE, IMPROVE AND RESTORE HEALTH

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

YesNo

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

4

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

4a

(Code: ) (Expenses \$ 73,303,101 including grants of \$ 5,696 ) (Revenue \$ 73,805,114 )

DURING 2022, SOUTHWEST HEALTH SYSTEMS SERVED APPROXIMATELY 49,185 INPATIENTS AND OUTPATIENTS, 61,094 PATIENTS WERE SERVED THROUGH OUR PHYSICIAN CLINICS, AND 13,560 PATIENTS WERE SEEN IN OUR EMERGENCY ROOM.

4b

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

4c

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

4d

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses 73,303,101

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	103
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		2a	606			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		Yes		
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .		3a			No	
b		If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .		3b				
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No	
b		If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a			No	
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		5c				
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .		6a			No	
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		6b				
7		Organizations that may receive deductible contributions under section 170(c).						
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		7a			No	
b		If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		7b				
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		7c			No	
d		If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		7d				
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		7g				
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		7h				
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9		Sponsoring organizations maintaining donor advised funds.						
a		Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .		9b				
10		Section 501(c)(7) organizations. Enter:						
a		Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a				
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		10b				
11		Section 501(c)(12) organizations. Enter:						
a		Gross income from members or shareholders . . . . .		11a				
b		Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		11b				
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13		Section 501(c)(29) qualified nonprofit health insurance issuers.						
a		Is the organization licensed to issue qualified health plans in more than one state? . . . . .		13a				
		Note. See the instructions for additional information the organization must report on Schedule O.						
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		13b				
c		Enter the amount of reserves on hand . . . . .		13c				
14a		Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		14a			No	
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .		14b				
15		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .		15			No	
16		If the organization is a trust, did it file Form 4720, Schedule N, to report the section 4968 excise tax on net investment income? . . . . .		16			No	
17		Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .		17				
		If "Yes," complete Form 6069.						

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed.	C O
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: SHELLE DIEHM 1311 NORTH MILDRED CORTEZ, CO 81321 (970) 564-2153	



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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) BRADEN JONES ..... CLINIC PHYSICIAN	40.00 .....					X		901,766	0	21,787
(2) KEVIN MATTESON MD ..... PHYSICIAN/CHIEF OF STAFF (BEG 05/22)	40.00 .....			X				516,622	0	22,280
(3) ERIN SCHMITT ..... CLINIC PHYSICIAN	40.00 .....					X		495,689	0	24,636
(4) RANDY DAVIDSON ..... HOSPITAL PHYSICIAN	40.00 .....					X		438,489	0	34,428
(5) JOEL BAGLEY ..... CLINIC PHYSICIAN	40.00 .....					X		436,747	0	23,643
(6) KENTON ASCHE ..... HOSPITAL PHYSICIAN	40.00 .....					X		428,020	0	34,428
(7) BEN CARELOCK ..... CHIEF OF STAFF (END 05/22)	40.00 .....			X				270,113	0	22,316
(8) CHARLES KRUPA ..... CIO	40.00 .....			X				207,415	0	20,728
(9) TRAVIS PARKER ..... CHRO	40.00 .....				X			165,538	0	17,257
(10) DAN VALVERDE ..... CHAIR	3.50 .....	X		X				0	0	0
(11) SUSAN HODGDON ..... VICE-CHAIR	3.00 .....	X		X				0	0	0
(12) SHIRLEY JONES ..... SECRETARY/TREASURER	2.00 .....	X		X				0	0	0
(13) SEAN KILLOY ..... DIRECTOR	2.00 .....	X						0	0	0
(14) JEANIE GENTRY ..... CEO (BEG 01/22)	40.00 .....			X				0	0	0
(15) JEANETTE FILPI ..... CEO (END 01/22)	40.00 .....			X				0	0	0
(16) JULIE LEONARD ..... CFO	40.00 .....			X				0	0	0
(17) LISA GATES ..... CNO	40.00 .....			X				0	0	0

**(A)**  
Name and title

(C)  
Position (do not check more than one box,  
unless person is both an officer and a  
director/trustee)

Individual trustee or director

Institutional Trustee;

Officer

Key empi

employee

Highest

**(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

40.00

X

0

0

0

3,860,399	0	221,503

58

	Yes	No
3		No
4	Yes	

4	Yes	
---	-----	--

5		No
---	--	----

**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.

(B)	
Description of services	

**(C)**  
Compensation

CONTRACT EMPLOYEES	
--------------------	--

3,092,651

CONTRACT ANESTHESIOLOGIST
---------------------------

476,632

CONTRACT ANESTHESIOLOGIST
---------------------------

476,632

	BUILDING
--	----------

---

426.745

	BUILDING
--	----------

---

426.745

CONTRACT PROVIDERS
--------------------

---

333.678

CONTRACT PROVIDERS
--------------------

---

333.678

Page 10 of 10

2007/01/05


---

1000

13



Part VIII

Statement of Revenue

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

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

Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code				
			621999	70,217,971	70,217,971		
		b PHARMACY	621399	2,991,733	2,991,733		
		c 340B REVENUE	621399	334,005	334,005		
		d					
		e					
		f All other program service revenue.					
		g Total. Add lines 2a-2f. . . . .		73,543,709			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			137,445			137,445
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a	(i) Real	(ii) Personal				
	6a	Gross rents		20,800			
	6b	Less: rental expenses		0			
	6c	Rental income or (loss)		20,800			
	d Net rental income or (loss)			20,800			20,800
	7a	(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		270,407	3,600		
	7b	Less: cost or other basis and sales expenses		166,925	28,291		
	7c	Gain or (loss)		103,482	-24,691		
	d Net gain or (loss)			78,791			78,791
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
			8a				
	8b	Less: direct expenses	8b				
	c Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19					
			9a				
	9b	Less: direct expenses	9b				
	c Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances					
			10a				
	10b	Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory						

Other	Revenue	Misc	Amt	Business Code			
				722310	248,891	248,891	
				900099	85,381		85,381
	11a	CAFETERIA REVENUE					
	b	REBATES & PURCHASE DISCOUNTS					
	c						
	d	All other revenue . . . . .			12,514	12,514	
	e	Total. Add lines 11a-11d . . . . .			346,786		
	12	Total revenue. See instructions . . . . .			77,308,607	73,805,114	0

