Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

		or the Treas Inue Service		The organiz	ation may have to use a co	py of this retur	n to satisfy stat	e reporting requirements	Inspection.
ĀF	or th	e 2012	calen	dar year, or tax year	beginning	, 2012	2, and ending		, 20
		C	Name	of organization				D Employer identi	fication number
B c	neck if ap			ITAS CLINICS, I	NC.			48-10099	10
	Addre			Business As					
	chang	charge			mail is not delivered to street ad	dress)	Room/suite	E Telephone numb	per
	1	retun	818	NORTH 7TH STRE	тя			(913) 651-	8860
-	1	⊢		own or post office, state, and		,,,,,			
-	Termi		•	VENWORTH, KS 66				G Gross receipts 5	s 1,903,078.
-	return Applic			ne and address of principal of				H(a) Is this a group re	ennoment.
L	_ pendi	ng		•	ET LEAVENWORTH,	KS 66048		affiliates? H(b) Are all affiliates i	
				1			507		list. (see instructions)
-		empt state			(c) () ∢ (insert no.)	4947(a)(1)	or 527		
				CARITASCLINICS.C		.	1	H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
		of organiz		X Corporation Trus	Association Other		L Year of	ormation: 1985 M Sta	te of legal domicile: 179
ĿĒ			mary						
	1	Briefly o	descrit	e the organization's mis-	sion or most significant activ	ities:			
Ф		WE WI	LL,	IN THE SPIRIT	OF THE SISTERS OF	CHARITY	, REVEAL	GOD'S HEALING	
ä					EALTH OF INDIVIDU		COMMUNITI	ES WE SERVE,	
Governance		ESPEC	CIAL	LY THOSE WHO ARI	E POOR OR VULNERA	ABLE.			
Š	2	Check t	his bo	k 🕨 🔙 if the organiza	tion discontinued its opera	tions or dispos	ed of more than	25% of its net assets.	t
න්	3	Number	of vo	ting members of the gove	erning body (Part VI, line 1a)	<i></i> .			
	4	Number	of inc	lependent voting membe	rs of the governing body (P	art VI, line 1b)	. 	4	
Σ	5	Total nu	ımber	of individuals employed i	in calendar year 2012 (Part	V, (ine 2a)			31.
Activities	6	Total nu	ımber	of volunteers (estimate if	necessary)			6	50.
•					Part VIII, column (C), line 12				a 0
					from Form 990-T, line 34			1.	ь О
				· · · · · · · · · · · · · · · · · · ·				Prior Year	Current Year
_	8	Contribu	utions	and grants (Part VIII, line	1h)			1,498,541	. 1,752,101.
26		Contributions and grants (Part VIII, line 1h)						58,853	. 56,682.
Revenue						22,551	. 30,735.		
α̈́		Investment income (Part VIII, column (A), lines 3, 4, and 7d)						48,405	
	12				(must equal Part VIII, colum			1,628,350	
					X, column (A), lines 1-3)			91,743	
					(, column (A), line 4)			<u></u>	0 0
					e benefits (Part IX, column (1	1,245,234	. 1,462,813.
Expenses	15					_			0 0
oe u	10a	Profess	ionai	undraising lees (Part IX, t	column (A), line 11e)		:1		
Ж					umn (D), line 25)			303,898	. 301,777.
					nes 11a-11d, 11f-24e)			1,640,875	
	' -		.,		equal Part IX, column (A), li			-12,525	
_ u	19	Revenu	e less	expenses. Subtract line 1	8 from line 12			Beginning of Current Yea	
Net Assets or Fund Balances		<u>.</u> .					-	3,102,189	1
55e 3ala	20						· · · · · · ·	100,286	
Ž	21			s (Part X, line 26) ,				3,001,903	
žZ	22				line 21 from line 20			3,001,903	. 3,019,200.
	ri: II			Block					
Una	der per	nalties of ect and co	perjury imolete	. I declare that I have exam . Declaration of preparer (oth	ined this return, including according than officer) is based on all i	ompanying sched nformation of wh	Jules and statem Tich preparer has	ents, and to the best of m any knowledge.	y knowledge and belief, it is
			\sim	4 11 -				1 11 /1	u / 12
e:-	n	 -		\				11//	1/13
Sig He		Signature of officer V						Date	
пе	e	 		Amy fa	IK Kxecu	2+120)) rec	10C	
			•	print name and title 1					
D-1	1	Print/Ty	pe pre	parer's name	Preparer's signature		Date	Check if	PTIN
Paid								self-employed	P01424343
	parer Only	Firm's n	ame	▶ BRUCE E BERNS	STIEN & ASSOC, PO			Firm's EliN 🕨	
USE	Only		ddress	▶ 10440 N CENTRAL EX	PRESSWAY STE 1040 DALLAS	5, TX 75231		Phone no. 21	14-706-0840
May	the I				shown above? (see instruct				. X Yes No

Form	990 (2012)	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
	Briefly describe the organization's mission:	
_	E WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES	
	EALING LOVE BY IMPROVING THE HEALTH OF INDIVIDUALS AND COMMONTITES VE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE.	
-	E SERVE, ESTECIALDI TROSE WHO ARE TOOK OF VOLKDICADED.	
2 [Did the organization undertake any significant program services during the year which were not listed on the	
p	orior Form 990 or 990-EZ? Yes f "Yes," describe these new services on Schedule O.	X No
3 E	Did the organization cease conducting, or make significant changes in how it conducts, any program ervices?	X No
- H	f "Yes," describe these changes on Schedule O.	
4 E	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations he total expenses, and revenue, if any, for each program service reported.	asured by to others
4a (Code:) (Expenses \$ 1,434,139. including grants of \$ 55,618.) (Revenue \$)
	ARITAS CLINICS, INC., AN AFFILIATE OF THE SISTERS OF CHARITY OF	'
Ī	EAVENWORTH HEALTH SYSTEM, SPONSORS TWO CATHOLIC HEALTHCARE	
Ē	ACILITIES THAT PROVIDE PRIMARY HEALTHCARE SERVICES FOR LIMITED	
	NCOME AND HOMELESS PERSONS WHO HAVE NO FORM OF HEALTH INSURANCE	
Ā	ND WHO DO NOT HAVE ACCESS TO PRIMARY CARE. THE CLINIC'S	
Ē	ACILITIES ARE SAINT VINCENT CLINIC IN LEAVENWORTH, KANSAS WHICH	
S	ERVES PERSONS IN LEAVENWORTH COUNTY AND DUCHESNE CLINIC IN KANSAS	
Ö	TTY, KANSAS WHICH SERVES PERSONS IN WYANDOTTE COUNTY. IN FY	
	012, CARITAS CLINICS, INC., RECORDED 18,492 PATIENT VISITS AND	
5	EEING 3,299 INDIVIDUAL PATIENTS AT ITS CLINIC LOCATIONS.	
_		
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 \$)	
1e 7	otal program service expenses ▶ 1,434,139.	

