

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO IMPROVE THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 794,425,228	including grants of \$ 847,231 )	(Revenue \$ 1,207,947,219 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	) (Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	794,425,228
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**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	528
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	7,788
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 26		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

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

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ▶CATHY DAL SANTO 13123 EAST 16TH AVENUE AURORA, CO 80045 (720) 777-6126	

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

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	6,905,940	0	1,195,984

**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 ▶ 647

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Colorado Medicine, 13199 East Montview Blvd Aurora, CO 80045	Physician Services	85,758,758
University of Colorado Denver, 13123 East 16th Avenue BOD B-219 Aurora, CO 80045	Education Services	17,483,532
EPIC Systems Corp, 1979 Milky Way Vernon, WI 53593	Medical Software Svc	4,275,342
Publicis Health Media, 222 W Merchandise Mart Plaza 555 Chicago, IL 60654	Marketing Services	4,159,911
University Hospital, 12605 E 16th Avenue Aurora, CO 80045	PHYS/MEDICAL SERVICE	3,733,862

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 92



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	0			
	<b>d</b> Related organizations	<b>1d</b>	39,560,289			
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,814,029			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	0			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		0			
	<b>h Total.</b> Add lines 1a-1f . . . . .		45,374,318			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NON PATIENT SERVICE REVENUE	622110	960,772,037	960,772,037	0	0
	<b>b</b> Research Funding	541900	16,162,954	16,162,954	0	0
	<b>c</b> Cafeteria	722210	4,480,484	4,480,484	0	0
	<b>d</b> Lab Billing	561000	3,543,790	0	3,543,790	0
	<b>e</b> All other program service revenue	900009	42,987,954	41,775,884	1,212,070	0
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		1,027,947,219			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,917,973			2,917,973
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		979,525				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	979,525 0				
	<b>d</b> Net rental income or (loss) . . . . .		979,525			979,525
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		4,795,661				
	<b>b</b> Less cost or other basis and sales expenses		173,295			
	<b>c</b> Gain or (loss)	4,795,661 -173,295				
	<b>d</b> Net gain or (loss) . . . . .		4,622,366			4,622,366
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		0				
<b>12 Total revenue.</b> See Instructions . . . . .		1,081,841,401	1,023,191,359	4,755,860	8,519,864	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	822,231	822,231		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	25,000	25,000		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,980,309	0	5,980,309	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
<b>7</b> Other salaries and wages.	423,324,699	322,236,339	101,088,360	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	18,254,114	13,701,538	4,552,576	0
<b>9</b> Other employee benefits.	54,737,971	41,086,321	13,651,650	0
<b>10</b> Payroll taxes.	31,167,032	23,393,974	7,773,058	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	1,185,658	0	1,185,658	0
<b>c</b> Accounting.	0	0	0	0
<b>d</b> Lobbying.	508,678	508,678	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	145,779	0	145,779	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	157,489,586	118,211,571	39,278,015	0
<b>12</b> Advertising and promotion.	12,259,259	9,201,800	3,057,459	0
<b>13</b> Office expenses.	3,791,124	2,845,618	945,506	0
<b>14</b> Information technology.	17,429,407	13,082,513	4,346,894	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	24,835,692	18,641,670	6,194,022	0
<b>17</b> Travel.	2,730,683	2,049,651	681,032	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			0
<b>19</b> Conferences, conventions, and meetings.	1,491,286	1,119,359	371,927	0
<b>20</b> Interest.	13,355,749	10,024,825	3,330,924	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	57,320,923	43,025,085	14,295,838	0
<b>23</b> Insurance.	6,517,381	4,891,946	1,625,435	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	114,785,952	114,785,952	0	0
<b>b</b> HOSPITAL PROVIDER FEE	28,837,935	28,837,935	0	0
<b>c</b> EQUIPMENT RENTAL AND MAINT	11,665,162	8,755,871	2,909,291	0
<b>d</b> SWAP INTEREST	4,969,218	3,729,895	1,239,323	0
<b>e</b> All other expenses	17,915,609	13,447,456	4,468,153	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,011,546,437	794,425,228	217,121,209	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		81,367,754	<b>1</b>	70,877,984
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		6,614,740	<b>3</b>	4,249,467
	<b>4</b>	Accounts receivable, net . . . . .		129,804,740	<b>4</b>	155,810,359
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		9,026,331	<b>8</b>	12,356,151
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		10,083,225	<b>9</b>	10,903,560
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,479,735,473			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 562,861,763	905,541,640	<b>10c</b>	916,873,710
	<b>11</b>	Investments—publicly traded securities . . . . .		297,725,064	<b>11</b>	357,246,459
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		625,000	<b>12</b>	1,125,000
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		133,747,545	<b>15</b>	89,324,664
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,574,536,039	<b>16</b>	1,618,767,354	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		143,848,268	<b>17</b>	152,933,160
	<b>18</b>	Grants payable . . . . .		8,244,983	<b>18</b>	4,388,407
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		681,493,971	<b>20</b>	671,892,140
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		13,255,501	<b>24</b>	13,255,501
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		97,656,427	<b>25</b>	59,047,759
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		944,499,150	<b>26</b>	901,516,967
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		541,233,077	<b>27</b>	619,173,271
	<b>28</b>	Temporarily restricted net assets . . . . .		49,043,499	<b>28</b>	53,273,118
	<b>29</b>	Permanently restricted net assets		39,760,313	<b>29</b>	44,803,998
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		630,036,889	<b>33</b>	717,250,387
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,574,536,039	<b>34</b>	1,618,767,354	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,081,841,401
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,011,546,437
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	70,294,964
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	630,036,889
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-338,478
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	17,257,012
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	717,250,387

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 84-0166760  
**Name:** Children's Hospital Colorado

Form 990 (2017)

**Form 990, Part III, Line 4a:**

ROUTINE INPATIENT SERVICES, ANCILLARY INPATIENT SERVICES SUCH AS LAB, RADIOLOGY, OPERATING ROOM, RECOVERY ROOM, CENTRAL SUPPLIES, ETC ,  
OUTPATIENT SERVICES SUCH AS EMERGENCY ROOM, MULTI-SPECIALTY AMBULATORY SERVICES INCLUDING ORTHO CLINIC, ONCOLOGY CLINIC, ETC SEE SCHEDULE O  
FOR ADDITIONAL INFORMATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM N LINDSAY III ..... Chair	1 0 ..... 4 0	X		X				0	0	0
BARTH WHITHAM ..... Chair-Elect	1 0 ..... 4 0	X		X				0	0	0
KEVIN REIDY MD ..... IMMEDIATE PAST CHAIR	1 0 ..... 4 0	X		X				0	0	0
ANNITA M MENOGAN ..... SECRETARY	1 0 ..... 4 0	X		X				0	0	0
DAVID HONEYFIELD ..... Treasurer	1 0 ..... 4 0	X		X				0	0	0
LAURA BARTON ..... Board Member	1 0 ..... 0 0	X						0	0	0
RUSSELL DISPENSE ..... Board Member	1 0 ..... 0 0	X						0	0	0
DON ELLIMAN ..... Board Member	1 0 ..... 4 0	X						0	0	0
MICHAEL GOULD ..... Board Member	1 0 ..... 0 0	X						0	0	0
ARLENE HELLER ..... Board Member	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY HERTEL ..... Board Member	1 0 ..... 0 0	X						0	0	0
DAVID HOOVER ..... Board Member	1 0 ..... 0 0	X						0	0	0
J WAYNE HUTCHENS ..... Board Member	1 0 ..... 0 0	X						0	0	0
JOHN IKARD ..... Board Member	1 0 ..... 0 0	X						0	0	0
JUDITH KOFF ..... Board Member	1 0 ..... 0 0	X						0	0	0
KAREN LEAMER MD ..... Board Member	1 0 ..... 0 0	X						0	0	0
MARTHA MIDDLEMIST MD ..... Board Member	1 0 ..... 0 0	X						0	0	0
SHEN NAGEL MD ..... Board Member	1 0 ..... 0 0	X						0	0	0
R Scott Nycum ..... Board Member	1 0 ..... 0 0	X						0	0	0
VICTORIA QUINTANA ..... Board Member	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN J REILLY ..... Board Member	1 0 ..... 0 0	X						0	0	0
KRISTIN RICHARDSON ..... Board Member	1 0 ..... 0 0	X						0	0	0
Jane Schumaker ..... Board Member	1 0 ..... 0 0	X						0	0	0
David Shapiro ..... Board Member	1 0 ..... 0 0	X						0	0	0
BRUCE WAGNER ..... Board Member	1 0 ..... 0 0	X						0	0	0
LAURA WRIGHT ..... Board Member	1 0 ..... 4 0	X						0	0	0
JENA HAUSMANN ..... President and CEO	40 0 ..... 4 0	X		X				1,322,456	0	253,546
JEFFREY HARRINGTON ..... SVP and CFO	40 0 ..... 4 0			X				750,556	0	162,377
MICHELLE M LUCERO ..... Chief Legal Officer	40 0 ..... 0 0			X				509,892	0	114,649
DAVID BIGGERSTAFF ..... SVP and COO	40 0 ..... 0 0			X				651,344	0	165,591





SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Children's Hospital Colorado

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

84-0166760

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			



Additional Data

Software ID:  
Software Version:  
EIN: 84-0166760  
Name: Children's Hospital Colorado

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

Facts And Circumstances Test

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Children's Hospital Colorado	Employer identification number 84-0166760
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	52,093	0												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	456,585	0												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	508,678	0												
<b>d</b> Other exempt purpose expenditures	765,288,934	0												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	765,797,612	0												
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0												
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	445,246	486,949	678,362	508,678	2,119,235
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	119,051	82,676	43,943	52,093	297,763

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

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

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

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

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

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

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

**Part IV** Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493309012878									
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>								
Name of the organization Children's Hospital Colorado				Employer identification number 84-0166760									
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.													
		(a) Donor advised funds		(b) Funds and other accounts									
1		Total number at end of year											
2		Aggregate value of contributions to (during year)											
3		Aggregate value of grants from (during year)											
4		Aggregate value at end of year											
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.													
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>													
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register													
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶													
4 Number of states where property subject to conservation easement is located ▶													
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶													
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$													
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements													
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.													
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items													
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>(ii) Assets included in Form 990, Part X ▶ \$</div></div>													
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items <div><div>a Revenue included on Form 990, Part VIII, line 1 ▶ \$</div><div>b Assets included in Form 990, Part X ▶ \$</div></div>													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
		Cat No 52283D		Schedule D (Form 990) 2017									

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

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

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	39,760,313	37,970,011	38,851,637	37,734,642	33,820,766
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	5,959,341	2,303,237	-42,145	2,029,994	4,746,146
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	826,784	430,693	654,207	830,947	756,379
<b>f</b> Administrative expenses . . . . .	88,872	82,242	185,274	82,052	75,891
<b>g</b> End of year balance . . . . .	44,803,998	39,760,313	37,970,011	38,851,637	37,734,642

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

**a** Board designated or quasi-endowment ▶

**b** Permanent endowment ▶ 100.000 %

**c** Temporarily restricted endowment ▶

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

	Yes	No
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>		No
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		59,646,532		59,646,532
<b>b</b> Buildings . . . . .		860,953,561	230,814,700	630,138,861
<b>c</b> Leasehold improvements		17,013,685	10,441,376	6,572,309
<b>d</b> Equipment . . . . .		492,932,910	314,406,270	178,526,640
<b>e</b> Other . . . . .		49,188,785	7,199,417	41,989,368
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				916,873,710

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST ASSETS-TAMMEN	44,803,998
(2) OTHER MISC RECEIVABLES	14,595,519
(3) RECEIVABLE FROM FOUNDATION	11,552,779
(4) SELF INSURANCE TRUST REC	6,593,000
(5) PENSION PLAN ASSETS	6,635,607
(6) MATERNAL FETAL MEDICINE REC	5,143,761
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	89,324,664

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	58,120
VALUE ON INTEREST RATE SWAP	27,314,067
SELF INSURANCE TRUST PAYABLE	20,224,000
PENSION PLAN LIABILITY	6,329,670
INVESTMENT IN NORTH ASC	2,609,695
LEASE TENANT IMPROVEMENTS	1,706,697
OTHER MISC LIABILITIES	805,510
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	59,047,759

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

☒

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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 84-0166760  
**Name:** Children's Hospital Colorado

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part V, Line 4	THE HOSPITAL IS THE INCOME BENEFICIARY OF THE H H TAMMEN TRUST, A PERPETUAL TRUST UNDER WHICH THE HOSPITAL HAS THE IRREVOCABLE RIGHT TO RECEIVE THE INCOME EARNED ON THE TRUST ASSETS IN PERPETUITY FUNDS ARE USED TO SUPPORT HOSPITAL ACTIVITIES

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE F

(Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Children's Hospital Colorado

Employer identification number

84-0166760

Part I

**General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

**For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 

☒ Yes
 ☐ No

2

**For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3

Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) Europe (Including Iceland and Greenland)			Grantmaking		25,000
( 2)					
( 3)					
( 4)					
( 5)					
3a Sub-total					25,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					25,000

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>			Europe (Including Iceland and Greenland)	GENERAL PROGRAM	25,000	WIRE			
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **1**
- 3 Enter total number of other organizations or entities . . . . . **1**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	THE CHILDREN'S HOSPITAL COLORADO STAFF TAKES REASONABLE STEPS TO INVESTIGATE A POTENTIAL DONEE'S CAPABILITY OF AND COMMITMENT TO EXECUTING THE PURPOSE OF THE DONATION AND RELIES ON THE GOVERNANCE PRACTICES OF THE RECIPIENT EXEMPT ORGANIZATIONS TO MONITOR THE USE OF FUNDS AS INTENDED



Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F) AND PART II, LINE 1, COLUMN (E)	CHILDREN'S HOSPITAL COLORADO USES THE ACCRUAL METHOD OF ACCOUNTING FOR DONATIONS

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Children's Hospital Colorado

Employer identification number

84-0166760

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care?