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	5,696	5,696		
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 . . . . .	1,242,269	1,154,659	87,610	
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 . . . . .	37,623,498	34,970,136	2,653,362	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	474,726	441,246	33,480	
9 Other employee benefits . . . . .	4,195,510	3,899,626	295,884	
10 Payroll taxes . . . . .	2,176,340	2,022,856	153,484	
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .	121,747	114,353	7,394	
c Accounting . . . . .	123,259		123,259	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .	12,677		12,677	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,078,805	5,709,626	369,179	
12 Advertising and promotion . . . . .	45,468	42,285	3,183	
13 Office expenses . . . . .	1,331,541	1,238,333	93,208	
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	1,691,027	1,572,655	118,372	
17 Travel . . . . .	232,305	216,044	16,261	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	155,065	144,210	10,855	
20 Interest . . . . .	1,568,295	1,458,514	109,781	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	4,160,328	3,869,105	291,223	
23 Insurance . . . . .	863,659	803,203	60,456	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	10,211,489	10,211,489		
b PROVIDER TAX	2,477,409	2,477,409		
c REPAIRS AND MAINTENANCE	2,103,917	1,956,642	147,275	
d DUES AND SUBSCRIPTIONS	381,973	355,235	26,738	
e All other expenses	889,855	639,779	250,076	
25 Total functional expenses. Add lines 1 through 24e	78,166,858	73,303,101	4,863,757	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .		5,160	1	5,160	
	2	Savings and temporary cash investments . . . . .		12,319,165	2	10,960,453	
	3	Pledges and grants receivable, net . . . . .			3		
	4	Accounts receivable, net . . . . .		7,738,627	4	7,110,573	
	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 . . . . .			7		
	8	Inventories for sale or use . . . . .		1,832,726	8	1,425,402	
	9	Prepaid expenses and deferred charges . . . . .		640,617	9	791,174	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	87,851,090			
	b	Less: accumulated depreciation	10b	52,377,223	37,194,635	10c	35,473,867
	11	Investments—publicly traded securities . . . . .			11		
	12	Investments—other securities. See Part IV, line 11 . . . . .		2,296,299	12	2,025,892	
	13	Investments—program-related. See Part IV, line 11 . . . . .			13		
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11 . . . . .		4,703,510	15	4,703,996	
16	Total assets. Add lines 1 through 15 (must equal line 33) . . . . .		66,730,739	16	62,496,517		
Liabilities	17	Accounts payable and accrued expenses . . . . .		7,107,442	17	8,940,203	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .		3,066,925	19	0	
	20	Tax-exempt bond liabilities . . . . .		28,982,347	20	26,804,088	
	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 . . . . .		2,714,726	23	2,827,386	
	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 . . . . .		5,604,900	25	6,173,932	
	26	Total liabilities. Add lines 17 through 25 . . . . .		47,476,340	26	44,745,609	
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 . . . . .		19,254,399	27	17,750,908	
	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 . . . . .		19,254,399	32	17,750,908	
	33	Total liabilities and net assets/fund balances . . . . .		66,730,739	33	62,496,517	

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	77,308,607
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,166,858
3	Revenue less expenses. Subtract line 2 from line 1	3	-858,251
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,254,399
5	Net unrealized gains (losses) on investments	5	-645,240
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	17,750,908

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		No
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

SCHEDULE A

(Form 990)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SOUTHWEST HEALTH SYSTEM INC

Employer identification number

84-1337350

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 **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						

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

Cat. No. 11285F

Schedule A (Form 990) 2022

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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) . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> 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** . . . . . ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	

**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 . . . . . ☐

**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 . . . . . ☐

**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 . . . . . ☐

**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 . . . . . ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐



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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.) .						
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

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	
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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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)

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

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>
<b>2</b>	Enter 85% of line 1	<b>2</b>
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>
<b>5</b>	Income tax imposed in prior year	<b>5</b>
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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-- explain in Part VI ). 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 e		
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. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 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. . . . .		

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

Facts And Circumstances Test

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

## Additional Data

**Return to Form**

# Software ID:

## Software Version:



<b>Schedule B</b>  (Form 990) Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2022</b>
Name of the organization SOUTHWEST HEALTH SYSTEM INC		<b>Employer identification number</b> 84-1337350

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Employer identification number**  
84-1337350

## Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
SOUTHWEST HEALTH SYSTEM INC

**Employer identification number**  
84-1337350

**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
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>

Name of organization SOUTHWEST HEALTH SYSTEM INC	Employer identification number 84-1337350
---	--

**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 information once. See instructions.) ► \$ \_\_\_\_\_

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

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

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

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

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

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

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

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

Name of the organization SOUTHWEST HEALTH SYSTEM INC	Employer identification number 84-1337350
---	--

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

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

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

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

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					



Part II-B

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers? .....		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
c	Media advertisements? .....		No	
d	Mailings to members, legislators, or the public? .....		No	
e	Publications, or published or broadcast statements? .....		No	
f	Grants to other organizations for lobbying purposes? .....		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
i	Other activities? .....	Yes		2,431
j	Total. Add lines 1c through 1i .....			2,431
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
b	If "Yes," enter the amount of any tax incurred under section 4912 .....			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	THE LOBBYING EXPENSE IS THE ALLOCABLE PORTION OF DUES PAID TO CHA AND AHA DISCLOSED AS LOBBYING ACTIVITY. TOTAL DUES FOR AHA AND CHA WERE \$21,155 AND \$38,871 RESPECTIVELY. CHA PROVIDED THE PERCENTAGE TO USE FOR LOBBYING ALLOCATION PURPOSES FOR 2022.

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization SOUTHWEST HEALTH SYSTEM INC	Employer identification number 84-1337350
---	--

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

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

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements . . . . .	2a
b	Total acreage restricted by conservation easements . . . . .	2b
c	Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4	Number of states where property subject to conservation easement is located ▶ _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____ (ii) Assets included in Form 990, Part X . . . . . ▶ \$ _____	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____ b Assets included in Form 990, Part X . . . . . ▶ \$ _____	

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Term endowment ▶ .....

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

3a

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

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b

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

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

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,047,048		1,047,048
b Buildings . . . . .		53,096,048	25,672,857	27,423,191
c Leasehold improvements				
d Equipment . . . . .		31,309,832	24,382,778	6,927,054
e Other . . . . .		2,398,162	2,321,588	76,574
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				35,473,867

Schedule D (Form 990) 2021

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)ASSETS WHOSE USE IS LIMITED	4,275,302
(2)ROU ASSET OPERATING LEASE	428,694
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . .	4,703,996

Part X

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,173,932

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

☒

Part XI

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	76,650,690
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	-645,240
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	-645,240
3	Subtract line 2e from line 1 . . . . .	3	77,295,930
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	12,677
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	12,677
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	77,308,607

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	78,154,181
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	78,154,181
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	12,677
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	12,677
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	78,166,858

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE HEALTH SYSTEM AND RECOGNIZE A TAX LIABILITY IF THE HEALTH SYSTEM HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE HEALTH SYSTEM, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022 AND 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE HEALTH SYSTEM IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

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

Name of the organization  
SOUTHWEST HEALTH SYSTEM INC

Employer identification number  
84-1337350

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
b	If "Yes," was it a written policy? . . . . .	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 25000.0000000000 %	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <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 %	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
6a	Did the organization prepare a community benefit report during the tax year? . . . . .		No
b	If "Yes," did the organization make it available to the public? . . . . .		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			3,192,631		3,192,631	4.080 %
b Medicaid (from Worksheet 3, column a) . . . . .			19,685,803	17,932,042	1,753,761	2.240 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			22,878,434	17,932,042	4,946,392	6.320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5) . . . . .			51,723		51,723	0.070 %
g Subsidized health services (from Worksheet 6) . . . . .			6,602,579	5,430,658	1,171,921	1.500 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			5,346		5,346	0.010 %
j Total. Other Benefits . . . . .			6,659,648	5,430,658	1,228,990	1.580 %
k Total. Add lines 7d and 7j . . . . .			29,538,082	23,362,700	6,175,382	7.900 %



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	2		1,050		1,050
0 %					
4 Environmental improvements					
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy					
8 Workforce development					
9 Other					
10 Total	2		1,050		1,050
0 %					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2	3,782,417	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3		
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	4,061,627	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	4,074,111	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-12,484	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

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)

<p><b>Section A. Hospital Facilities</b></p> <p>(list in order of size from largest to smallest—see instructions)</p> <p>How many hospital facilities did the <u>organization</u> operate during the tax year?</p> <p>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)</p>	ER—other
	ER—24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
	Licensed hospital
	Other (describe)

1	SOUTHWEST MEMORIAL HOSPITAL 1311 NORTH MILDRED CORTEZ, CO 81321 WWW.SWHEALTH.ORG 012206	X	X			X		X	
---	---	---	---	--	--	---	--	---	--

A horizontal timeline with a vertical line at the start and several tick marks along the top.