48-1009910

Form 990 (2012)

Part IV Checklist of Required Schedules Page 3

a di Garage	200			
			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	Х	
•	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
2		-		
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
_	Part III	-		
6	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization Hanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	21000		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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	X	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	l		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	21
T	Did the organization! Il separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	111	ļ	
123	complete Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1.22	<u> </u>	
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	Х
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		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		Х
	If "Yes," complete Schedule G, Part III	19	-	X
		20a 20b	 -	- 44
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1200	<u></u>	L

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_		Yes	No
Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1		Χ.
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	2	Х	
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	Х	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		İ	
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.7
	4a		Х
	4b		
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?	4c		
	4d		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	-		
	5a	ĺ	Χ
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	5b		Х
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		İ	
	16		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	8a	ļ	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	8b	ļ	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	8c		Х
	29		Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	10		Χ
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		-	Х
	31		
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	-	Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	12		
	33	-	Х
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	Х	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	5a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	5b	Х	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			٠,
	36		<u>X</u>
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		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	88	Х	
		990 (2012)

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		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
a	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 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2887		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		T
	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		X
	If Ψes,?enter the name of the foreign country: ▶			
	Provide the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	E-a	Sur a felia	2
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Σ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u>_</u>
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	STATE OF	30.50	
i	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	equired to file Form 8282?	7c		2
	f "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		2
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		2
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	80898	\$4(2:54£	(3.5)
	· · · · · · · · · · · · · · · · · · ·			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	\$445000 C	100
	organization, have excess business holdings at any time during the year?	170.50	RESERVE	715
	Sponsoring organizations maintaining donor advised funds.	0-	0.00440	1.22
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	74:14:14:14:14:14:14:14:14:14:14:14:14:14	4545
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		NAME:	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>_</u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3	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.			1
,	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			
٥	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1
	The state of the s		990	

CARITAS CLINICS, INC. 48-1009910 Form 990 (2012) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI............... X Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year. 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b 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 $\,$. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 X Did the organization have a written document retention and destruction policy?....... 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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?

Section C. Disclosure	

17	List the states with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	<u>ava</u> ilable for public ins <u>pec</u> tion. Indicate how you <u>mad</u> e these available. C <u>hec</u> k all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MANY FALK 818 NORTH 77H STREET LEAVELMORTH, KS 66648 913-651-8860

Form 990 (2012) CARITAS CLINICS, INC. 48-1009910	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
Independent Contractors	
Check if Schedule O contains a response to any question 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 instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

		J.g.	IILU			преп		any current onle	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CURT STILLEY	.60									
BOARD, PRESIDENT		Х		Х				0	0	0
(2) TOM ARROWSMITH BOARD MEMBER	.30	Х						0	0	0
(3) SR. NANCY BAUMAN	.30				-					
BOARD MEMBER		Х						0	0	0
(4) ROSALYN BROWN	.30									
BOARD MEMBER		X						0	0	0
(5) DAVID CAMPBELL	.30									
BOARD MEMBER		Х		<u> </u>				0	0	0
(6) LINDA CAMPBELL BOARD MEMBER	.30	Х						C	0	0
(7) JOANNE GILSTRAP BOARD MEMBER	.30	Х						0	0	0
(8) LANORA HUGHES BOARD MEMBER	.30	Х			-				0	0
(9) FR. PETER JARAMILLO BOARD MEMBER	.30	X							0	0
(10)BRENT MUELLER	.30	Α.					_	-		~
BOARD MEMBER		X						c	0	O
(11)GEORGE NOONAN	.60									
BOARD, TREASURER	40.00	Х		Х				C	185,430.	51,708.
(12)GARY ORTIZ BOARD MEMBER	.30	Х						0	0	0
(13) JUDY SCOTT BOARD, VICE CHAIR	.60	Х		Х					0	(1)
(14)MARGARET STEELE BOARD, SECRETARY	.60	Х		Х					0	Q

Form 990 (2012)

	_	0

S. RABARA MISSLER 3.0	Fart VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for					than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	able on from ed	(F) Estimated amount of other compensation
BOARD MEMBER SOAD MEMBER AS CO BOARD MEMBER AS CO BOARD MEMBER AS CO BOARD MEMBER AS CO BOARD MEMBER AS CO CO CO BOARD MEMBER AS CO CO CO BOARD MEMBER AS CO CO CO CO CO CO CO CO CO CO		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	_		1	and related
BOARD MEMBER X S C C	BOARD MEMBER	.30	Х						(0	
EXECUTIVE DIRECTOR			Х						C		0	
MEDICAL DIRECTOR	EXECUTIVE DIRECTOR				Х				66,962.		0	12,616
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		40.00					Х		131,576.		0	2,336
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												on a state of the
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									;			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
d Total (add lines 1b and 1c).	1b Sub-total							-			,430.	51,708
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 Yes N	·	-						A			,430.	
Yes N 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000	of	
organization and related organizations greater than \$150,000? If 製es,? complete Schedule J for such individual	3 Did the organization list any former offic	er, directo										SANS CONT.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 掣es,?complete Schedule J for such person	organization and related organizations gre	eater than	\$15	0,0	00?	lf.	Шes	3, ?	complete Schedu	ile J for	the such	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on i	fron	п апу	un	related organizati	on or indiv		1 1 1 -
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Section B. Independent Contractors											
(A) Name and business address Description of services Compensation	compensation from the organization. Report of											
		Iress							(B) Description of se	ervices	C	
							,,	-				
								-				

Pai	it VIII	Statement of Rever Check if Schedule Oc		nea to any quee	tion in this Part VIII	· · · · · · · · · · · · · · · · · · ·		
		Check ii Schedule O C	untailis a respo	nse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelaled business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, Grants Amounts	1a b c	Federated campaigns Membership dues Fundraising events	<u>1b</u>					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (contributions, gifts, grant and similar amounts not included	itions) <u>1e</u>	151,803. 54,444. 1,545,854.				
Cont and (g h	Noncash contributions included in Total. Add lines 1a-1f		1,752,101.				
Program Service Revenue	2a b	PATIENT FEES		Business Code 621400	56,682.	56,683.		
rogram Ser	d e f	All other program service rev	enue					
	3	Total. Add lines 2a-2f Investment income (includin			56,682.			
	4 5	other similar amounts) Income from investment of t	ax-exempt bond	oroceeds	0			
	6a b	Gross rents	(i) Real	(ii) Personal				
	d 7a	Net rental income or (loss). Gross amount from sales of		(ii) Other	0			
	b	assets other than inventory Less: cost or other basis and sales expenses	ł.	30,735.				
ne	d 8a	Gain or (loss)			30,735.			30,735
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
Othe	b c	Less: direct expenses Net income or (loss) from full	ndraising events	17,758. AŢĊḤ . l . ▶	45,892.			45,802
	9a	Gross income from gaming a See Part IV, line 19						
	b c	Less: direct expenses Net income or (loss) from ga			0			
	10a	Gross sales of inventi- returns and allowances	a	1				
	b b	Less: cost of goods sold Net income or (loss) from sa Miscellaneous Rever	les of inventory.					
	11a b							
	d e	All other revenue Total. Add lines 11a-11d .						
	112	Total revenue. See instruction	nne		1,885,330.	56,682.	1	76,537

Part X 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 resp	conse to any question i	IN THIS PART IX	<u></u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	103,373.	103,373.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	C			·
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	66,962.		66,962.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,153,602.	972,654.	65,308.	115,640.
8	Pension plan accruals and contributions (include section			2 222	4 0
	401(k) and 403(b) employer contributions)	20,565.	16,388.	2,229.	1,948.
9	Other employee benefits	131,146.	104,509.	14,212.	12,425.
10	Payroll taxes	90,538.	72,149.	9,811.	8,578.
11	Fees for services (non-employees):				
а	Management	U			
b	Legal	0		6 6 6 6	
C	Accounting	9,960.		9,960.	
d	Lobbying , , ,	0			
	Professional fundraising services. See Part IV, line 17	Ü			
f	Investment management fees	U			
g	Other. (If line 11g amount exceeds 10% of line 25, column	_			
	(A) amount, list line 11g expenses on Schedule O.)	۷			
12	Advertising and promotion	54,205.	19,512.	10,191.	24,502.
13	Office expenses	54,2US.	19,312.	10,191.	24,302.
14	Information technology	<u>۷</u>			
15	Royalties	162,692.	81,346.	65,077.	16,269.
16	Occupancy	4,884.	1,369.	3,331.	184.
17	Travel ,	3,003.	1,000.	J, JJ. 1	104.
18	Payments of travel or entertainment expenses	٨			
40	for any federal, state, or local public officials	7			
19	Conferences, conventions, and meetings	<u> </u>			
20	Interest	<u> </u>			
21 22	Payments to affiliates	60,842.	60,842.		
	Depreciation, depletion, and amortization	3,928.	00,012.	3,928.	
23 24	Insurance	3,320.		3,520.	
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.)				
-	OTHER	5,266.	1,997.	1,134.	2,135.
		-,	+/00/1		2,200.
b					
d					
_	All other expenses	,			
е 25	Total functional expenses. Add lines 1 through 24e	1,867,963.	1,434,139.	252,143.	181,681.
2 <u>5</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	1,001,303.	1,434,133.	2027113.	101,001.
	fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	Q			