If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other \_\_\_\_\_ %

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other \_\_\_\_\_ %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,536,279	2,159,295	2,376,984	0 230 %
b Medicaid (from Worksheet 3, column a)			420,529,247	290,663,642	129,865,605	12 840 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			35,691,811	35,183,495	508,316	0 050 %
d Total Financial Assistance and Means-Tested Government Programs			460,757,337	328,006,432	132,750,905	13 120 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,698,849	3,513,043	10,185,806	1 010 %
f Health professions education (from Worksheet 5)			22,821,568	6,964,824	15,856,744	1 570 %
g Subsidized health services (from Worksheet 6)			51,800,518	37,958,261	13,842,257	1 370 %
h Research (from Worksheet 7)			28,372,441		28,372,441	2 800 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			160,960		160,960	0 020 %
j Total. Other Benefits			116,854,336	48,436,128	68,418,208	6 770 %
k Total. Add lines 7d and 7j			577,611,673	376,442,560	201,169,113	19 890 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing			0	0	0	0 %
<b>2</b> Economic development			0	0	0	0 %
<b>3</b> Community support			30,649	0	30,649	0 %
<b>4</b> Environmental improvements			42,141	10,882	31,259	
<b>5</b> Leadership development and training for community members			42,638	0	42,638	0 %
<b>6</b> Coalition building			0	0	0	0 %
<b>7</b> Community health improvement advocacy			0	0	0	0 %
<b>8</b> Workforce development			1,003,035	40,000	963,035	0 100 %
<b>9</b> Other			0	0	0	0 %
<b>10 Total</b>			1,118,463	50,882	1,067,581	0 100 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	10,218,000	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	2,102,000	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	1,374,745
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	441,271
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	933,474
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

3

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

A

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

13

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.CHILDRENSCOLORADO.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>WWW.CHILDRENSCOLORADO.ORG</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

A

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %			
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.childrenscolorado.org</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.childrenscolorado.org</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.childrenscolorado.org</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

A

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

A

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

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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



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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **13**