[illegible][illegible]



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)  
SOUTHWEST MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SOUTHWEST MEMORIAL HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
	a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250.000000000000 %			
	b <input type="checkbox"/> Income level other than the FPG (describe in Section C)			
	c <input type="checkbox"/> Asset level			
	d <input checked="" type="checkbox"/> Medical indigency			
	e <input type="checkbox"/> Insurance status			
	f <input type="checkbox"/> Underinsurance discount			
	g <input type="checkbox"/> Residency			
	h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients? . . . . .	14	Yes	
15	Explained the method for applying for financial assistance? . . . . .	15	Yes	
	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? . . . . .	16	Yes	
	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): WWW.SWHEALTH.ORG/PATIENT-VISITORS/FINANCIAL-ASSISTANCE/			
	b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.SWHEALTH.ORG/PATIENT-VISITORS/FINANCIAL-ASSISTANCE/			
	c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.SWHEALTH.ORG/PATIENT-VISITORS/FINANCIAL-ASSISTANCE/			
	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			
	h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V

Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group		SOUTHWEST MEMORIAL HOSPITAL		
		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a Reporting to credit agency(ies) b Selling an individual's debt to another party c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous d Actions that required a legal or judicial process e Other similar actions (describe in Section C) f None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a Reporting to credit agency(ies) b Selling an individual's debt to another party c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous d Actions that required a legal or judicial process e Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the b Made a reasonable effort to orally notify individuals about the FAP and ECA application process (if not, describe in Section C) c Processed incomplete and complete FAP applications (if not, describe in Section C) d Made presumptive eligibility determinations (if not, describe in Section C) e Other (describe in Section C) f None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a The hospital facility did not provide care for any emergency medical conditions b The hospital facility's policy was not in writing c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d Other (describe in Section C)	21	Yes	

**Part V Facility Information** *(continued)*

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

SOUTHWEST MEMORIAL HOSPITAL

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

	Yes	No
<b>22</b> 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.		
<b>a</b> <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>b</b> <input 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		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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?	<b>23</b>	No
If "Yes," explain in Section C. . . . .		
<b>24</b> 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? . . . . .	<b>24</b>	No
If "Yes," explain in Section C.		

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.