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Parit X				
	Check if Schedule O contains a response to any question in this Part	·	• • •	
		(A) Beginning of year		(B) End of year
1	· · · · · · · · · · · · · · · · · · ·	CI	1	0
2	Savings and temporary cash investments		2	423,153.
3	·		3	741,622.
4	·	<u> </u>	4	0
5				
	trustees, key employees, and highest compensated employees.			^
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	(5	0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	g	6	0
5 7		q	7	0
Assets 8		Q	8	0
9		3,346.	9	3,673.
10	a Land, buildings, and equipment; cost or			
	other basis. Complete Part VI of Schedule D 10a 1,897,390.			
	b Less: accumulated depreciation	1,233,779.		1,208,224.
11	Investments - publicly traded securities		11	<u> </u>
12	Investments - other securities. See Part IV, line 11	676 , 587.		706,228.
13	Investments - program-related. See Part IV, line 11		13	0
14	Intangible assets		14	<u>Υ</u>
15	Other assets. See Part IV, line 11	3,102,189.	15	3,082,900.
16	Total assets. Add lines 1 through 15 (must equal line 34)			63,640.
17	Accounts payable and accrued expenses		17 18	05,040.
18	Grants payable		19	
19	Deferred revenue		20	0
20	Tax-exempt bond liabilities		21	<u> </u>
si 21	Loans and other payables to current and former officers, directors,			
Liabilities 52	trustees, key employees, highest compensated employees, and			
2	disqualified persons. Complete Part II of Schedule L	d	22	0
23	Secured mortgages and notes payable to unrelated third parties	Ω	23	0
24	Unsecured notes and loans payable to unrelated third parties		24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X		-	
	of Schedule D	ď	25	0
26	Total liabilities. Add lines 17 through 25	100,286.	26	63,640.
es	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and complete lines 27 through 29, and lines 33 and 34.			
을 27	Unrestricted net assets	2,612,410.	27	2,264,916.
<u>R</u> 28	Temporarily restricted net assets	389,493.	28	754,344.
g 29	Permanently restricted net assets	q	29	0
or Fund Balances 6 8 2 6 8 2	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
Net Assets 33 30 21 00 00 00 00 00 00 00 00 00 00 00 00 00	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	3,001,903.	33	3,019,260.
34	Total liabilities and net assets/fund balances	3,102,189.	34	3,082,900.

Form **990** (2012)

Page 12 Form 990 (2012) Reconciliation of Net Assets Part XI Check if Schedule O contains a response to any question in this Part XI...... 1,885,320. 1 1,867,963. 2 2 17,357. 3 3 3,001,903. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 0 5 5 Ō 6 6 0 7 7 Ō 8 Я Ō 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3,019,260. 10 Parit XIII Financial Statements and Reporting Yes Νo Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b 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: Both consolidated and separate basis Consolidated basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c 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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CARITAS CLINICS, INC. 48-1009910 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 Χ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Non-functionally integrated b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (iv) is the (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 organization in the organization organization in col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes Nο Yes Nο (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2012 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Paridi (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (b) 2009 (c) 2010 (a) 2008 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... The portion of total contributions by each person (other than unit governmental publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources........... Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances? test. The organization qualifies as a publicly supported

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

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	ĺ					
	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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					•	
	Amounts included on lines 1, 2, and 3						
1 4	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	<u></u>					
	tion B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2006	(8) 2009	(6) 2010	(0) 2011	(6) 2012	(1) 10151
9	Amounts from line 6						
i V d	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business	Í					
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	İ					
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	r fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2012 (line 8			mn (f))		15	%
16	Public support percentage from 2011 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2012 (iii			13, column (f))		17	%
18	Investment income percentage from 2011						%
	331/3% support tests - 2012. If the or						
ı J d	17 is not more than 331/3%, check the						- 1 1
L	331/3% support tests - 2011. If the organization						
α	line 18 is not more than 331/3%, check						
20	Private foundation If the organization						. 1 1

JSA

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization		Employer identification number				
CARITAS CLINICS, INC.		48-1009910				
Organization type (check one):		40-1003310				
organization type (sheak one).						
Filers of:	Section:					
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(7), instructions.	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See				
General Rule						
-	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	or more (in money or				
Special Rules						
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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.						
during the year, total o	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charitaes, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,				
during the year, contri not total to more than year for an exclusively applies to this organiz	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Employer identification number

			48-1009910
Paral	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	WYANDOTTE HEALTH FOUNDATION PO BOX 171242 KANSAS CITY, KS 66117-0242	\$186,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	HEALTH CARE FOUNDATION OF GREATER KANSAS 2700 EAST 18TH ST. SUITE 200 KANSAS CITY, MO 64127	\$137,250.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SISTER MAUREEN HALL SCL 4200 S 4TH ST. LEAVENWORTH, KS 66048-5024	\$81,600.	Person Payroll Noncash (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DR. & MRS. FREDERICK HARTWIG 5204 PAWNEE DR. SHAWNEE MISSION, KS 66205	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	REACH HEALTHCARE FOUNDATION 6700 ANTIOCH, SUITE 110 MERRIAM, KS 66204	\$100,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LEAVENWORTH COUNTY 300 WALNUT, SUITE 106	\$23,750.	Person X Payroll Noncash (Complete Part II if there is

a noncash contribution.)

LEAVENWORTH, KS 66048

Employer Identification number

			48-1009910
Paritt	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7-	UNITED WAY OF LEAVENWORTH PO BOX 21 LEAVENWORTH, KS 66048	\$25,003.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	COR CHRISTI FUND (PSM) 12615 PARALLEL PKWY. KANSAS CITY, KS 66109	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	NEWCOMER FAMILY FOUNDATION 1142 CLAY STREET NORTH KANSAS CITY, MO 64116	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _	WILLIAM T. KEMPER FOUNDATION 922 WALNUT ST. STE 200 KANSAS CITY, MO 64106-1802	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	STATE OF KANSAS - EDW 1000 SW JACKSON, RM 570 TOPEKA, KS 66612-1368	\$20,298.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	LADIES OF CHARITY OF METROPOLITAN KC 1205 W. 70TH TERRACE KANSAS CITY, MO 64113	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 48-1009910