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	<p>CHILDRENS COLORADO PUBLISHES AN ANNUAL COMMUNITY BENEFIT REPORT THE 2017 REPORT WILL BE PUBLISHED AFTER THE FINALIZATION OF THE 2017 SCHEDULE H 990 REPORTING THE 2016 REPORT PUBLISHED IN 2017 CAN BE FOUND AT</p> <p><a href="https://www.childrenscolorado.org/community/community-health/">HTTPS://WWW.CHILDRENSCOLORADO.ORG/COMMUNITY/COMMUNITY-HEALTH/</a> SCHEDULE H, PART I, LINE 7 IN 2017, CHILDRENS HOSPITAL COLORADO PROVIDED \$ 201,169,113 OR 19.89% OF TOTAL OPERATING EXPENSES, IN BENEFIT TO THE COMMUNITY. MEDICAID AT CHILDRENS HOSPITAL COLORADO ACCOUNTED FOR \$129,865,605 OF NET COMMUNITY BENEFIT EXPENSE OR 12.84% OF TOTAL OPERATING EXPENSES WITH \$2,376,984 IN FINANCIAL ASSISTANCE OR 0.23% OF TOTAL EXPENSE. OTHER BENEFITS ACCOUNTED FOR \$68,418,208 IN NET COMMUNITY BENEFIT EXPENSE OR 6.77% OF TOTAL EXPENSE. OF THAT \$10,185,806 IN COMMUNITY HEALTH IMPROVEMENT, \$15,856,744 IN HEALTH PROFESSION EDUCATION, \$13,842,257 IN SUBSIDIZED HEALTH SERVICES, \$28,372,257 IN RESEARCH AND \$160,960 IN CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT INCLUDED IN SUBSIDIZED HEALTH SERVICES ARE THOSE WHICH CHILDRENS HOSPITAL COLORADO PROVIDES TO ITS PATIENT POPULATION AT A LOSS. IN 2017, PROGRAMS ASSOCIATED WITH THESE LOSSES ARE REHABILITATION, DERMATOLOGY AND MENTAL HEALTH. THE NUMBER REFLECTED IN SUBSIDIZED HEALTH SERVICES EXCLUDES BAD DEBT, MEDICAID AND OTHER MEANS TESTED PROGRAMS. SHORTFALLS AND FINANCIAL ASSISTANCE. CHILDRENS HOSPITAL COLORADO IS COMMITTED TO SERVING ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>IN 2017, CHILDRENS HOSPITAL COLORADO PROVIDED \$ 1,067,581 IN COMMUNITY BUILDING ACTIVITIES. THESE ACTIVITIES ARE DESIGNED TO PROMOTE THE HEALTH OF THE BROADER COMMUNITY. WE CONTINUE TO BUILD ON OUR LONG AND STRONG RECORD OF COLLABORATION WITH COMMUNITY GROUPS, BUSINESSES, ACADEMIC INSTITUTIONS AND GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS, WITH THE GOAL OF IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH DISPARITIES FOR CHILDREN AND THEIR FAMILIES. ADDITIONALLY, SIGNIFICANT RESOURCES WERE ALLOCATED IN 2017 TO SUPPORT EFFORTS TO ENGAGE COMMUNITY MEMBERS IN ADVOCATING FOR ACCESS TO HEALTH CARE AS WELL AS PROVIDING EDUCATIONAL SESSIONS FOR BOTH POLICYMAKERS AND ADVOCATES ON CHILD HEALTH ISSUES OF IMPORTANCE. IMPROVING THE HEALTH OF THE COMMUNITY THROUGH ENVIRONMENTAL EFFORTS WAS ALSO A PRIORITY, INCLUDING LONG-STANDING RECYCLING AND RETRO COMMISSIONING EFFORTS. FINALLY, THE HOSPITAL CONTRIBUTED SUBSTANTIAL RESOURCES TO PROGRAMS, SUCH AS OUR HIRE LOCAL PROGRAM, THAT PROVIDE A PIPELINE FOR AT-RISK HIGH SCHOOL STUDENTS, AND UNDERSERVED COMMUNITY MEMBERS TO PURSUE HEALTHCARE SPECIFIC CAREERS. SELECTED COMMUNITY BUILDING ACTIVITIES ARE HIGHLIGHTED BELOW.</p> <p>CHILDRENS COLORADOS GOVERNMENT AFFAIRS TEAM HAS ENGAGED IN ACTIVITIES TO HELP IMPROVE THE LIVES OF CHILDREN AND FAMILIES ACROSS LEGISLATIVE AND REGULATORY POLICIES AT THE STATE AND NATIONAL LEVEL. BY TRACKING AND ENSURING SUCCESSFUL IMPLEMENTATION OF BILLS, PARTNERING WITH HEALTHCARE PROFESSIONALS AND FAMILIES TO PROVIDE PUBLIC TESTIMONY TO LAWMAKERS, RECRUITING AND TRAINING CHILD HEALTH ADVOCATES AND PARTNERING WITH COALITIONS AND ORGANIZATIONS ACROSS THE STATE, THE GOVERNMENT AFFAIRS TEAM SERVES AS A KEY LEADER IN CHILD HEALTH POLICY AND ADVOCACY IN COLORADO.</p> <p>IN 2017, CHILDRENS COLORADO WORKED ON 68 BILLS AND DURING THIS TIME, NEARLY 700 ADVOCATES WERE TRAINED THROUGH A RESIDENCY ADVOCACY TRAINING, SPEAK UP FOR KIDS, PROVIDER TRAINING, OR ADVOCACY 101 TRAINING.</p> <p>ENVIRONMENTAL IMPROVEMENTS: IN 2017, THE TEAM WORKED ON COLORADO HOUSE BILL 17-1306 ADDRESSING LEAD POISONING PREVENTION. RECENTLY, SEVEN OF COLORADO'S 178 SCHOOL DISTRICTS TESTED THEIR WATER FOR LEAD, AND IN THESE DISTRICTS, 77 SCHOOLS WERE FOUND TO HAVE LEAD IN THEIR WATER. CHILDREN'S COLORADO WAS PROUD TO PARTNER WITH ENVIRONMENTAL, EDUCATIONAL AND PUBLIC HEALTH GROUPS TO SUPPORT A BILL THAT SUPPORTS SCHOOLS TO TEST FOR LEAD IN THEIR WATER. THIS LEGISLATION GIVES SCHOOLS THE OPPORTUNITY, WITHOUT CREATING UNFUNDED MANDATES, TO APPLY FOR GRANTS TO TEST FOR LEAD IN THEIR WATER. FUNDING ALREADY EXISTS AT THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT TO SUPPORT THESE GRANTS, AND WOULD PRIORITIZE THOSE AT THE HIGHEST RISK FOR LEAD, SUCH AS OUR OLDEST PUBLIC ELEMENTARY SCHOOLS WITH AGING PIPES AND INFRASTRUCTURE. IF SCHOOLS REQUIRE REMEDIATION, THERE MAY BE FUNDS ACCESSED THROUGH THE EXISTING, BUILDING EXCELLENT SCHOOLS TODAY (BEST) PROGRAM, WHICH SUPPORTS SCHOOL CAPITAL CONSTRUCTION PROJECTS.</p> <p>COMMUNITY HEALTH IMPROVEMENT: SENATE BILL 17-68, ENHANCING THE SCHOOL HEALTH PROFESSIONAL GRANT PROGRAMS WAS PASSED IN 2017. INVESTING IN SCHOOL HEALTH PROFESSIONALS CAN CONTRIBUTE TO IMPROVED GRADUATION RATES AND BETTER HEALTH OUTCOMES BY GETTING MORE SCHOOL COUNSELORS, NURSES, PSYCHOLOGISTS, AND SOCIAL WORKERS INTO THE SETTING WHERE KIDS SPEND MUCH OF THEIR TIME.</p> <p>CHILDREN'S COLORADO SUPPORTED LEGISLATION TO EXPAND THE SCHOOL HEALTH PROFESSIONAL AND COUNSELOR CORPS GRANT PROGRAMS INTO ELEMENTARY SCHOOLS. ADDITIONALLY, WE SUCCESSFULLY LED THE COALITION TO SUPPORT AN ADDITIONAL \$9 MILLION INVESTMENT OF MARIJUANA TAX CASH FUNDS INTO THE SCHOOL HEALTH PROFESSIONAL GRANT PROGRAM SO THAT MORE SCHOOLS WILL HAVE THE OPPORTUNITY TO HIRE THESE PROFESSIONALS TO IMPLEMENT EVIDENCE-BASED SUBSTANCE USE AND MENTAL HEALTH PROGRAMMING.</p> <p>COALITION BUILDING: THE GOVERNMENT AFFAIRS TEAM LEAD TWO COALITIONS FOCUSED IN MENTAL HEALTH AND MARIJUANA PUBLIC HEALTH AND SAFETY.