Form and Line Reference	Explanation
SOUTHWEST MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5: SOUTHWEST HEALTH SYSTEM'S ("SHS") LEADERSHIP WORKED WITH CHC CONSULTING IN THE DEVELOPMENT OF ITS MOST RECENT CHNA. SHS PROVIDED ESSENTIAL DATA AND RESOURCES NECESSARY TO INITIATE AND COMPLETE THE PROCESS, INCLUDING THE DEFINITION OF THE HOSPITAL'S STUDY AREA AND THE IDENTIFICATION OF KEY COMMUNITY STAKEHOLDERS TO BE INTERVIEWED.CHC CONSULTING CONDUCTED THE FOLLOWING RESEARCH:- A DEMOGRAPHIC ANALYSIS OF THE STUDY AREA, UTILIZING DEMOGRAPHIC DATA FROM STRATASAN- A STUDY OF THE MOST RECENT HEALTH DATA AVAILABLE- CONDUCTED ONE-ON-ONE PHONE INTERVIEWS WITH INDIVIDUALS WHO HAVE SPECIAL KNOWLEDGE OF THE COMMUNITIES AND ANALYZED THE RESULTSSHS FACILITATED THE REVIEW OF COLLECTED DATA IN JULY 2022 WITH THE CHNA TEAM, WHICH INCLUDED:- JEANIE GENTRY, CEO- LISA GATES, CNO- CAITLIN DECROW, QUALITY PROJECT NAVIGATOR - KALLY WILLIAMS, QUALITY AND FINANCIAL DATA ANALYST- ERIK LAMBERT, QUALITY AND RISK MANAGER- MEGAN HIGMAN, DIRECTOR OF INPATIENT SERVICES & EDUCATION- SHERI WILLBURN, CASE MANAGER- BRIDGETT JABOUR, CONTRACT ADMINISTRATION- WILL JANSEN, PRACTICE ADMINISTRATOR/SYSTEM PROVIDER RECRUITER
SOUTHWEST MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11: THE FIVE MOST SIGNIFICANT NEEDS, AS DISCUSSED DURING THE JULY 2022 PRIORITIZATION MEETING, ARE LISTED BELOW:1. ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE SERVICES AND PROVIDERS2. CONTINUED RECRUITMENT & RETENTION OF HEALTHCARE WORKFORCE3. INCREASED EMPHASIS ON ADDRESSING SOCIAL DETERMINANTS OF HEALTH TO REDUCE HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS4. PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLES 5. ACCESS TO DENTAL CARE SERVICES AND PROVIDERSPRIORITY #1: ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE SERVICES AND PROVIDERS:DATA SUGGESTS THAT RESIDENTS IN MONTEZUMA COUNTY DO NOT HAVE ADEQUATE ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE SERVICES AND PROVIDERS. MONTEZUMA COUNTY HAS A LOWER RATE OF MENTAL HEALTH CARE PROVIDERS PER 100,000 THAN THE STATE. MANY INTERVIEWEES MENTIONED THE NEED FOR ADDITIONAL AVAILABILITY OF MENTAL HEALTH PROVIDERS LIKE THERAPISTS, COUNSELORS AND SOCIAL WORKERS, PARTICULARLY FOR VETERANS. IT WAS MENTIONED SEVERAL TIMES THAT THE LIMITED ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE SERVICES IS DUE TO PERCEIVED LONG WAIT TIMES, AFFORDABILITY/INSURANCE BARRIERS AS WELL AS A LIMITED WORKFORCE AND LOCAL OPTIONS OF CARE. ONE INTERVIEWEE STATED: "THERE'S A LACK OF WORKFORCE FOR BEHAVIORAL HEALTH PROGRAMS. THERE'S JUST NOT ENOUGH PROGRAMS AND THE ONLY PLACE THAT SEEMS TO HAVE IT IS AT AXIS HEALTH. PEOPLE WANT OTHER SOURCES BUT THEY NEED TO HAVE INSURANCE." THERE WERE CONFLICTING COMMENTS AMONGST INTERVIEWEES ON THELENGTH OF TIME IT TAKES TO GET AN APPOINTMENT. A FEW INTERVIEWEES DISCUSSED THE LACK OF LOCAL INPATIENT SERVICES ARE LEADING TO OUTMIGRATION TO DURANGO, GRAND JUNCTION, PUEBLO AND THE FRONT RAGE. ONE INTERVIEWEE STATED: "THERE'S NO INPATIENT CARE. THE NEAREST THING WE HAVE IS A DETOX AND THAT'S IN DURANGO. THE NEAREST INPATIENT WOULD BE IN GRAND JUNCTION, PUEBLO AND THE FRONT RANGE. GRAND JUNCTION IS 4 HOURS, PUEBLO IS 7 HOURS AND THE FRONT RANGE IS 8 HOURS AWAY." INTERVIEWEES ALSO DISCUSSED HOW SUBSTANCE MISUSE/ABUSE IS ADDING TO MENTAL AND BEHAVIORAL HEALTH ISSUES IN THE AREA, PARTICULARLY FOR THE YOUTH POPULATION. ONE INTERVIEWEE STATED: "WE NEED TO GET REALLY SERIOUS ABOUT YOUNG PEOPLE'S MENTAL HEALTH TO HELP ALLEVIATE SOME OF THE HEALTH RISKS IN THE FUTURE. KIDS ARE USING DRUGS AND THEN HAVING SERIOUS SMOKING ISSUES AND LUNG CANCER." ADDITIONALLY, IT WAS NOTED THAT THERE ARE SPECIFIC REQUIREMENTS FOR LOCAL FACILITIES AND THAT IS LEADING TO LIMITATIONS IN PATIENTS SEEKING MENTAL AND BEHAVIORAL HEALTH CARE. ONE INTERVIEWEE STATED: "THERE'S A SMALL HEALTH SYSTEM IN TOWN THAT'S THE GATEKEEPER FOR MENTAL HEALTH. LET'S SAY YOU ARE AN ALCOHOLIC. THEY WON'T TREAT YOU UNTIL YOU'RE NOT DRINKING OR ARE DETOXED. WE NEED PROVIDERS THAT ARE LINKED TO THE HOSPITAL THAT CAN HELP THEM."PRIORITY #2: CONTINUED RECRUITMENT & RETENTION OF HEALTHCARE WORKFORCE:MONTEZUMA COUNTY HAS A HIGHER PERCENTAGE OF INDIVIDUALS WHO DO NOT HAVE A PERSONAL DOCTOR AS COMPARED TO THE STATE. ADDITIONALLY, MONTEZUMA COUNTY HAS SEVERAL HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATIONS AS DEFINED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). IT WAS NOTED BY INTERVIEWEES THAT THERE IS A NEED FOR RECRUITMENT AND RETENTION OF THE HEALTHCARE WORKFORCE IN THE COMMUNITY, SUCH AS PHYSICIANS AND NURSES. ONE INTERVIEWEE STATED: "I THINK WE HAVE A LOVELY HOSPITAL. THE BIGGEST CONCERN IS KEEPING PHYSICIANS HERE. THAT TENDS TO BE A REVOLVING DOOR. THAT IS A BIG CONCERN. HOW DO WE INCENTIVIZE PROVIDERS TO STAY HERE AND CREATE THOSE RELATIONSHIPS WITH THE PATIENTS?" ANOTHER INTERVIEWEE STATED: "BRINGING MORE PHYSICIANS AND NURSES TO THE AREA [IS A NEED]. ACROSS THE BOARD, YOU CAN'T GET ANYTHING DONE BECAUSE YOU DON'T HAVE A PHYSICIAN BUT ONCE YOU GET THE PHYSICIAN, THEN YOU DON'T HAVE NURSES [TO HELP]." IN REGARDS TO PRIMARY CARE, INTERVIEWEES ACKNOWLEDGED EFFORTS MADE BY THE HOSPITAL TO IMPROVE PRIMARY CARE ACCESS, HOWEVER, THERE ARE STILL ISSUES WITH ACCESSING PROVIDERS DUE TO LONG WAIT TIMES AT APPOINTMENTS, LACK OF AVAILABLE PROVIDERS, AFFORDABILITY BARRIERS AND LIMITED INTERNET ACCESS. ONE INTERVIEWEE STATED: "OUR HOSPITAL DOES A GREAT JOB WITH THE RESOURCES THEY HAVE. HOWEVER, WE DO SERVE MORE THAN MONTEZUMA COUNTY. THE SYSTEM IS OVERWHELMED. PEOPLE ARE AGITATED BECAUSE THEY ARE EXPECTING TO BE SEEN AND THEN AREN'T SEEN FOR A COUPLE OF HOURS. THERE'S JUST NOT ENOUGH PROVIDERS FOR THE COMMUNITY." ANOTHER INTERVIEWEE STATED: "PRIMARY CARE IS WHERE I SEE THE MAJORITY OF THE ISSUES. EITHER THERE ARE NO DOCTORS OR THEY CAN'T AFFORD IT. RECENTLY I HAD SOMEONE TELL ME THAT TO GET AN APPOINTMENT, IT WAS ABOUT 3060 DAYS. I KNOW SOME DOCTORS ARE DOING TELEHEALTH BUT THERE ARE A LOT OF PEOPLE WITHOUT WIFI OR TECHNOLOGY." THERE WERE CONCERNS DISCUSSED BY INTERVIEWEES SURROUNDING THE UNMET NEEDS OF THE AGING/ELDERLY POPULATION DUE TO LIMITED KNOWLEDGE OF TELEMEDICINE USAGE FOR APPOINTMENTS. INTERVIEWEES HAD





**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(List each facility, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **7**

Name and address	Type of Facility (describe)
<b>1</b> 1 - SOUTHWEST MEMORIAL PRIMARY CARE 1311A N MILDRED RD SUTIE B C D CORTEZ, CO 81321	RURAL HEALTH CLINIC
<b>2</b> 2 - SOUTHWEST WALK-IN CARE 1413 N MILDRED RD CORTEZ, CO 81321	RURAL HEALTH CLINIC
<b>3</b> 3 - MANCOS VALLEY HEALTH CENTER 111 RAILROAD AVENUE MANCOS, CO 81328	RURAL HEALTH CLINIC
<b>4</b> 4 - SW MEMORIAL PHYSICIANS SPECIALTY CARE 1311A N MILDRED RD SUITE A CORTEZ, CO 81321	PHYSICIAN OFFICE
<b>5</b> 5 - SOUTHWEST SCHOOL-BASED HEALTH CENTER 418 SOUTH SLIGO STREET CORTEZ, CO 81321	RURAL HEALTH CLINIC
<b>6</b> 6 - SOUTHWEST MEDICAL GROUP PARK ST 111 NORTH PARK CORTEZ, CO 81321	NON-RURAL HEALTH CLINIC
<b>7</b> 7 - SOUTHWEST HEALTH SYSTEM PHARMACY 1311A N MILDRED RD CORTEZ, CO 81321	NON-RURAL HEALTH CLINIC
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI

Supplemental Information

Provide the following information.