Parti	Contributors (see instructions). Use duplicate copies of Part	t I if additional space is need	led.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 13 _	CHURCH OF THE NATIVITY 3800 W 119TH ST LEAWOOD, KS 66209	\$15,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 14 _	OPPENSTEIN BROTHERS FOUNDATION 922 WALNUT ST STE 200 KANSAS CITY, MO 64106-1809	\$12,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(с) Total contributions	(d) Type of contribution	
15_	JEWISH HERITAGE FOUNDATION OF GREATER KC ONE WARD PARKWAY, STE 234 KANSAS CITY, MO 64112	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16_	MR. KEN BERGERON 4845 W. 151ST TERR. LEAWOOD, KS 66224	\$9,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 17_	CITY OF LEAVENWORTH CDBG 100 N 5TH ST LEAVENWORTH, KS 66048	\$10,396.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 18 _	MR. KEVIN A. DUNN 8901 CATALINA SHAWNEE MISSION, KS 66207	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Employer identification number 48-1009910

			48-1009910
Park	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _	SCL HEALTH SYSTEM 2420 WEST 26TH AVENUE, SUITE 100D DENVER, CO 80211	\$7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_	KDHE 1000 SW JACKSON STE 340 TOPEKA, KS 66612-1290	\$150,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	UNITED WAY OF WYANDOTTE COUNTY PO BOX 17-1042 KANSAS CITY, KS 66117-0242	\$ 42,732.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 22 _	UNIVERSITY OF KANSAS CENTER FOR RESEARCH 1000 SUNNYSIDE AVE. 4082C DOLE BLDG. LAWRENCE, KS 66045	\$15,001.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 23 _	MCGEE FOUNDATION 1055 BROADWAY, SUITE 130 (GKCCF) KANSAS CITY, MO 64105~1595	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_	ST. JOSEPH MEDICAL CENTER AUXILIARY 1000 CARONDELET DR. KANSAS CITY, MO 64114	\$7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

			48-1009910
Parell	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25_	DR. LINDA CAMPBELL 6208 REINHARDT DR. FAIRWAY, KS 66205	\$6, <u>170</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26_	SACRED HEART & SAINT CASIMIR PARISHES 521 LINN LEAVENWORTH, KS 66048	\$ 5,829.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _	IMMACULATE CONCEPTION/SAINT JOSEPH PARIS 747 OSAGE LEAVENWORTH, KS 66048	\$5,194.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28 _	GLADYS KELCE CHARITABLE LAT 922 WALNUT ST. STE 200 KANSAS CITY, MO 64016	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_	HALLMARK CORPORATE FOUNDATION PO BOX 419580 KANSAS CITY, MO 64141-6580	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization CARITAS CLINICS, INC.

Employer identification number 48-1009910

Paritil	oncash 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				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
wages ware which		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization CARITAS CLINICS, INC.

Employer identification number 48-1009910

t	Exclusively religious, charitable, etc., hat total more than \$1,000 for the ye	ear. Complete colun	nns (a) through (e)	and the following line entry.			
C	or organizations completing Part III, econtributions of \$1,000 or less for the	year. (Enter this inf	ormation once. Se	haritable, etc., e instructions.) ▶\$			
Ų	Jse duplicate copies of Part III if addition	onal space is neede	d				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part l	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use of		of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part l	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	MA AN AN AN AN AN AN AN AN AN AN AN AN AN						
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relatio	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

48-1009910 CARITAS CLINICS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Partil organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) Aggregate grants from (during year), 3 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization [I] property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 Ill financial statements that describes the organization 扭accounting for conservation easements. Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet
- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Schedule D (Form 990) 2012

Par	Organizations Maintaining Co	llections of	f Art, H	istorical	Treasur	es, c	or Other S	Similar Asse	ets (cont	inued,	<u> </u>
3	Using the organization's acquisition, acce	ession, and c	other reco	ords, check	cany of	the f	following th	nat are a sigr	nificant us	e of it	S
	collection items (check all that apply):										
а	Public exhibition		d	HIGHWAIT	or excha		_				
b	Scholarly research		е	Other							_
C	Preservation for future generations	N4:		المنتجاب المتنا						in Da	
4	Provide a description of the organization	s collections	and exp	ilain now t	ney turt	iner ir	ne organiza	tion's exemp	t purpose	in Pa	π
_	XIII. During the year, did the organization solici	t or roppiya d	lanations	of art histo	orical tro	acura	e or other	eimilar			
5	assets to be sold to raise funds rather than								Yes	- N	o
Par	LIV Escrow and Custodial Arrang										
2.0.11	line 9, or reported an amount o			~	,	o a.	.0110104				•
							***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1a	Is the organization an agent, trustee, custo	dian or other	rinterme	diary for co	ntributio	ons or	other asse	ts not			
	included on Form 990, Part X?							[Yes	N	o
b	If "Yes," explain the arrangement in Part XI	II and comple	ete the fo	llowing tab	ole:						
								Amount			
	Beginning balance				<u> </u>						
d	Additions during the year				- I-						
е	Distributions during the year										
f										T	
	Did the organization include an amount or								Yes	N	0
SURPLICATION OF	If "Yes," explain the arrangement in Part XI								<u> </u>		
الغارا	Endowment Funds. Complete	urrent year		rior year	(c) Two			hree years back	(e) Four y	are back	
1 2	Beginning of year balance	Julient year	(b) Pi	ioi yeai	(C) TWO	years	Dack (d) I	illee years back	(e) roury	zala Daci	<u>`</u>
	Contributions										
	Net investment earnings, gains,										
ū	and losses										
d	Grants or scholarships										
	Other expenditures for facilities									***************************************	
	and programs										
f	Administrative expenses			*****							
g	End of year balance			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
2	Provide the estimated percentage of the co	urrent year e	nd baland	ce (line 1g,	column	(a)) he	eld as:				
а	Board designated or quasi-endowment		%								
Ь	Permanent endowment	o .									
C	Temporarily restricted endowment ▶	%									
_	The percentages in lines 2a, 2b, and 2c sh										
3a	Are there endowment funds not in the pos	session of th	ne organi:	zation that	are held	l and :	administere	d for the	r.;;		
	organization by:									es No	<u> </u>
	(i) unrelated organizations								3a(i)		
L	(ii) related organizations								3a(ii) 3b		
	Describe in Part XIII the intended uses of t								30	L	
4	tVI Land, Buildings, and Equipmer										
النكعة	Description of property	(a) Cost or			or other bas	eie	(c) Accumulat	s.d. (4	d) Book valu		
	Description of property	(a) Cost of			ther)	313	depreciation		a) book valu	2	
1a	Land						******************				
ь		 				$\neg \vdash$					
С	Leasehold improvements			1,6	538,45	0.	653,9	50.	98	4,500).
d	Equipment			- 2	241,29	8.	35,2	16.		6,082	
е	Other				17,64	2.				7,642	
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Forn	n 990, Pai	rt X, columi	า (B), line	e 10(c,).)	. >	1,20	3,224	ļ .

Schedule D (Form 990) 2012		3	Page 3
Part VII Investments - Other Securities. See Fo (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
		Obst of end-of-year man	or value
(1) Financial derivatives			
(2) Closely-held equity interests , , ,			
(3) Other (A) DOMESTIC FIXED INCOME	137,099.	FMV	
	81,578.	FMV	
(B) TACTICAL ALLOCATION (C) DOMESTIC EQUITY	55,574.	FMV	
	148,529.	FMV	
(D) INTERNATIONAL EQUITY (E) CORE HEDGE	37,432.	FMV	
(F) ABSOLUTE RETURN	13,502.	FMV	
(G) ENHANCED CASH	108,551.	FMV	
(H) REAL ESTATE	113,944.	FMV	
(I) PRIVATE EQUITY TRUST	10,019.	FMV	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	706,228.	LLIV	
Pan VIII Investments - Program Related. See Fo		13	
		(c) Method of valuat	
(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
(1)			.,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
	Description		(b) book value
(1)			
(2)			
(3)			
(4) (5)			
(6) (7)			
(8)			
(9)			
(10)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15 l		
Parl X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	V-/		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(10)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. FIN 48 (ASC 740) Footnote. 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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	'n
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments2a	
ь		
С		
d		
е		2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b		
С		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pan	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	
b		
С		
d		
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a		
b		
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
2217	XIII Supplemental Information	
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b;
	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional
inforn	nation.	
		