</p> <p>1. EARLY CHILDHOOD MENTAL HEALTH POLICY COALITION: A GROUP OF 10 REPRESENTATIVES FROM EARLY CHILDHOOD ADVOCACY ORGANIZATIONS (RANGING FROM STATE AND COUNTY AGENCY PARTNERS TO PRIVATE PHILANTHROPIC FOUNDATIONS AND POLICY ADVOCACY GROUPS) THAT WORK TO ADVANCE EARLY CHILDHOOD MENTAL HEALTH POLICY IN THE STATE.</p> <p>2. MARIJUANA PUBLIC HEALTH AND SAFETY NETWORK: A NETWORK OF PUBLIC HEALTH ADVOCATES THAT COORDINATES STATE-LEVEL POLICY WORK TO ELIMINATE CHILD AND YOUTH EXPOSURE TO AND CONSUMPTION OF MARIJUANA THAT CAN HARM HEALTH AND SAFETY.</p> <p>ADDITIONALLY, THE TEAM ACTIVELY PARTICIPATES IN 10 STATE-WIDE COALITIONS ADDRESSING ISSUES CRITICAL TO THE HEALTH OF CHILDREN. EXAMPLES INCLUDE: COLORADO TOBACCO-FREE ALLIANCE, COLORADO CHILDRENS IMMUNIZATION COALITION, SNAP IN FARM BILL COALITION, COLORADO SUBSTANCE EXPOSED NEWBORNS POLICY WORKGROUP, AND ORAL HEALTH COLORADO POLICY COMMITTEE.</p> <p>PARTNERSHIPS ARE AN ESSENTIAL COMPONENT TO CHILDRENS COMMUNITY HEALTH WORK. THE HOSPITAL HAS PARTNERED WITH AN ARRAY OF LOCAL, STATE AND NATIONAL ORGANIZATIONS TO COORDINATE, COLLABORATE AND SHARE.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>KEY FINDINGS AND LESSONS LEARNED IN IMPROVING HEALTH AND QUALITY OF LIFE FOR CHILDREN IN COLORADO BELOW ARE A FEW EXAMPLES OF CHILDRENS COLLABORATIONS ADDRESSING COMMUNITY HEALTH IMPROVEMENT COALITION BUILDING IN 2016, CHILDRENS HOSPITAL COLORADO JOINED FORCES WITH EIGHT OTHER STATEWIDE HEALTH AND EDUCATION ORGANIZATIONS TO FORM THE COLORADO ALLIANCE FOR SCHOOL HEALTH (THE ALLIANCE) THE ALLIANCE AIMS TO TRANSFORM HOW HEALTH CARE AND EDUCATION PARTNERS COLLABORATE TO CREATE SUSTAINABLE SYSTEMS THAT RESULT IN HEALTH EQUITY AMONG ALL COLORADO STUDENTS OVER THE PAST YEAR, THE ALLIANCE IDENTIFIED ADVOCACY PRIORITIES THAT INCLUDE FUNDING FOR SCHOOL HEALTH SERVICES, ACCESS TO INTEGRATED CARE FOR STUDENTS AND FAMILIES, AND EFFORTS TO DEVELOP A COMMON, COMPREHENSIVE, APPROACH TO SHARING DATA ACROSS SYSTEMS TO INFORM PLANNING, DOCUMENT PROGRESS, AND ULTIMATELY IMPROVE THE HEALTH, DEVELOPMENT, LEARNING, AND SUCCESS OF CHILDREN AND THEIR SCHOOL COMMUNITIES ADDITIONALLY, THE ALLIANCE IS WORKING WITH LOCAL PUBLIC-SCHOOL DISTRICTS INTERESTED IN INCREASING STUDENT HEALTH AND SCHOOL PERFORMANCE THROUGH DECREASING SCHOOL ABSENCES THE ALLIANCE IS FOCUSING ON THE ISSUE OF STUDENT ATTENDANCE BECAUSE HEALTH ISSUES ARE A LEADING CAUSE OF CHRONIC ABSENTEEISM, AND IMPROVING STUDENT ATTENDANCE INCREASES THE LIKELIHOOD OF STUDENT SUCCESS THE OUTCOMES OF THE PLANNING PROCESS WILL BE IDENTIFICATION OF BEST PRACTICES AND POTENTIAL DEMONSTRATION PROJECTS FOR COLLABORATING ACROSS SYSTEMS, AS WELL AS DEVELOPMENT OF A POLICY AND ADVOCACY PLATFORM TO DRIVE SUSTAINABLE SYSTEMS CHANGE COMMUNITY HEALTH IMPROVEMENT INCREASING ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY OPPORTUNITIES ARE IMPERATIVE TO THE SUCCESS OF HEALTHY EATING AND ACTIVE LIVING INITIATIVES IN COLORADO, 1 IN 6 CHILDREN STRUGGLE WITH HUNGER AND LACK ACCESS TO HEALTHY FOOD WHILE FEWER THAN HALF (47 PERCENT) OF PARENTS REPORT THAT THEIR CHILD IS PHYSICALLY ACTIVE FOR AT LEAST 60 MINUTES PER DAY CHILDRENS COLORADO HAS PARTICIPATING IN THE FOLLOWING INITIATIVES 1 UNIVERSAL SCREENING FOR FOOD INSECURITY MEDICAL PROVIDERS ARE INCREASINGLY AWARE OF THE IMPACT FOOD INSECURITY HAS ON THEIR PATIENTS LIVES IN 2016, CHILDRENS COLORADO AND HUNGER FREE COLORADO PARTNERED TO USE A VALIDATED QUESTIONNAIRE TO UNIVERSALLY SCREEN FAMILIES FOR FOOD INSECURITY AND REFER THEM TO SERVICES AND SUPPORTS IN THE CHILD HEALTH CLINIC, WHICH SERVES 11,000 PATIENTS ANNUALLY HUNGER FREE COLORADO, THE STATES LEADING ANTI-HUNGER ORGANIZATION, PARTNERS WITH MEDICAL PRACTICES TO ASSIST FAMILIES WITH APPLYING FOR FOOD ASSISTANCE PROGRAMS, INCLUDING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WIC, AS WELL AS PROVIDING OTHER FOOD RESOURCES 2 THE FAMILIAS SALUDABLES PARTNERSHIP - THIS PARTNERSHIP WAS ESTABLISHED TO ENSURE THAT LOW-INCOME HISPANIC CHILDREN (AGES 0-5) ACHIEVE A HEALTHY WEIGHT, AND IT HAS SUCCESSFULLY ENGAGED HISPANIC PARENTS, RESEARCHERS, MEDICAL PROVIDERS AND PROFESSIONALS FROM CHILDRENS COLORADO AND OTHER COMMUNITY-BASED ORGANIZATIONS THESE PERSPECTIVES COMPRISE THE MEMBERSHIP OF THE THREE COMMITTEES THAT ENCOMPASS FAMILIAS SALUDABLES GOVERNANCE LEADERSHIP, FAMILY LEADERS AND RESEARCH FAMILIAS SALUDABLES RETAINED A CORE GROUP OF 25 PARENTS AND CAREGIVERS, AS WELL AS COMMUNITY PARTNERS INCLUDING CHILDRENS COLORADO (PROJECT LEAD), UNIVERSITY OF COLORADO (CU) SCHOOL OF MEDICINE, ROCKY MOUNTAIN YOUTH CLINICS AND AMERICAN DIABETES ASSOCIATION NEW PARTNERS INCLUDE THE CU SCHOOL OF NURSING AND THE EARLY CHILDHOOD OBESITY PREVENTION PROGRAM AT THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT WORKFORCE DEVELOPMENT CHILDRENS COLORADO IS COMMITTED TO TRAINING THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS THE PROGRAMS BELOW ARE IN ADDITION TO THE COMMUNITY BENEFIT ACTIVITIES CAPTURED UNDER HEALTH PROFESSION EDUCATION AND CAPTURE WORK PRIMARILY FOCUSED ON BUILDING CAPACITY AMONG HIGH-SCHOOL AND COLLEGE STUDENTS THE MEDICAL CAREER COLLABO</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	CHILDREN'S HOSPITAL COLORADO ESTIMATES BAD DEBT RESERVES BASED ON HISTORICAL EXPERIENCE, USING A LOOK BACK METHODOLOGY BY PAYOR AND AGING CATEGORIES APPLIED TO OPEN ACCOUNTS RECEIVABLE BALANCES SCHEDULE H, PART III, LINE 3 THE HOSPITAL WRITES-OFF UNCOLLECTIBLE BALANCES 120 DAYS AFTER THE FIRST BILLING CYCLE THE HOSPITAL DOES NOT REPORT ANY BAD DEBT AMOUNT IN COMMUNITY BENEFIT