- 1

**Required descriptions.**

Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2

**Needs assessment.**

Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3

**Patient education of eligibility for assistance.**

Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.
- 4

**Community information.**

Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5

**Promotion of community health.**

Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6

**Affiliated health care system.**

If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7

**State filing of community benefit report.**

If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ADDITION TO THE FPG, THE ORGANIZATION CONSIDERS MEDICAL INDIGENCY WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE.
PART I, LINE 7:	THE ORGANIZATION USED A COST-TO-CHARGE RATIO FOR LINES 7A. UNREIMBURSED MEDICAID AND SUBSIDIZED HEALTH SERVICES WERE CALCULATED USING THE COST REPORT AND ANALYZING THE MEDICARE RATIO OF COST TO CHARGE FOR THE RESPECTIVE COST CENTERS. THE INFORMATION FOR LINES 7E AND 7I WAS DERIVED FROM INFORMATION IN THE GENERAL LEDGER AND OTHER FINANCIAL DATA RELATED SPECIFICALLY TO THE VARIOUS TYPES OF COMMUNITY BENEFITS.
PART I, LINE 7G:	THE AMOUNTS REPORTED IN SUBSIDIZED HEALTH SERVICES INCLUDES COSTS FOR A RURAL HEALTH CLINIC AND AMBULANCE SERVICES.
PART III, LINE 2:	THE BAD DEBT ON LINE 2 IS REPORTED AT CHARGES. THE HEALTH SYSTEM REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD PARTY PAYERS, PATIENTS, AND OTHERS. THE HEALTH SYSTEM PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS.
PART III, LINE 4:	THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSES CAN BE FOUND ON PAGE 24-27 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8:	ONE HUNDRED PERCENT OF ANY SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. A FACILITY MUST BE ABLE TO RECOVER ITS COSTS IN ORDER TO CONTINUE TO PROVIDE QUALITY CARE TO MEDICARE PATIENTS AND THE COMMUNITY AS A WHOLE. SERVICES ARE PROVIDED TO PATIENTS UNDER THE MEDICARE PROGRAM KNOWING THAT NOT ALL COSTS ASSOCIATED WITH ROVIDING THESE SERVICES WILL BE RECOVERED. PROVIDING THESE SERVICES IS ESSENTIAL TO THESE PATIENTS AND THE COMMUNITY AND INCREASES THEIR ACCESS TO HEALTHCARE SERVICES. THEREFORE, THE ENTIRE MEDICARE SHORTFALL IS CONSIDERED A COMMUNITY BENEFIT. MEDICARE ALLOWABLE COSTS OF CARE ARE BASED ON THE MEDICARE COST REPORT. THE MEDICARE COST REPORT IS COMPLETED BASED ON THE RULES AND REGULATIONS SET FORTH BY CENTERS FOR MEDICARE AND MEDICAID SERVICES.
PART III, LINE 9B:	THE ORGANIZATION REFRAINS FROM SENDING PATIENT ACCOUNTS TO COLLECTION UNTIL 120 DAYS AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT. IF A PATIENT APPLIES FOR FINANCIAL ASSISTANCE WITHIN 240 DAYS OF THE DATE OF THE FIRST POST-DISCHARGE BILLINGS STATEMENT THE ORGANIZATION WILL PULL THE ACCOUNTS FROM COLLECTIONS.
PART V, LINE 11 CONTINUED	(CONTINUED)PRIORITY #3: INCREASED EMPHASIS ON ADDRESSING SOCIAL DETERMINANTS OF HEALTH TO REDUCE HEALTH DISPARITIES AMONG SPECIFIC POPULATIONS:DATA SUGGESTS THAT SOME RESIDENTS IN THE STUDY AREA FACE SIGNIFICANT COST BARRIERS WHEN ACCESSING THE HEALTHCARE SYSTEM. MONTEZUMA COUNTY ALSO HAS A HIGHER PERCENTAGE OF FAMILIES AND CHILDREN LIVING BELOW POVERTY THAN THE STATE. ADDITIONALLY, MONTEZUMA COUNTY HAS A LOWER MEDIAN HOUSEHOLD INCOME THAN THE STATE, HIGHER OVERALL AND CHILD FOOD INSECURITY RATES, HIGHER RATES OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) RECIPIENTS, AS WELL AS A HIGHER PERCENTAGE OF PUBLIC SCHOOL STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE LUNCH THAN THE STATE. MONTEZUMA COUNTY HAS A HIGHER RATE OF THOSE ADULTS (AGE 1864) WHO ARE UNINSURED AS COMPARED TO THE STATE. WHEN ANALYZING THE ECONOMIC STATUS, MONTEZUMA COUNTY IS IN MORE ECONOMIC DISTRESS THAN OTHER COUNTIES IN THE STATE. ADDITIONALLY, MONTEZUMA COUNTY IS DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS AND MEDICALLY UNDERSERVED AREAS, AS DEFINED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). INTERVIEWEES DISCUSSED THE LIMITED ACCESSIBILITY AND OPTIONS FOR LOW INCOME, UN/UNDERINSURED POPULATIONS. INTERVIEWEES ALSO EXPRESSED CONCERN ABOUT MEDICARE ADVANTAGE COVERAGE AND CONTRACTS FOR FUTURE SERVICES. IT WAS NOTED SEVERAL TIMES THAT AFFORDABILITY ISSUES ARE LEADING TO PATIENTS SEEKING CARE AT THE EMERGENCY ROOM, PARTICULARLY THOSE ON MEDICAID. A FEW INTERVIEWEES DESIRE ADDITIONAL SUPPORT FOR THE WORKING POOR TO AFFORD HEALTH SERVICES. LASTLY, A COUPLE OF INTERVIEWEES DISCUSSED THE LOW PRIORITIZATION AND UTILIZATION OF AFFORDABLE HEALTH CARE OPTIONS FOR SPECIFIC GROUPS. ONE INTERVIEWEE STATED: "THERE'S A REASON WHY LOWER COST OPTIONS ARE NOT UTILIZED. I THINK PEOPLE [WHO ARE STRUGGLING] ARE IN A PRETTY HIGH LEVEL OF SURVIVAL MODE. THAT CUT DOWNS THE AWARENESS OF OPTIONS." INTERVIEWEES ACKNOWLEDGED THE COMMUNITY IMPROVEMENT IN ACCESSING HEALTH CARE SERVICES HOWEVER, THERE IS STILL A CONTINUED NEED TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITY LIKE TRANSPORTATION AND CHILD CARE. ONE INTERVIEWEE STATED: "WE'VE GROWN OUR ACCESS BUT WE STILL NEED THE SOCIAL DETERMINANTS OF HEALTH ADDRESSED IN OUR COMMUNITIES LIKE TRANSPORTATION. SOME PATIENTS CAN'T COME