	· · · · · · · · · · · · · · · · · · ·	
		,

Parit XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, Ilines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

inspection Employer identification number

CAR	ITAS CLINICS, INC.					48-1009910	
	Eundraising Activities Com	plete if the orgai	nization a	nswered '	"Yes" to Form 9	90, Part IV, line	17.
Par	TOTTI 990-EZ IIIEIS AIE NOL						
1	Indicate whether the organization rais	sed funds through	any of the	following .	activities. Check a	all that apply.	
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f	Solid	citation of g	government grant	5	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2 a	Did the organization have a written o or key employees listed in Form 990	r oral agreement v , Part VII) or entity	vith any ind vin connec	dividual (in tion with p	cluding officers, d rofessional fundra	irectors, trustees ising services?	Yes No
b	If "Yes," list the ten highest paid indi compensated at least \$5,000 by the	viduals or entities organization.	(fundraise	ers) pursua	int to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
F							
5							
6							
7							
8							
9					***************************************		
10							
otal	List all states in which the organiza	· · · · · · · · · · · · · · · · · · ·	or licenses	-	contributions or	has been potified	it is even at from
3	registration or licensing.	tion is registered (or licensed) to solicit	Contributions of	nas peen nonneu	it is exempt from

				Page 2
Fundraising Events. Complete it than \$15,000 of fundraising event gross receipts greater than \$5,000	contributions and gros	vered "Yes" to Form 99 s income on Form 990-	D, Part IV, line 18, or r EZ, lines 1 and 6b. L	eported more ist events with
	(a) Event #1	(b) Event #2 PABCAKE BF	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	cor. (c))
1 Gross receipts	55 , 574.	7,986.		63,560
2 Less: Contributions				
3 Gross income (line 1 minus		7,986.		63,560
4 Cash prizes				
5 Noncash prizes		109.		109
6 Rent/facility costs		315.		315
7 Food and beverages	10,677.	1,113.		11,790
8 Entertainment	1,095.			1,095
9 Other direct expenses	3,330.	1,119.		4,449
11 Net income summary. Combine line 3, rt III Gaming. Complete if the organ	column (d), and line 10 nization answered "Y	0 <i></i> .	<i></i>	
_	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes %	Yes%	Yes%	
7 Direct expense summary. Add lines 2	through 5 in column (d)	▶	
8 Net gaming income summary. Combin	ie line 1, column d, and	d line 7		
Enter the state(a) is which the organization	on operates gaming ac	tivities:		Yes No
	gross receipts greater than \$5,000 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2)	gross receipts greater than \$5,000. (a) Event #1 CARITAS CELEB. (event type) 1 Gross receipts 55,574. 2 Less: Contributions 3 3 Gross income (line 1 minus line 2). 55,574. 4 Cash prizes. 55,574. 55,574. 6 Rent/facility costs 10,677. 8 Entertainment 1,095. 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Combine line 3, column (d), and line 14 than \$15,000 on Form 990-EZ, line 6a. (a) Bingo 1 Gross revenue (a) Bingo 1 Gross revenue (a) Yes % 4 Rent/facility costs (b) No 7 Direct expense summary. Add lines 2 through 5 in column (d) No 7 Direct expense summary. Add lines 2 through 5 in column (d) No 7 Direct expense summary. Add lines 2 through 5 in column (d)	Carta Cart	Cart Cart

b If "Yes," explain:

CARITAS CLINICS, INC.

Sched	ule G (Form 990 or 990-EZ) 2012 Page 3
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
150	Does the organization have a contract with a third party from whom the organization receives gaming
10 a	revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes." enter name and address of the third party:
_	
	Name ▶
	Address >
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
-	or spent in the organization's own exempt activities during the tax year 🕨 💲
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization CARITAS CLINICS, INC.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

20 12

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 48-1009910

	ı	Yes	
Rein General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

° N

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-(2)			***************************************	A CONTRACTOR OF THE CONTRACTOR			
-(3)							
(4)							
(6)						***************************************	
(7)							· ·
(8)							
(10)							
(11)							
(12)			;				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	ganizations liste	ed in the line 1 tabl	Ф		A	
3 Enter total number of other organizations listed in the	d in the line	line 1 table			***************************************		
For Paperwork Reduction Act Notice, see the Ins	structions for	is for Form 990.				Schedu	Schedule I (Form 990) (2012)

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CARITAS CLINICS, INC.

48-1009910

Schedule 1 (Form 990) (2012)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

The state of the s					Company of the compan
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(c) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PRESCRIPTION ASSISTANCE	2,850.	47,755.			
2 OPTOMETRY	528.	24,702,			
3 DEBITAL	: ::	en en en			
4 RADIOLOGY	1,350.	7,104.			
ro.					
9					
2					11.11.1
Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ris part to pro	vide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

SCHEDULE I, PART I, LINE

GRANTS RECEIVED FOR CARITAS CLINICS, INC. ARE RECORDED IN A DONOR

DATABAYE THAT TRACKS THE DONOR AND PURPOSE OF THE GRANT. GRANTS ARE ALSO

RECORDED IN THE ACCOUNTING SOFTWARE. WHEN FUNDS ARE RESTRICTED THEY ARE

RECORDED AS RESTRICTED REVENUE UNTIL THE PURPOSE OF THAT GRANT HAS BEEN

MET AND THE FUNDS CAN BE RELEASED. REPORTING IS COMPLETED IN COMPLIANCE

WITH EACH INDIVIDUAL DONOR. THESE ACCOUNTS ARE INTERNALLY AUDITED

QUARTERLY. THE FUNDS ARE ALSO AUDITED ON AN ANNUAL BASIS BY A THIRD PARTY

AUDITING FIRM

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CARITAS CLINICS, INC.

Employer identification number

48-1009910

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			İ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	וט		
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
þ		4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b		6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2012

CARITAS CLINICS, INC.

48-1009910

Page 2

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	3 compensation	(C) Retirement and	(D) Nonfaxahle	(F) Total of columns	(F) Compensation
(A) Name and Tille		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
GEORGE NOONAN	ε							
1 BOARD, TREASURER	Ξ	165,275.		20,155.	39,813.	11,895.	237,138.	0
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16	€							
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48-1009910 CARITAS CLINICS, INC.

Schedule J (Form 990) 2012

4

हिम्या Supplemental Information

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

SCHEDULE J, PART I, LINE 4B (PAYMENTS FROM NONQUALIFIED RETIREMENT PLAN)

OTHER REPORTABLE COMPENSATION SHOWN IN SCHEDULE J PART II COLUMN (B)

(III) CONTAINS AN ANNUAL REPORTING ADJUSTMENT FOR CERTAIN EMPLOYEES WHO

PARTICIPATE IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS.

PROVIDES NONQUALIFIED RETIREMENT PLANS FOR EXECUTIVES TO COMPENSATE FOR

PROVIDE 10 IRS IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS. THESE PLANS

ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY

PARTICIPATE

SCLHS HAS DETERMINED THAT THESE BENEFITS SHOULD ON THE ADVICE OF COUNSEL,

SUBJECT TO TAXATION AS THEY ARE EARNED AND VESTED RATHER THAN WHEN

THE TOTAL NONQUALIFIED RETIREMENT PLAN RESULT, ĸĽ, ΑS THEY ARE RECEIVED.