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	THE FOOTNOTE THAT DESCRIBES BAD DEBT IS ON PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	THE HOSPITAL UTILIZED COST TO CHARGE RATIO METHODOLOGY TO ARRIVE AT THE AMOUNT ON LINE 6 THE AMOUNT INCLUDES ALL COSTS LESS ALL PAYMENTS RECEIVED



990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	YES, THE ORGANIZATION DOES HAVE A WRITTEN DEBT COLLECTION POLICY PRIOR TO DEBT REFERRALS, ACCOUNTS WITH ANY CHARITY CARE OR FINANCIAL ASSISTANCE CASES ARE REVIEWED TO ENSURE THE BALANCE IS NOT DUE FROM AN OUTSIDE PAYER ONCE CONFIRMED THE OUTSTANDING BALANCE IS THE PATIENT'S RESPONSIBILITY THE HOSPITAL PROVIDES SLIDING SCALE DISCOUNTS BASED ON INCOME AND/OR EXPENSES PARENTS WHOSE CHILDREN DO NOT QUALIFY FOR MEDICAID CAN ALSO APPLY FOR THIS DISCOUNT PLAN THE HOSPITAL HAS A DEDICATED FINANCIAL COUNSELING DEPARTMENT THAT WORKS CLOSELY WITH PARENTS TO ESTABLISH PAYMENT PLANS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>IN ADDITION TO THE CHNA, CHILDRENS HOSPITAL COLORADO REGULARLY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY WE SERVE ACROSS THE HOSPITAL, NUMEROUS INTERNAL AND EXTERNAL DATA SOURCES ARE REGULARLY MONITORED AND UTILIZED TO IDENTIFY TRENDS AND OPPORTUNITIES TO IMPACT CHILD HEALTH. ADDITIONALLY, HOSPITAL STAFF DEDICATES SIGNIFICANT TIME TO SERVING ON COMMUNITY BOARDS AND OTHER COMMUNITY GROUPS THAT ASSESS HEALTH NEEDS OF THE COMMUNITY AND PROACTIVELY PARTICIPATES IN THE HEALTH IMPROVEMENT EFFORTS LED BY THESE PARTNERS. IN 2017, CHCO FORMALIZED A POPULATION HEALTH STRATEGY. DELIVERING CARE TO KIDS ISN'T A ONE-SIZE-FITS-ALL MODEL. CONSIDERING THEIR DIFFERENT BARRIERS TO WELLNESS IS NECESSARY TO CHANGE THE WAY WE DELIVER HEALTHCARE, AND EMPOWERING COMMUNITIES TO FOCUS ON PREVENTION IS KEY. WE CALL THIS APPROACH POPULATION HEALTH. OUR ADVOCACY TEAM IS WORKING WITHIN OUR COMMUNITIES, EMPOWERING THEM TO FOCUS ON PREVENTION AND IMPLEMENTING PROGRAMMING THAT KEEPS KIDS OUT OF OUR DOORS. WE ARE CHARTING NEW TERRITORY TO FURTHER OUR REACH AND IMPACT, AND SUPPORT THE WHOLE PICTURE OF A CHILD'S HEALTH AND WELLBEING. A NEWLY APPOINTED VICE PRESIDENT OF POPULATION HEALTH AND ADVOCACY IS RESPONSIBLE FOR THE CREATION AND OPERATION OF A COMMUNITY BASED, PARTNER DRIVEN NETWORK OF CARE. THIS NETWORK BOTH EXPANDS ACCESS TO TRADITIONAL PEDIATRIC HEALTHCARE AND EXPANDS ACCESS TO NON-TRADITIONAL CARE THAT ADDRESSES A CHILDS TOTAL PICTURE OF HEALTH, THE SOCIAL DETERMINANTS OF HEALTH. OPERATING A COMMUNITY BASED, PARTNER DRIVEN NETWORK OF CARE REQUIRES IDENTIFYING PARTNERS THAT WILL ENGAGE IN A TRANSFORMATIVE SYSTEM OF CARE, ONE THAT ALLOWS A PEDIATRIC SPECIALTY HOSPITAL TO WORK WITH COMMUNITY BASED PARTNERS TO GENERATE IMPROVED HEALTH FOR ALL KIDS IN A TARGETED REGION, DESPITE NEVER BEING PATIENTS OR HAVING LIMITED INTERACTIONS WITH THAT HOSPITAL. THE NETWORK MUST SUPPORT IMPROVEMENTS IN THE DELIVERY OF TRADITIONAL HEALTHCARE SERVICES, LIKE THE NUMBER OF IMMUNIZATIONS, WELL-CHILD VISITS, ORAL HEALTH SCREENINGS AND BEHAVIORAL HEALTH INTERVENTIONS. AND THE NETWORK MUST ALSO SUPPORT IMPROVEMENTS IN SOCIAL CONDITIONS IMPACTING HEALTH SUCH AS INCREASED ATTENDANCE AT SCHOOL, INCREASED ACCESS TO NUTRITIONAL FOOD AND SUSTAINED ACCESS TO STABLE HOUSING. THE VICE PRESIDENT IS RESPONSIBLE FOR ENSURING THE NETWORK SUPPORTS THE MANY COMPONENTS OF A CHILDS HEALTH BY RECRUITING AND SUPPORTING A ROBUST ARRAY OF COMMUNITY BASED PARTNERS THAT MAY RANGE FROM SCHOOLS TO CHILDCARE CENTERS TO CHURCHES AND FOOD PANTRIES. EACH PARTICIPATING PARTNER MUST WORK COHESIVELY TO EXCHANGE DATA THAT ALLOWS FOR A CHILDS NEEDS TO BE IDENTIFIED AND MET. FINALLY, THE VICE PRESIDENT IS RESPONSIBLE FOR DIRECTING HOSPITAL RESOURCES TO SUPPORT THE CREATION AND OPERATION OF THE COMMUNITY BASED NETWORK.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>CHILDREN'S HOSPITAL COLORADO HAS A PROCESS FOR INFORMING AND EDUCATING FAMILIES ABOUT HOW THEY MAY BE BILLED FOR PATIENT CARE AND THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE. CHILDREN'S HOSPITAL COLORADO'S FULL TIME PATIENT FINANCIAL COUNSELORS ARE DEDICATED TO WORKING WITH FAMILIES TO PROVIDE GUIDANCE REGARDING AVAILABLE FINANCIAL ASSISTANCE WHICH ENSURES THAT ITS PATIENT POPULATION RECEIVES THE CRITICAL CARE IT NEEDS. ADDITIONALLY, CHILDREN'S HOSPITAL COLORADO PROVIDES PATIENT ASSISTANCE TO HELP IDENTIFY COMMUNITY-BASED RESOURCES, FACILITATE SERVICES AND PROVIDE APPROPRIATE REFERRAL ASSISTANCE TO HELP WITH CONTINUITY OF CARE. INPATIENT PROCESS: THIS PROCESS APPLIES TO PATIENTS WHO ARE BEING ADMITTED FOR OBSERVATION, SURGERY OR OTHER INPATIENT SERVICES. IF THE PATIENT IS PRE-SCHEDULED, CHILDREN'S HOSPITAL COLORADO PATIENT ACCESS WORKS TO CONTACT THE FAMILY PRIOR TO ADMISSION TO ARRANGE FOR A FINANCIAL SCREENING APPOINTMENT. REGARDLESS OF WHETHER AN APPOINTMENT IS SET PRIOR TO ADMISSION, THE PATIENT FINANCIAL COUNSELING TEAM WORKS WITH THE FAMILY TO DETERMINE THEIR SELF-PAY STATUS (EITHER NON-COMMERCIAL OR GOVERNMENT INSURANCE) AND SUBSEQUENTLY WORKS WITH THEM TO SCREEN FOR FINANCIAL ASSISTANCE OPTIONS. OUTPATIENT PROCESS: WHEN A PATIENT SCHEDULES A NON-EMERGENT OR URGENT OUTPATIENT CLINIC VISIT, THEY WILL IDENTIFY THEMSELVES AS SELF-PAY IF THEY DO NOT HAVE EITHER COMMERCIAL OR GOVERNMENT INSURANCE. AT THIS POINT, THEY ARE GIVEN TWO OPTIONS: (1) PAY A \$200 DEPOSIT AT THE TIME OF APPOINTMENT AND BE BILLED ANY REMAINING BALANCE OR (2) SCHEDULE TIME WITH PATIENT FINANCIAL COUNSELING FOR ASSISTANCE. IF THE PATIENT WAS SEEN IN THE EMERGENCY DEPARTMENT OR URGENT CARE WITHOUT THE PRE-SCREEN, THEY STILL CAN APPLY FOR FINANCIAL ASSISTANCE WITH THE PATIENT FINANCIAL