Form and Line Reference	Explanation
	<p>TO THEIR APPOINTMENTS BECAUSE OF TRANSPORTATION OR THERE'S NO CHILD CARE AVAILABLE." A FEW INTERVIEWEES DISCUSSED THE LIMITED TRANSPORTATION OPTIONS IN THE COMMUNITY, PARTICULARLY FOR THE MEDICAID POPULATION. ONE INTERVIEWEE STATED: "I SEE PATIENTS WHO ARE DISCHARGED FROM THE HOSPITAL AND [NEED] THE EXTRA HELP, LIKE GETTING TRANSPORTATION. A LOT OF PATIENTS ARE OVERWHELMED AND CAN'T GET THEMSELVES TO RESOURCES [THEY NEED]." ANOTHER INTERVIEWEE STATED: "TRANSPORTATION IS HUGE WHICH REALLY TIES TO HAVING ACCESS TO HEALTHCARE. THAT IS ONE OF THE BIGGEST BARRIERS THAT THIS AREA IS NOT ADDRESSING. PUBLIC TRANSPORTATION IS LIMITED. THE BUS PICKS UP CERTAIN QUALIFIED INDIVIDUALS TO GET A RIDE. I'VE HEARD ONE ISSUE AT AXIS HEALTH. THERE AREN'T ENOUGH MEDICAID TRANSPORTS THAT ASSIST THE PATIENTS THAT NEED TO GET TO THEIR APPOINTMENTS." LASTLY, A FEW INTERVIEWEES MENTIONED THE LACK OF LOCAL VA CLINICS LEADING TO OUTMIGRATION. ONE INTERVIEWEE STATED: "SOME VETERANS HAVE TO DRIVE 45 MILES ONE WAY OR 7580 MILES TO BE ABLE TO GO TO THE VA CLINIC. THIS IS SOMETHING WE NEED TO GET HASHED OUT." WHEN ASKED ABOUT WHICH SPECIFIC GROUPS ARE AT RISK FOR INADEQUATE CARE, INTERVIEWEES SPOKE ABOUT THE ELDERLY, TEENAGERS/ADOLESCENTS, LOW INCOME, RACIAL/ETHNIC, VETERANS/MILITARY DEPENDENTS, AND THE HOMELESS. WITH REGARDS TO THE ELDERLY POPULATION, INTERVIEWEES DISCUSSED AN INCREASING NEED FOR PALLIATIVE CARE, INTERNAL MEDICINE AND SPECIALTY CARE NEEDS, A NEED FOR END OF LIFE PROGRAMS/FACILITIES, TRANSPORTATION BARRIERS, ALZHEIMER'S DISEASE AND DEMENTIA AS WELL AS A NEED FOR AFFORDABLE LONG TERM CARE AND ASSISTED LIVING FACILITIES. WITH THE TEENAGERS/ADOLESCENT POPULATION, INTERVIEWEES MENTIONED TRANSPORTATION BARRIERS, OBESITY AND PHYSICAL INACTIVITY, A NEED MORE MENTAL AND BEHAVIORAL HEALTH SERVICES, A NEED TO DECREASE THE STIGMA ASSOCIATED WITH MENTAL AND BEHAVIORAL HEALTH, FOOD INSECURITY, DEPRESSION AND SUICIDE, AS WELL AS ALCOHOL AND SUBSTANCE MISUSE/ABUSE. LOW INCOME RESIDENTS WERE DISCUSSED AS BEING DISPROPORTIONATELY CHALLENGED BY A NEED FOR AWARENESS OF PROGRAMS IN THE COMMUNITY, INSURANCE/AFFORDABILITY OF SERVICES, ACCESS TO HOUSING, ACCESS TO HEALTHCARE, TRANSPORTATION BARRIERS, DOMESTIC VIOLENCE CONCERNS, ALCOHOL AND SUBSTANCE MISUSE/ABUSE. RACIAL/ETHNIC GROUPS WERE DISCUSSED AS FACING TRANSPORTATION ISSUES, PARTICULARLY FOR NATIVE AMERICANS LIVING IN THE RESERVATIONS, CULTURAL PRACTICES LEADING TO POTENTIAL BARRIERS LIKE MISTRUST AND GENERATIONAL KNOWLEDGE, ACCESS TO HEALTH SERVICES, PARTICULARLY FOR INDIVIDUALS LIVING ON THE RESERVATIONS, DEPRESSION AND SUICIDE AS WELL AS ALCOHOL AND SUBSTANCE MISUSE/ABUSE. VETERANS/MILITARY DEPENDENTS WERE BROUGHT UP AS A SUBGROUP OF THE POPULATION THAT MAY BE DISPROPORTIONATELY AFFECTED BY A LACK OF ACCESS TO LOCAL, NEARBY VA SERVICES AS WELL AS TRANSPORTATION BARRIERS. LASTLY, THE HOMELESS POPULATION WAS DISCUSSED BY INTERVIEWEES AS A GROWING POPULATION AND A GROUP THAT HAS AN INCREASING DEMAND FOR HEALTH SERVICES, TRANSPORTATION BARRIERS, AND A NEED FOR AFFORDABLE AND AVAILABLE SHELTER/HOUSING OPTIONS.PRIORITY #4: PREVENTION, EDUCATION AND SERVICES TO ADDRESS HIGH MORTALITY RATES, CHRONIC DISEASES, PREVENTABLE CONDITIONS AND UNHEALTHY LIFESTYLE:DATA SUGGESTS THAT HIGHER RATES OF SPECIFIC MORTALITY CAUSES AND UNHEALTHY BEHAVIORS WARRANT A NEED FOR INCREASED PREVENTIVE EDUCATION AND SERVICES TO IMPROVE THE HEALTH OF THE COMMUNITY. HEART DISEASE AND CANCER ARE THE TWO LEADING CAUSES OF DEATH IN MONTEZUMA COUNTY AND THE STATE. MONTEZUMA COUNTY HAS HIGHER MORTALITY RATES THAN COLORADO FOR THE FOLLOWING CAUSES OF DEATH: HEART DISEASE; CANCER; ACCIDENTS (UNINTENTIONAL INJURIES); CHRONIC LOWER RESPIRATORY DISEASES, INTENTIONAL SELFHARM (SUICIDE); CHRONIC LIVER DISEASE AND CIRRHOSIS, DIABETES MELLITUS; AND LUNG AND BRONCHUS CANCER. MONTEZUMA COUNTY HAS HIGHER PREVALENCE RATES OF CHRONIC CONDITIONS, SUCH AS ADULTS WITH DIABETES, ARTHRITIS AND ADULTS WITH HIGH BLOOD PRESSURE. MONTEZUMA COUNTY HAS HIGHER PERCENTAGES OF RESIDENTS PARTICIPATING IN UNHEALTHY LIFESTYLE BEHAVIORS SUCH AS PHYSICAL INACTIVITY AND BINGE DRINKING THAN THE STATE. WITH REGARDS TO MATERNAL AND CHILD HEALTH, SPECIFICALLY, MONTEZUMA COUNTY HAS HIGHER LOW BIRTH WEIGHT BIRTHS, HIGHER TEEN (AGE 019 YEARS) BIRTH AND HIGHER RATES OF WOMEN WHO RECEIVED INADEQUATE PRENATAL CARE THAN THE STATE. DATA SUGGESTS THAT MONTEZUMA COUNTY RESIDENTS ARE NOT APPROPRIATELY SEEKING PREVENTIVE CARE SERVICES, SUCH AS TIMELY MAMMOGRAPHY, COLONOSCOPY OR PAP TESTS. MONTEZUMA COUNTY HAS LOWER VACCINATION RATES FOR ADULTS AND THOSE 65+ WHO HAVE RECEIVED THEIR FLU VACCINE IN THE PAST 12 MONTHS AND THOSE 65+ WHO HAVE RECEIVED THEIR PNEUMONIA VACCINE IN THE PAST 12 MONTHS AS COMPARED TO THE STATE. MONTEZUMA COUNTY HAS A LOWER RATE OF DENTISTS PER 100,000 THAN THE STATE AS WELL. MONTEZUMA COUNTY HAS A LOWER PERCENTAGE OF ITS POPULATION VACCINATED WITH THE FIRST DOSE AND SECOND DOSE AND A LOWER TOTAL AMOUNT OF COVID19 CASES THAN THE STATE (INFORMATION AS OF JULY 22, 2022). SEVERAL INTERVIEWEES EXPRESSED APPRECIATION FOR THE HOSPITAL IN EDUCATING PATIENTS ON THE IMPORTANCE OF HAVING A DOCTOR AND COLLABORATION BETWEEN LOCAL ORGANIZATIONS. ONE INTERVIEWEE STATED: "HEALTHY LIFESTYLE MANAGEMENT IS AN AREA THAT WE ACTUALLY DO REASONABLY WELL IN BETWEEN THE HOSPITAL, COMMUNITY CLINICS AND THE PUBLIC HEALTH DEPARTMENT. IF PEOPLE ARE INTERESTED IN HEALTHY LIFESTYLE INFORMATION THEY CAN FIND IT." IT WAS MENTIONED THAT THERE WAS A DESIRE TO SEE ADDITIONAL MARKETING OF SERVICES IN THE COMMUNITY AS WELL AS MORE EDUCATION ON HEALTHY LIFESTYLES. ONE INTERVIEWEE STATED: "WE HAVE GOT TO EDUCATE ON HOW TO TAKE CARE OF ONESELF. IT'S NOT ABOUT TAKING A PILL THAT WILL TAKE CARE OF ONESELF. A LOT OF PEOPLE THINK THAT WAY AND IN REALITY THAT DOESN'T WORK. IT'S A HUGE EDUCATION COMPONENT." SEVERAL INTERVIEWEES ACKNOWLEDGED THE LOCAL RESOURCES IN THE COMMUNITY BUT MENTIONED HOW THERE WERE POTENTIAL BARRIERS FOR SOME POPULATIONS DUE TO COST. ONE INTERVIEWEE STATED: "WE DO HAVE A RECREATIONAL CENTER AND THREE OTHER GYMS BUT AGAIN, IT'S THE COST." A COUPLE OF INTERVIEWEES EXPRESSED CONCERN SURROUNDING EQUITABLE HEALTH OPPORTUNITIES FOR THE COMMUNITY AND POTENTIAL BARRIERS FOR SOME SENIORS REGARDING THE AFFORDABILITY OF FOOD AND MEALS. ONE INTERVIEWEE STATED: "DO WE HAVE EQUITABLE HEALTH OPPORTUNITIES? I WOULD SAY NO. THERE ARE SUPPORT GROUPS LIKE AA AND NA BUT THAT'S IF YOU HAVE SPECIFIC PROBLEMS. WE DO HAVE A SENIOR CENTER THAT SERVES MEALS BUT THEY AREN'T NECESSARILY FREE."</p>
PART VI, LINE 2:	IN ADDITION TO THE CHNA DATA COLLECTION AND ANALYSIS, INPUT IS RECEIVED FROM MEDICAL STAFF, HOSPITAL LEADERSHIP, AND THE BOARD. THE HOSPITAL ALSO REVIEWS NEEDS AS PART OF THE COLORADO MANDATED HOSPITAL TRANSFORMATION PROJECT, AND