BENEFITS, WHICH WERE ACCRUED AND VESTED IN THE CURRENT YEAR, ARE NOW

CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS.

AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS

WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE IRS

WITHHOLDING ON THE TAXABLE BENEFIT

Schedule J (Form 990) 2012

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CARITAS CLINICS, INC.

Schedule J (Form 990) 2012

Page 3

48-1009910

[記] Supplemental Information

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

THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2012 WERE:

GEORGE M. NOONAN-\$16,902

SCHEDULE J, PART II AND FORM 990, PART VII

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

COMPRISED OF ELEVEN HOSPITALS AND FOUR CLINICS (AFFILIATES) IN FOUR

(CARITAS) IN LEAVENWORTH, KANSAS. STATES INCLUDING CARITAS CLINICS, INC.

SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS

INCLUDING TRANSPARENCY AND ACCOUNTABILITY.

GEORGE M. NOONAN IS A VICE PRESIDENT FOR PROVIDENCE MEDICAL CENTER

(PROVIDENCE) IN KANSAS CITY, KANSAS. HE ALSO SERVED AS A MEMBER OF

CARITAS' BOARD. THE COMPENSATION REFLECTED IS THAT OF MR. NOONAN'S

POSITION AS A PROVIDENCE EXECUTIVE AND NOT AS A MEMBER OF CARITAS!

BOARD.

IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING

ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE.

Schedule J (Form 990) 2012

48-1009910 CARITAS CLINICS, INC.

Schedule J (Form 990) 2012

Page 3

िन्त्री∭ Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 3:

മ SEE FORM 990, SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINE 15A & REGARDING THE PROCESS USED BY SCLHS TO DETERMING EXECUTIVE COMPENSATION

WHICH IS RELIED UPON BY THIS ORGANIZATION.

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Inspection
Employer identification number
48-1009910

Name of the organization

CARITAS CLINICS, INC.

FORM 990, PART VI SECTION A, LINE 6, 7A AND 7B: THE FOLLOWING POWERS ARE RESERVED TO THE CORPORATE MEMBER AND NO ATTEMPTED EXCERCISE OF ANY SUCH POWERS BY ANYONE OTHER THAN THE CORPORATE MEMBER SHALL BE VALID OR OF ANY FORCE OR EFFECT WHATSOEVER: A) TO CHANGE THE MISSION AND PHILOSOPHY OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER; B) TO ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THIS CORPORATION AND THE ARTICLES AND BYLAWS OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER; C) TO APPOINT, AFTER CONSULATION WITH THE RESPECTIVE CORPORATE BOARD, THE BOARD OF DIRECTORS OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER; D) TO ENSURE THE PRESENCE OF THE SISTERS OF CHARITY OF LEAVENWORTH ON THE BOARD OF DIRECTORS OF THIS CORPORATION, TO APPOINT MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH TO THE BOARD OF DIRECTORS OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, WHICH APPOINTEES SHALL BE OTHERWISE QUALIFIED UNDER SECTION 2 OF ARTICLE IV OF THESE BYLAWS; E) TO REMOVE, WITH OR WITHOUT CAUSE, AFTER CONSULATION WITH THE RESECTIVE CORPORATE BOARD, ANY MEMBER OF THE BOARD OF DIRECTORS OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER; F) TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, AFTER CONSULATION WITH THE RESPECTIVE CORPORATE BOARD AND THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE CORPORATE MEMBER, THE CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE

CONTROLLING MEMBER: G) TO ASSIST IN THE DEVELOPMENT OF CORPORATE GOALS. POLICIES AND PROCEDURES FOR THIS CORPORATION AND ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER; H) TO APPROVE FOR THIS CORPORATION, OR FOR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE, TRANSFER, ASSUMPTION, OR ENCUMBERING OF THE ASSETS PURSUANT TO POLICIES ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER; I) TO APPROVE THE MERGER, DISSOLUTION OR CORPORATE RESTRUCTURING OF THIS CORPORATION OR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER; J) TO APPROVE THE ANNUAL STRATEGIC PLANS AND OPERATING AND CAPITAL BUDGETS AND DEVIATIONS THERETO FOR THIS CORPORATION AND FOR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER; AND K) TO APPOINT THE AUDITORS FOR THIS CORPORATION AND FOR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER. THE BOARD OF DIRECTORS SHALL EXCERCISE GENERAL MANAGEMENT AND CONTROL OF THE BUSINESS AFFAIRS OF THE CORPORATION AND SHALL HAVE AND EXCERCISE ALL OF THE POWERS WHICH MAY BE EXCERCISED OR PERFORMED BY THE CORPORATION UNDER THE LAWS OF THE STATE OF KANSAS AND THESE AMENDED BYLAWS, WITH DUE REGARD FOR THE POWERS RESERVED TO THE CORPORATE MEMBER AS STATED IN ARTICLE III OF THESE AMENDED BYLAWS.

FORM 990, PART VI SECTION B, LINE 11B

THE RETURN PREPARER EMAILS A COPY OF THE FINAL VERSION OF FORM 990 TO

EACH BOARD MEMBER BEFORE IT WAS FILED. ONCE THE 990 IS COMPLETE AND FILED, IT IS PRESENTED AT THE NEXT BOARD MEETING FOR BOARD REVIEW. FORM 990 IS ALSO REVIEWED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM FINANCE PERSONNEL AND AN INDEPENDENT ACCOUNTING FIRM.

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

THE CONFLICT OF INTEREST POLICY FOR CARITAS CLINICS, INC., IS ENFORCED FOR ALL BOARD DIRECTORS, EXECUTIVE OFFICERS, ADMINISTRATIVE STAFF MEMBERS, EMPLOYEES AND VOLUNTEERS OF THE CLINICS. THE PRESIDENT SHALL APPROVE OR DISAPPROVE ANY PROPOSED TRANSACTIONS AFFECTED BY THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST AND SHALL MAKE A REPORT OF SUCH ACTION TO THE GOVERNANCE COMMITTEE; EXCEPT HOWEVER, IN THE EVENT A PROPOSED TRANSACTION AFFECTED BY THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST DIRECTLY OR INDIRECTLY INVOLVES A MEMBER OF THE BOARD OF DIRECTORS, THE PRESIDENT SHALL PROMPTLY REPORT THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST TO THE CHAIRMAN OF THE BOARD OF DIRECTORS, WHO SHALL PRESENT THE REPORT TO THE GOVERNANCE COMMITTEE FOR EVALUATION AND PRESENTATION TO THE BOARD OF DIRECTORS FOR ITS ACTION. A FULL DISCLOSURE OF ALL FACTS PERTAINING TO ANY TRANSACTION THAT IS SUBJECT TO ANY DOUBT CONCERNING THE POSSIBLE EXISTENCE OF A CONFLICT OF INTEREST SHALL BE MADE BEFORE CONSUMMATING THE TRANSACTION. ANNUALLY THE EXECUTIVE DIRECTOR WILL SEND THE BOARD OF DIRECTORS, ALL ADMINISTRATIVE STAFF MEMEBERS AND EMPLOYEES HAVING RESPONSIBILITIES IN CONNECTION WITH PURCHASE OF GOODS AND SERVICES, A COPY OF THIS POLICY, TOGETHER WITH AN EXPLANATION AND QUESTIONNAIRE TO BE COMPLETED AND RETURNED. THE PRESIDENT AND SECRETARY SHALL REVIEW EACH COMPLETED QUESTIONNAIRE (OTHER THAN THE QUESTIONNAIRE