COUNSELING OFFICE. ALL SELF-PAY FAMILIES ARE AUTOMATICALLY GIVEN A 35 PERCENT DISCOUNT. CHILDREN'S HOSPITAL COLORADO HAS A FORMAL POLICY REGARDING ELIGIBILITY CRITERIA FOR CHARITY CARE. THE DECISION TO PROVIDE CHARITY CARE WILL BE, IN ALL CASES, BASED ON A REVIEW OF THE INCOME, ASSETS AND LIABILITIES OF THE FAMILY AT THE TIME OF ADMISSION TO THE HOSPITAL OR CLINIC. THE LEVELS OF CHARITY CARE AND FINANCIAL ASSISTANCE PROVIDED BY CHILDREN'S HOSPITAL COLORADO WILL BE DETERMINED BASED ON FEDERAL POVERTY GUIDELINES WHICH MAY BE ADJUSTED UP TO 200 PERCENT AND REVISED FROM TIME TO TIME. FAMILIES WITH ADJUSTED GROSS INCOME BETWEEN 200 PERCENT AND 400 PERCENT OF FEDERAL POVERTY GUIDELINES MAY ALSO BE CONSIDERED FOR CHARITY CARE WITH A CAP FOR OUT-OF-POCKET RESPONSIBILITY. DETERMINATION OF ELIGIBILITY WILL BE EFFECTIVE FOR SIX MONTHS AND APPLY TO ALL PATIENTS REGARDLESS OF IMMIGRATION STATUS. CHILDREN'S HOSPITAL COLORADO WORKS TO PROVIDE NECESSARY HOSPITAL-RELATED SERVICES CONSISTENT WITH ITS MISSION, ITS STATUS AS A NONPROFIT HOSPITAL AND ITS STEWARDSHIP RESPONSIBILITY TO ITS DONORS. CHILDREN'S HOSPITAL COLORADO'S FINANCIAL ASSISTANCE PUBLIC POLICY AND PLAIN LANGUAGE SUMMARY ARE LISTED ON THE ORGANIZATION'S HOMEPAGE: <a href="http://WWW.CHILDRENSCOLORADO.ORG">WWW.CHILDRENSCOLORADO.ORG</a></p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>CHILDRENS HOSPITAL COLORADO PROVIDES COMPREHENSIVE MEDICAL CARE FOR KIDS FROM BIRTH THROUGH ADOLESCENCE CHILDRENS HOSPITAL COLORADO SERVES A SEVEN-STATE REGION, HOWEVER, MANY OUR PATIENTS COME FROM COLORADO AND SPECIFICALLY THE DENVER METRO AREA ADDITIONALLY, CHILDRENS HOSPITAL COLORADO IS THE ONLY LEVEL 1 PEDIATRIC TRAUMA CENTER IN OUR SEVEN-STATE REGION DEMOGRAPHICALLY, CHILDREN SERVED COME FROM DIVERSE CULTURAL AND ETHNIC BACKGROUNDS NORTHWEST AURORA, SURROUNDING THE MAIN CAMPUS IS ONE OF THE MOST DIVERSE AREAS IN THE CITY MORE THAN HALF OF AURORAS 350,000 RESIDENTS BELONG TO A MINORITY POPULATION, AND OVER 100 LANGUAGES ARE SPOKEN IN AURORA PUBLIC SCHOOLS ALONG WITH ITS DIVERSITY, AURORA FACES CHALLENGES WITH HEALTH DISPARITIES, LOWER INCOME AND EMPLOYMENT LEVELS AND OTHER SOCIAL DETERMINANTS OF HEALTH AND ECONOMIC WELL-BEING AS COMPARED TO OTHER PARTS OF AURORA, THE METRO DENVER AREA AND THE STATE OF COLORADO IN RESPONSE TO OUR DIVERSE POPULATION, CHILDRENS HOSPITAL COLORADO TRANSLATES MEDICAL CARE AND EDUCATION INSTRUCTIONS INTO 65 LANGUAGES, INCLUDING SIGN LANGUAGE, TO DELIVER CULTURALLY SENSITIVE, HIGH-QUALITY PEDIATRIC HEALTH CARE MOST PATIENTS SPEAK ENGLISH, FOLLOWED BY A SIGNIFICANT NUMBER OF FAMILIES WHO SPEAK SPANISH, ARABIC, BURMESE, VIETNAMESE, SOMALIAN, RUSSIAN AND KOREAN THE PAYER MIX OF THE EIGHT COMMUNITIES (ADAMS, ARAPAHOE, BOULDER, BROOMFIELD, DENVER, DOUGLAS, JEFFERSON AND EL PASO) WHICH FRAMED THE CHNA IS AS FOLLOWS 47 3% COMMERCIAL INSURANCE, 46 7 % MEDICAID, 4 0% OTHER GOVERNMENT, AND 2 0 % SELF -PAY, INDIGENT CARE AND OTHER WITHIN THOSE RESPECTIVE COUNTIES THERE ARE 52 FEDERALLY QUALIFIED HEALTH CENTERS, 54 COMMUNITY MENTAL HEALTH CLINICS AND 20 COMMUNITY SAFETY NET CLINICS, ONE OF WHICH CHILDRENS HOSPITAL COLORADO OPERATES TO INFORM THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY, CHILDRENS HOSPITAL COLORADO IS WORKING WITH THE COLORADO HEALTH INSTITUTE TO IDENTIFY FACTORS CLOSELY ASSOCIATED WITH THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2015 CHNA THIS WORK ENTAILS THE DEVELOPMENT OF STATISTICAL MODELS, BASED ON THE LATEST DATA AVAILABLE, TO IDENTIFY THE LIKELIHOOD OF POOR OUTCOMES AT THE ZIP CODE LEVEL FOR EACH OF THE PRIORITY HEALTH NEEDS IN THE RESPECTIVE COUNTIES</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>IN 2017, CHILDRENS HOSPITAL COLORADO PROVIDED \$10,185,806 IN COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS. CHCO IS COMMITTED TO IMPROVING THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY. CHILDRENS HOSPITAL COLORADO WORKS TO DELIVER ON THIS MISSION NOT ONLY IN THE DENVER METRO AREA AND IN THE STATE OF COLORADO, BUT ALSO THROUGHOUT THE ROCKY MOUNTAIN REGION. THERE ARE EXTENSIVE EFFORTS LED BY CHILDRENS HOSPITAL COLORADO THAT POSITIVELY IMPACT THE HEALTH AND SAFETY OF CHILDREN IN THE COMMUNITY. CHILD HEALTH ADVOCACY INSTITUTE (CHAI). THE MISSION OF CHAI IS TO IMPROVE THE HEALTH AND SAFETY OF CHILDREN BY ENGAGING PUBLIC AND PRIVATE PARTNERS IN CREATING A THRIVING COMMUNITY FOR CHILDREN. CHAI SERVES AS A CENTRALIZED RESOURCE FOR THE HOSPITAL TO IDENTIFY COMMUNITY CHILD HEALTH NEEDS AND DEVELOP AND IMPLEMENT EVIDENCE-BASED PROGRAMS AND STRATEGIES IN PARTNERSHIP WITH THE COMMUNITY THAT SEEK TO ADDRESS THESE NEEDS. SINCE THE START OF CHILDRENS HOSPITAL COLORADOS (CHILDRENS COLORADO) COMMUNITY HEALTH ACTION PLAN (CHAP) IN 2016, THE HOSPITALS COMMUNITY HEALTH TEAM AND ITS PARTNERS ENGAGED IN A VARIETY OF INITIATIVES TO PROMOTE HEALTH AND PREVENT ILLNESS IN THE SURROUNDING COMMUNITY. THESE EFFORTS AIM TO ADDRESS SOCIAL DETERMINANTS OF HEALTH THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE THAT MAY LEAD TO HEALTH INEQUITIES BETWEEN AND WITHIN COMMUNITIES. CHILDRENS COLORADO FOCUSED ON SIX HEALTH PRIORITY AREAS THAT WERE IDENTIFIED IN THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND LED OR COLLABORATED WITH PARTNERS ON INITIATIVES WITHIN THE HOSPITAL, IN THE COMMUNITY AND ACROSS THE STATE. THESE INITIATIVES INCLUDED EDUCATION AND PUBLIC AWARENESS, TRAININGS, SCREENINGS AND IMPROVING ACCESS TO CARE, POLICY AND ADVOCACY EFFORTS AND EXPANSION OF THE WORKFORCE IN COMMUNITY HEALTH. SINCE THE ADOPTION OF THE IMPLEMENTATION PLAN A POPULATION HEALTH EPIDEMIOLOGIST JOINED THE TEAM. RESPONSIBILITIES OF THE EPIDEMIOLOGIST INCLUDE USING ANALYTICS TO IDENTIFY, ASSESS AND EVALUATE POPULATION-BASED TRENDS TO INFORM OUR STRATEGIES DEVELOPED IN THE COMMUNITY HEALTH ACTION PLAN (IMPLEMENTATION PLAN). THIS INDIVIDUAL IS ALSO RESPONSIBLE FOR COLLECTING AND TRACKING POPULATION HEALTH METRICS TIED TO THE CHNA THAT WILL BE USED TO EVALUATE OUR IMPLEMENTATION STRATEGIES AND HEALTH OUTCOMES. THIS REORGANIZATION AND EXPANSION OF RESOURCES IN CHAI DEMONSTRATES A COMMITMENT TO COHESIVELY AND EFFECTIVELY IMPACT THE PRIORITY AREAS DEFINED IN OUR CHNA. PLEASE SEE HIGHLIGHTED ACTIVITIES BELOW.