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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <i>Sisters of Charity of Leavenworth Health Syst</i>	
2. Address <input type="checkbox"/> Check if different than previously reported <i>9801 Renner Blvd. Ste 100</i>	
3. Principal Place of Business (if different from line 2) City: <i>Lenexa</i> State/Zip (or Country) <i>KS 66219</i>	
4. Contact Name <i>Cynthia Smith</i>	Telephone <i>913-895-2946</i> E-mail (optional) <i>Cynthia.Smith@selhs.net</i>
5. Senate ID # <i>294655</i>	6. House ID #
7. Client Name <input checked="" type="checkbox"/> Self	

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Income (nearest \$20,000)

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of options.

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033(b) Internal Revenue Code

Method C. Reporting amounts under section 162(e) Internal Revenue Code

1000042308

Signature *[Handwritten Signature]*

Printed Name and Title Cynthia Smith Advocacy Counsel

Registrant Name SCL Health System Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Reimbursement
Specialty Hospitals

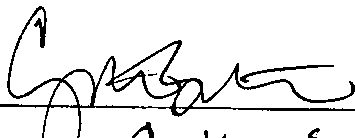
17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>Cynthia Smith</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 2/10/06

0000042309

Printed Name and Title Cynthia Smith Advocacy Counsel

Form I.D-2 (Rev. 6/98)

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