Employer identification number 48-1009910

OF THE PRESIDENT) AND SHALL MAKE FURTHER INVESTIGATION OF POSSIBLE CONFLICTS OF INTEREST INVOLVING SUCH PERSONS AS THEY MIGHT DEEM APPROPRIATE AND SHALL MAKE AN APPROPRIATE REPORT TO THE BOARD OF DIRECTORS CONCERNING SUCH REVIEW AND INVESTIGATION. THE OUESTIONNAIRE COMPLETED ANNUALLY BY THE PRESIDENT SHALL BE REVIEWED AND INVESTIGATED FOR ANY POSSIBLE CONFLICT OF INTEREST DISCLOSED THEREBY AND SHALL BE REVIEWED BY THE COMMITTEE HAVING RESPONSIBLITY FOR REVIEW OF SIMILAR QUESTIONNAIRES COMPLETED BY THE BOARD OF DIRECTORS. ANY NEW BOARD MEMBERS, ADMINISTRATIVE STAFF MEMBERS, EMPLOYEES AND VOLUNTEERS HAVING RESPONSIBILITIES IN CONNECTION WITH PURCHASE OF GOODS AND SERVICES, SHALL PARTICIPATE IN A SIMILAR PROCEDURE CONCURRENT WITH ASSUMPTION OF SUCH RESPONSIBLITIES. IN CONNECTION WITH AN ACTUAL CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS FINANCIAL INTEREST TO THE BOARD AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS BEING DISCUSSED AND VOTED UPON AND SHALL NOT BE PERMITTED TO DISCUSS OR VOTE IN SUCH MATTERS. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE, BY VOTE, IF A CONFLICT OF INTEREST EXISTS. THE CHAIR OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXCERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR

ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. IF A BOARD MEMBER OR COMMITTEE MEMBER DISCLOSES A CONFLICT OF INTEREST THAT MEETS ANY OF THE DISABLING GUIDELINES THE GOVERNANCE COMMITTEE SHALL DETERMINE THE APPROPRIATE ACTION TO ADDRESS THE CONFLICT. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER OF THE BOARD OR COMMITTEE OR AN OFFICER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OR OFFICER OF THE BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF SUCH PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL POSSIBLE OR APPARENT CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, 15A & B:

SCLHS EMPLOYS THE EXECUTIVE TEAM AT EACH OF ITS HOSPITAL AFFILIATES. AS

PART OF ITS ANNUAL REVIEW PROCESS, SCLHS USES THE FOLLOWING TO ESTABLISH

THE COMPENSATION OF THOSE IN THESE POSISTIONS:

Name of the organization CARITAS CLINICS, INC.

Employer identification number 48-1009910

- -COMPENSATION COMMITTEE
- -INDEPENDENT COMPENSATION CONSULTANT
- -FORM 990 OF OTHER ORGANIZATIONS
- -WRITTEN EMPLOYMENT CONTRACTS
- -COMPENSATION SURVEYS AND STUDIES
- -APPROVAL BY THE BOARD OF COMPENSATION COMMITTEE

THE ABOVE SUPPORTS THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT
THE LEVEL OF COMPENSATION PROVIDED TO ITS EXECUTIVES (OFFICERS, KEY
EMPLOYEES, ETC.) IS CONSISTENT WITH MARKET VALUE AND THE PAY PHILOSOPHY
SET BY THE BOARD. THE PAY PHILOSOPHY SET BY THE BOARD IS TO PAY AT THE
MIDDLE OF THE MARKET FOR EXECUTIVE OF SIMILAR SIZED ORGANIZATIONS
OVERALL. SCLHS' EXECUTIVE COMPENSATION IS COMPARABLE TO THAT PROVIDED IN
SIMILAR, NOT-FOR PROFIT HEALTHCARE SYSTEMS AND HOSPITALS.

FORM 990, PART VI, SECTION C, LINE 19

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE KEPT BY THE EXECUTIVE DIRECTOR AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII

THE FOLLOWING INDIVIDUAL WERE LISTED WITH COMPENSATION FROM A RELATED ORGANIZATION:

GEORGE NOONAN IS AN EMPLOYEE OF PROVIDENCE MEDICAL CENTER IN KANSAS CITY.

Name of the organization CARITAS CLINICS, INC. Employer Identification number 48-1009910

KANSAS WHICH IS A SCLHS AFFILATE. HE IS A FULL TIME EMPLOYEE WHO WOULD WORK AN AVERAGE 40 HOURS WORK WEEK. THE COMPENSATION LISTED FOR THIS EMPLOYEE IS DUE TO HIS POSITION AT PROVIDENCE AND IS NOT RELATED TO CARITAS.

ATTACHMENT 1

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CARITAS CELEBRATES	55,574.	15,102.	40,472.
PANCAKE BREAKFAST	7,986.	2,656.	5,330.
TOTALS	63,560.	17,758.	45,802.

SCHEDULE R (Form 990)

Department of the Treasury

INC.

CARITAS CLINICS, Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

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Attach to Form 990.

2017

OMB No. 1545-0047

Openito Public Inspection

Employer identification number 48-1009910

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

:	(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 assels	(f) Direct controlling entity
(1)						
(2)						
(3)						
			:			
(5)						
(9)						
	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ne organization ans	wered "Yes" to Fo	rm 990, Part IV	, line 34 because	it had

(g) Section 512(b)(13) controlled	Yes No	><	×	×	×	×	×	×
(f) Direct controlling Sec	<u>}</u>	1/A	SCIHS	SCLHS	SCLHS	PMC	PMC	PMC
(e) Public charity status (if section 501(c)(3))		11B-TYPE II N/A	3	3	<i>8</i>	3	(7)	1
(d) Exempt Code section		501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
(c) Legal domicile (state or foreign country)		KS	KS	CO	KS	KS	KS	KS
(b) Primary activity		SUPPORT MMBRS	CLINIC SVCS	CLINIC SVCS	HEALTHCARE	HEALTHCARE	HEALTHCARE	SUPPORT 501C3
iled organization		23-7379161 DEVER, CO 80211	48-1046905	84-1085822 	48-078446	48-0543768	48-1207407	48-0925688
(a) Name, address, and ElN of related organization		(1) SISTERS OF CHARITY LEAVELWORTH HERE SYST 23-737 TEND TO THE TOTAL TOTAL TOOL TOTAL TOTAL TO BOSIT	***	(3) MARTIERC CLINIC, THC.	-(4) B\$29 PREALGEL PARKWAY	(5) ST JOHN HOSPITAL, LICT. 3500 SOUTH FOURTH STREET	(6) BETHANY COMMUNTY PLAZA, INC.	(7) BROVIEDCE/ST JOHN FORMBATION, INC.

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

Schedule R (Form 990) 2012

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SCHEDULE R (Form 990)

CARITAS CLINICS,

Part

Name of the organization Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Openito Public 2012 Inspertion

OMB No. 1545-0047

See separate instructions.

Employer identification number

Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

48-1009910

(g) Section 512(b)(13) controlled (f) Direct controlling entity ŝ entity? Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) × 54 (f) Direct controlling (e) End-of-year assels SCLHS SFHC (if section 501(c)(3)) Public charity status Н (d) Total income 11A-TYPE <u>a</u> m (c) Legal domicile (slate or foreign country) (d) Exempt Code section 501(C)(3) 501 (C) (3) Legal domicile (state or foreign country) (b) Primary activity Ö ΚS X SS 50103 Primary activity HEALTHCARE SUPPORT 48-0547719 TOPEKA, RS 66606 48-1092520 TOPERA, RS E6806 84-0425720 same of the second care of the second ca (a)Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization FOURTHON ST MARYS HOSPITAL 4 NEDICAL CENTER <u>e</u> ST FRANCIS HEALTH CENTER, INC. TYGOTSWITTE STREET INDO SWITH STREET 2635 N 7TH STREET PantIII (2) (3) (9) (2) (3) Ξ <u></u> (2)

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Schedule R (Form 990) 2012

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84-0735096 TENVER, CO 80278

SAIHT JOSEPH HOSPITAL FOURDATION

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HOLY ROSARY HEALTHCARE 1835 FRANKLIN STREET

7600 WILSON

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(4) ST MARYS HOSPITAL FOUNDATION 2635 N 77H STREET

23-7001007 -- SRAID JUNCTION, CO 11502

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HEALTHCARE

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 990.