Form and Line Reference	Explanation
	IS A PARTICIPANT IN COLORADO'S REGIONAL ACCOUNTABLE ENTITIES (RAE).
PART VI, LINE 3:	PATIENTS ARE SENT LETTERS DESCRIBING THE PROGRAMS AVAILABLE TO ASSIST WITH THEIR MEDICAL BILLS. THE LETTER EXPLAINS THE PROCESS AND THE DOCUMENTS NEEDED TO COMPLETE THE ASSISTANCE APPLICATIONS(S). THE LETTER ALSO ENCOURAGES THE PATIENT TO CHECK THEIR ELIGIBILITY WITH THEIR STATE MEDICAID OFFICE. FOLLOW-UP APPOINTMENTS ARE SCHEDULED WITH FINANCIAL COUNSELORS TO COMPLETE THE ASSISTANCE APPLICATIONS.
PART VI, LINE 4:	GEOGRAPHICALLY, THE PRIMARY SERVICE AREA (PSA) OF SHS IS COMPRISED OF SEVEN ZIP CODES WITHIN AND AROUND MONTEZUMA COUNTY IN SOUTHWEST COLORADO. THE PSA IS SITUATED BETWEEN THE MOUNTAINS TO THE EAST AND DESERTS TO THE WEST. MONTEZUMA COUNTY IS RURAL AND HEAVILY AGRICULTURAL AND VERY DEPENDENT UPON TOURISM. THE MEDIAN AGE IN MONTEZUMA COUNTY AND THE STATE IS EXPECTED TO SLIGHTLY INCREASE OVER THE NEXT FIVE YEARS (2022-2027). MONTEZUMA COUNTY (44.7 YEARS) HAS AN OLDER MEDIAN AGE THAN COLORADO (37.9) (2022). THE MEDIAN HOUSEHOLD INCOME IN MONTEZUMA COUNTY AND THE STATE IS EXPECTED TO INCREASE OVER THE NEXT FIVE YEARS (2022-2027).- MONTEZUMA COUNTY (\$57,603) HAS A LOWER MEDIAN HOUSEHOLD INCOME THAN COLORADO (\$84,521) (2022).- MONTEZUMA COUNTY (33.3%) HAS A LOWER PERCENTAGE OF RESIDENTS WITH A BACHELOR OR ADVANCED DEGREE THAN THE STATE (44.6%) (2022). UNEMPLOYMENT RATES IN MONTEZUMA COUNTY AND THE STATE INCREASED BETWEEN 2019 AND 2020.- IN 2021, MONTEZUMA COUNTY (5.6%) HAD A SLIGHTLY HIGHER UNEMPLOYMENT RATE THAN THE STATE (5.4%).- BETWEEN 2016 AND 2020, THE PERCENT OF CHILDREN (<18 YEARS) LIVING BELOW POVERTY IN MONTEZUMA COUNTY AND COLORADO DECREASED.- MONTEZUMA COUNTY (20.0%) HAS HIGHER PERCENTAGE OF CHILDREN (<18 YEARS) LIVING BELOW POVERTY THAN COLORADO (10.6%) (2020).THE COUNTY HEALTH RANKINGS RANK 59 COUNTIES IN COLORADO (1 BEING THE BEST, 59 BEING THE WORST). MANY FACTORS GO INTO THESE RANKINGS, INCLUDING:- LENGTH OF LIFE (PREMATURE DEATHS)- CLINICAL CARE (PRIMARY CARE PROVIDERS, PREVENTABLE HOSPITAL DAYS, MAMMOGRAPHY SCREENINGS)- SOCIAL AND ECONOMIC FACTORS (HIGH SCHOOL COMPLETION, CHILDREN IN POVERTY, INJURY DEATHS)
PART VI, LINE 5:	SHS'S BOARD OF DIRECTORS IS CURRENTLY COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA (PSA) AND ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF SHS, WITH THE EXCEPTION OF ONE MEMBER WHO IS AN INDEPENDENT CONTRACTOR AS A CRNA. MEDICAL STAFF PRIVILEGES ARE OPEN TO ALL QUALIFIED PHYSICIANS. SURPLUS FUNDS ARE USED TO IMPROVE THE CARE OF PATIENTS. SHS HOLDS EDUCATION HEALTH SEMINARS, OPEN AT NO CHARGE TO COMMUNITY MEMBERS, AND PARTICIPATES IN HEALTH FAIRS WITH FREE AND LOW COST SCREENING EXAMS.

# Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization  
SOUTHWEST HEALTH SYSTEM INC

Employer identification number  
84-1337350

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
1b 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes".to any.of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.		No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1BRADEN JONES CLINIC PHYSICIAN	(i)	589,301	209,361	103,104	9,150	12,637	923,553	0
	(ii)	0	0	0	0	0	0	0
2KEVIN MATTESON MD PHYSICIAN/CHIEF OF STAFF (BEG 05/22)	(i)	514,021	309	2,292	7,252	15,028	538,902	0
	(ii)	0	0	0	0	0	0	0
3ERIN SCHMITT CLINIC PHYSICIAN	(i)	419,212	39,463	37,014	9,150	15,486	520,325	0
	(ii)	0	0	0	0	0	0	0
4RANDY DAVIDSON HOSPITAL PHYSICIAN	(i)	437,691	0	798	19,400	15,028	472,917	0
	(ii)	0	0	0	0	0	0	0
5JOEL BAGLEY CLINIC PHYSICIAN	(i)	408,505	0	28,242	2,423	21,220	460,390	0
	(ii)	0	0	0	0	0	0	0
6KENTON ASCHE HOSPITAL PHYSICIAN	(i)	326,997	0	101,023	19,400	15,028	462,448	0
	(ii)	0	0	0	0	0	0	0
7BEN CARELOCK CHIEF OF STAFF (END 05/22)	(i)	254,549	4,423	11,141	7,288	15,028	292,429	0
	(ii)	0	0	0	0	0	0	0
8CHARLES KRUPA CIO	(i)	163,114	23,573	20,728	6,482	14,246	228,143	0
	(ii)	0	0	0	0	0	0	0
9TRAVIS PARKER CHRO	(i)	146,567	18,454	517	5,106	12,151	182,795	0
	(ii)	0	0	0	0	0	0	0



**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	BEGINNING IN APRIL 2018, SHS ENTERED INTO A MANAGEMENT AGREEMENT WITH COMMUNITY HEALTH CONSULTING (CHC). CHC REVIEWS MANAGEMENT'S COMPENSATION USING METHODS IN PART I, LINE 3.
PART I, LINE 7	QUARTERLY PRODUCTIVITY BONUSES WERE PAID OUT FOR BRADEN JONES AND ERIN SCHMITT DEPENDING ON THE NUMBER OF SERVICES PROVIDED ABOVE THEIR CONTRACTED AMOUNTS.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization  
SOUTHWEST HEALTH SYSTEM INC

Employer identification number  
84-1337350

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MONTEZUMA COUNTY COLORADO	84-6000786	000000000	11-15-2016	39,261,315	CONSTRUCT EMS FACILITY & HOSPITAL IMPROVEMENTS & REFUND BOND ISSUED 9/27/07.		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	11,770,020							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	39,261,315							
4	Gross proceeds in reserve funds . . . . .	998,250							
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	494,475							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	29,204,329							
11	Other spent proceeds . . . . .	8,564,261							
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)? . . . . .	X							
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X						
b	Exception to rebate? . . . . .	X							
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X							

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V Procedures To Undertake Corrective Action**

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

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

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

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

Name of the organization  
SOUTHWEST HEALTH SYSTEM INC

Employer identification number  
84-1337350

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

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

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

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

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LACY MOORE	DAUGHTER OF BOARD MEMBER	55,283	COMPENSATION		No
(2) KIERRA FURY	DAUGHTER-IN-LAW OF BOARD MEMBER	77,139	COMPENSATION		No
(3) BROOKS & BROOKS LLC	JOHN BROOKS, LEGAL OFFICER IS AN OWNER	108,109	1099		No

**Part V Supplemental Information**

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

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



## Additional Data

[Return to Form](#)

Software ID:

Software Version:

**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 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization  
SOUTHWEST HEALTH SYSTEM INC

**Employer identification number**

84-1337350

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	SOUTHWEST HEALTH SYSTEM (SHS) HAS ENTERED INTO A MANAGEMENT AGREEMENT WITH COMMUNITY HEALTH CONSULTING (CHC) TO PROVIDE MANAGEMENT SERVICES FOR THE FACILITY. THE CEO, CFO, AND CNO ARE EMPLOYEES OF THE MANAGEMENT COMPANY. SHS PAID CHC \$403,456.46 FOR SERVICES FOR THE CEOS JEANETTE FILPI AND JEANIE GENTRY, \$104,464.43 FOR THE CFO SERVICES OF JULIE LEONARD, AND \$192,004.60 FOR CNO SERVICES OF LISA GATES.
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES THAT ARE ABLE TO ACT ON BEHALF OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY A THIRD PARTY, AND REVIEWED IN DETAIL BY THE CEO AND CFO FOR APPROVAL. IT IS PROVIDED TO THE GOVERNING BOARD FOR THEIR REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICIES COVER THE BOARD OF DIRECTORS, SENIOR LEADERSHIP, DEPARTMENT DIRECTORS, ALL EMPLOYEES, AND VOLUNTEERS. POTENTIAL CONFLICTS ARE REVIEWED REGULARLY AT THE LEVEL ABOVE THE INDIVIDUAL INVOLVED AND PROHIBITS OR REQUIRES DISCLOSURE OF ANY CONFLICT. WE DO NOT SEE MANY CHANGES LOCALLY OR ABROAD. WE CONSULT WITH ALL MEMBERS. IF A CONFLICT SHOULD ARISE, ANY VOTING MEMBERS OF THE BOARD SHALL RECUSE THEMSELVES FROM VOTING.
FORM 990, PART VI, SECTION B, LINE 15	LINE 15A: BEGINNING IN APRIL 2018, SOUTHWEST HEALTH SYSTEMS (SHS) ENTERED INTO A MANAGEMENT AGREEMENT WITH COMMUNITY HEALTH CONSULTING (CHC). CHC OVERSEES AND REVIEWS THE COMPENSATION OF THE CEO AND CFO. THE BOARD REVIEWS THE MANAGEMENT CONTRACT. LINE 15B: THE CFO AND CNO ALSO HAVE MANAGEMENT AGREEMENTS WITH CHC. CHC OVERSEES AND REVIEWS THE COMPENSATION, AND THE BOARD REVIEWS AND APPROVES THE MANAGEMENT CONTRACT. COMPENSATION FOR ALL OTHER OFFICERS OF SHS IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR CHC.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE ALL MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

## Additional Data

**Return to Form**

# Software ID:

## Software Version:

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
SOUTHWEST HEALTH SYSTEM INC

Employer identification number

84-1337350

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

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
(1)SOUTHWEST MEMORIAL HOSPITAL FOUNDATION INC 1311 N MILDRED  CORTEZ, CO 81321 84-1200460	SUPPORT THE HOSPITAL SYSTEM	CO	501(C)(3)		SOUTHWEST HEALTH SYSTEM INC	Yes	

**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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

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

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

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

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

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

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

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

[illegible]

**Part VII**   **Supplemental Information**

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

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

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**