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OMB No. 1545-0047

Employer identification number

48-1009910

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

CARITAS CLINICS, INC.

Partil

Name of the organization Department of the Treasury Internal Revenue Service

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activily	(c) Legal domicile (state or foreign counity)	(d) Total income	(e) End-of-year assels	(f) Direct confrolling entity
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				***************************************		Carried and the control of the contr
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Partill	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ie organization ans	wered "Yes" to For	rm 990, Part IV	, line 34 because	it had

Name, address,	(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?	(2(b)(13) Ned y?
								Yes	No
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TISS NORTH INTELLED			HEALTHCARE	EM	501 (C) (3)	m	SCIHS	×	
ALTHCARE FO	81-04	58034							
FO_ROX_350.00			SUPPORT 501C3	EM	501(C)(3)	7	SVHC	×	
(3) WORTHWEST RESEARCH & EDUCATION INSTITUTE	rE 20-13	43024							
	HILLINGS, WI SHIND		COMM HLTH RES	MT	501 (C) (3)	o	SVHC	×	
(4) ST JAMES HEALTHCARE	81-02317	31785							***************************************
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I JAMES SEALTHCARE YOU	65-12	02190							
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12		34082							
TO THE ROLL ROLL OF THE TABLE	TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	 	HEALTHCARE	CA	501(C)(3)	m	SCTHS	><	
(7) JOHN WAYNE CANCER INSTITUTE		91515							
TOOD SANTA NOBICA BIVD		 	CANCER R&D	CA	501 (C) (3)	4	SJHHC	×	

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Schedule R (Form 990) 2012

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

CARITAS CLINICS, INC.

Perel

Name of the organization Department of the Treasury

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OMB No. 1545-0047

Employer identification number

48-1009910

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

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Parid Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	mplete if the org ax year.)	janization answe	ered "Yes" to Fo	rm 990, Part IV,	(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had be fax year.)	t had
(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) SAINT JOHNS HOSPITAL 4 HLTH CENTER PHOTH 95-6100079	SUPPORT 501C3	CA	501(C)(3)	11A-TYPE I	злнс	×
(2) EXEMPLA THE FEAT LOTHERAN HOSPITAL 84-1103606 TADE 2400 W.	HEALTHCARE	0.0	501 (C) (3)	3	SCLHS	×
20-8846152 Ner, co mul	SUPPORT 501C3	00	501(C)(3)	L	EXEMPLA INC.	×
(4) EXEMPLA GOOD SAMARITAN MEDICAL CIR FUDIR 84-1649162	SUPPORT 501C3	00	501(C)(3)	L	EXEMPLA INC.	×
(5) LUTH DED CHTE PROAGEN LIAB SELF-INS TRST 74-2571584 2450 W 26TH AVE, SUITE 360B	INSURANCE	CO	501(C)(3)	11A-TYPE I	EXEMPLA INC.	×
(6) SAINT JOSEPH HOSPITAL 84-0417134 HE	HEALTHCARE	0.0	501(C)(3)	5	SCLHS	×
(7) 4159 LOWELL BOLLEVARD RETURNER, CO 80211 RE	RES CARE	0.0	501 (C) (3)	11A-TYPE I	SCIHS	×

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Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

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

pecause il nad one oi more related organizations	more related orga	nization		ireated as a parmersnip during me tax year.)	tax year.)					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from iax under sections 512-514)	(1) Share of total income	(g) Share of end-of- year assels	(h) Disproporterats affacators?	Code V-UBI amount in box 20 of Schedule (K-1 (Form 1065)	(1) General or managing partner?	(k) Percentage ownership
		,					Yes	No	Yes No	
(1) PAVILION INSCINC LL 03-0516198										
GRAND JUNCTION, CO 91501	RADIOLOGY	8	N/A	집	0	0		 144)X	
(2) GRAIM VALLEY SURGIC 84-1505075										
GRAND JUNCTION, CO 61501	OP SURGERY	00	и/д	MA	ф ,	0		×	×	
(3) SAN JUAN CANCER CEN 20-2856331	1									
MONTROSE, CO 81401	OP CANCEL	00	N/A	N.	0	0		14	×	
(4) BILLINGS MRI CENTER 81-0450943										
HILLINGS, MT 59101	MRI-PET SCAN	MT	И/д	M	9	2			×	
(5) LUTHERAN CANDUS ASC 02-0749533										
WHEATRIDGE, CO 80033	OP SURGERY	8	N/A	MA	0	()		24): ()	
(6) COLORADO SURGICAL V 20-8038915										
CAICAGO, IL 60608	OF SURGERY	8	N/A	an an	0	0		×	34 (3)	
(7) COLORADO SURGICAL H 20-8038977	1									
CHICAGO, IL 60608	OP SURGERY	00	H/A	Z/N	<u></u>	ð		1-2	×	

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

(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 entily (C corp., S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(I) Section 512(b)(13) controlled enlity?
								Yes No
(1) CARITAS INC. AND SUBSIDIARIES 48-0941069								
2420 W 26TH AVE STE 100D DENVER, CO 80211	OTHER MEDICAL	KS	M/A	C CORP	9	0		ж
(2) LEAVEH INSURANCE COMPANY, LTD.								
23 DIME TREE BAY AVE, PO BOX 1051 KY1-11 GEORGETOWN, GRAN	INSURANCE	3	B/A		O	Ö		>:
(3)								
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79)								
						Schedule R (Form 990) 2012	Form 990) 2012

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Yes

Schedule R (Form 990) 2012

(d) Method of determining 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. 5 ب 70 = Ξ = 10 ۵ æ ė -- Ď <u>ہ</u> = Performance of services or membership or fundraising solicitations by related organization(s).................. Other transfer of cash or property to related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) 30,735. 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? (b) Transaction Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity...... YI Performance of services or membership or fundraising solicitations for related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses (a) Name of other organization Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Exchange of assets with related organization(s)... Sale of assets to related organization(s) SCLHS E = 0 £ .0 Ų T g 나 **≚** _ D. 57 3 Φ <u>...</u>

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Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

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

Name, address, and EN of entity Name, address, and EN of entity Name, address, and EN of entity Name, address, and EN of entity Name, address, and EN of entity (s) (d) (d) (in the latter of the	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (refaled, unrelated, excluded from tay inder	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocatons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1058)	(i) General or managing partner?	(k) Percentage ownership
(1)			section 512-514)	Yes No			Yes No		Yes No	
(2)										
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Part VIII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART V

FORM 990, SCHEDULE R, PART V, LINE 1C

CARITAS CLINICS, INC. RECEIVES FUNDING FROM SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM TO HELP COVER THE BENEFIT COSTS OF THE EMPLOYEES OF CARITAS CLINICS, INC. THEY PROVIDE 80% OF THE COST OF HEALTH INSURANCE FOR EMPLOYEES WHO ELECT HEALTH BENEFITS AND THEY ALSO CONTRIBUTE 4% TO EMPLOYEES RETIREMENT ACCOUNTS WHO HAVE MET THE THRESHHOLDS FOR THE RETIREMENT BENEFIT.