</p> <p><b>SOCIAL AND ENVIRONMENTAL IMPROVEMENTS</b> IN 2017, THE CHILD HEALTH ADVOCACY INSTITUTE HIRED SIX COMMUNITY HEALTH LIAISONS (CHLS) AND THE BREATHING INSTITUTE HIRED TWO CHLS TO ADDRESS SOCIAL AND ENVIRONMENTAL FACTORS THAT AFFECT CHILD HEALTH. THE CHLS WITHIN CHAI SERVE CHILDREN AND FAMILIES IN TWO PRIMARY CARE SETTINGS AND ONE COMMUNITY SETTING (THE WOMEN, INFANTS, AND CHILDREN OFFICE THROUGH THE BUILD HEALTH CHALLENGE GRANT). THESE FAMILIES ASSIST FAMILIES WITH RESOURCE AND SERVICE SUPPORT NEEDS INCLUDING FINANCIAL ASSISTANCE, BENEFITS, FOOD INSECURITY, AND CONNECTING FAMILIES TO A MEDICAL PROVIDER. IN 2017, MORE THAN 1,000 CHILD HEALTH CLINIC (CHC) PATIENTS WERE REFERRED TO A COMMUNITY HEALTH LIAISON FOR RESOURCE SUPPORT. SOME OF THE MOST COMMON RESOURCE REFERRALS IN THE CHC INCLUDE FOOD RESOURCES, PRIMARY CARE PROVIDER RESOURCES FOR PARENTS, AND MEDICAID SUPPORT, INCLUDING MEDICAID TRANSPORTATION. IN THE WIC OFFICE, THE CHLS PROVIDED RESOURCE SUPPORT FOR MORE THAN 300 FAMILIES IN 2017, ASSISTING PRIMARILY WITH WIC BENEFITS UTILIZATION, MEDICAID ASSISTANCE, AND DIAPER OR BABY SUPPLIES. THE TWO CHLS WHO ARE IN OTHER PRIMARY CARE PRACTICES HAVE FAMILIES WITH TRANSPORTATION NEEDS TO ENSURE THEY MAKE IT TO THEIR APPOINTMENTS, CONNECTING PARENTS TO A PRIMARY CARE PROVIDER, AND ASSISTING FAMILIES WITH THEIR BENEFITS, AS PART OF A LARGER PROJECT AIMED TO REDUCE UNNECESSARY EMERGENCY DEPARTMENT UTILIZATION. THE CHLS WITHIN THE BREATHING INSTITUTE ARE PART OF THE JUST KEEP BREATHING (JKB) PROGRAM AIMED AT IMPROVING CARE FOR CHILDREN WITH HIGH RISK ASTHMA IN DENVER. THESE CHLS WORK WITH FAMILIES TO IDENTIFY BARRIERS TO RECEIVING CARE AND ACHIEVING ASTHMA CONTROL, INCLUDING CONDUCTING AN ENVIRONMENTAL ASSESSMENT OF THE FAMILYS HOME AND ASSISTING WITH MINIMAL HOME REMEDIATION, SUCH AS PEST EXTERMINATION. THROUGH THE HOME VISITATION PROGRAM, 55 PATIENTS HAVE RECEIVED AT LEAST ONE VISIT, WITH A TOTAL OF 212 COMPLETED VISITS. JKB PATIENTS HAVE DEMONSTRATED SIGNIFICANTLY IMPROVED MEDICATION DEVICE TECHNIQUE AND IMPROVED ASTHMA CONTROL. COMMUNITY HEALTH IMPROVEMENT: INCREASING ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY OPPORTUNITIES ARE IMPERATIVE TO THE SUCCESS OF HEALTHY EATING AND ACTIVE LIVING INITIATIVES. IN COLORADO, 1 IN 6 CHILDREN STRUGGLE WITH HUNGER AND LACK ACCESS TO HEALTHY FOOD WHILE FEWER THAN HALF (47 PERCENT) OF PARENTS REPORT THAT THEIR C</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p> HILD IS PHYSICALLY ACTIVE FOR AT LEAST 60 MINUTES PER DAY. EXAMPLES INCLUDED BELOW: UNIVER  SAL SCREENING FOR FOOD INSECURITY. MEDICAL PROVIDERS ARE INCREASINGLY AWARE OF THE  IMPACT F OOD INSECURITY HAS ON THEIR PATIENTS' LIVES. IN 2016, CHILDREN'S COLORADO AND  HUNGER FREE C OLO RADO PARTNERED TO USE A VALIDATED QUESTIONNAIRE TO UNIVERSALLY SCREEN  FAMILIES FOR FOOD INSECURITY AND REFER THEM TO SERVICES AND SUPPORTS IN THE CHILD HEALTH  CLINIC, WHICH SERV ES 11,000 PATIENTS ANNUALLY. HUNGER FREE COLORADO, THE STATES LEADING  ANTI-HUNGER ORGANIZA TION, PARTNERS WITH MEDICAL PRACTICES TO ASSIST FAMILIES WITH  APPLYING FOR FOOD ASSISTANCE PROGRAMS, INCLUDING SUPPLEMENTAL NUTRITION ASSISTANCE  PROGRAM (SNAP) AND THE SPECIAL SUPP LEMENTAL NUTRITION PROGRAM FOR WIC, AS WELL AS  PROVIDING OTHER FOOD RESOURCES. IN 2017, NE ARLY 8,000 PSYCHOSOCIAL SCREENINGS WERE  COMPLETED IN THE CHILD HEALTH CLINIC AND 68% OF FA MILIES WITH PATIENTS UNDER AGE 2 WERE  SCREENED. IN THE CHILD HEALTH CLINIC, APPROXIMATELY ONE IN FOUR FAMILIES SCREENED POSITIVE  FOR AT LEAST ONE NEED, AND THE MOST COMMON POSITIVE SCREENS WERE FOR FINANCIAL NEEDS,  BENEFITS SUPPORT, AND FOOD INSECURITY, WHICH WERE ADDRE SSED BY COMMUNITY HEALTH  LIAISONS AND FAMILY NAVIGATORS. THE FAMILIAS SALUDABLES PARTNERSH IP WAS ESTABLISHED TO  ENSURE THAT LOW-INCOME HISPANIC CHILDREN (AGES 0-5) ACHIEVE A HEALTH Y WEIGHT, AND IT HAS  SUCCESSFULLY ENGAGED HISPANIC PARENTS, RESEARCHERS, MEDICAL PROVIDERS AND  PROFESSIONALS FROM CHILDRENS COLORADO AND OTHER COMMUNITY-BASED ORGANIZATIONS.  THESE PERSPECTIVES COMPRISE THE MEMBERSHIP OF THE THREE COMMITTEES THAT ENCOMPASS  FAMILIAS SALUD ABLES GOVERNANCE: LEADERSHIP, FAMILY LEADERS AND RESEARCH. FAMILIAS  SALUDABLES RETAINED A CORE GROUP OF 25 PARENTS AND CAREGIVERS, AS WELL AS COMMUNITY  PARTNERS INCLUDING CHILDRENS COLORADO (PROJECT LEAD), UNIVERSITY OF COLORADO (CU)  SCHOOL OF MEDICINE, ROCKY MOUNTAIN Y OUTH CLINICS AND AMERICAN DIABETES ASSOCIATION.  NEW PARTNERS INCLUDE THE CU SCHOOL OF NURS ING AND THE EARLY CHILDHOOD OBESITY  PREVENTION PROGRAM AT THE COLORADO DEPARTMENT OF PUBLI C HEALTH AND ENVIRONMENT.  INFANT SAFE SLEEP INITIATIVE. ACCORDING TO DATA FROM THE COLORAD O CHILD FATALITY  PREVENTION SYSTEM, ABOUT 50 INFANTS DIE SUDDENLY AND UNEXPECTEDLY, SOMETI MES CALLED  SUDDEN INFANT DEATH SYNDROME (SIDS), EACH YEAR IN COLORADO WHILE THEY SLEEP. MO ST OF  THESE SLEEP-RELATED INFANT DEATHS ARE PREVENTABLE. IN RESPONSE TO THIS CHALLENGING P  UBLIC HEALTH ISSUE, IN 2017 THE INJURY PROGRAM AT CHILDREN'S HOSPITAL COLORADO  ESTABLISHED AN INSAFE SAFE SLEEP INITIATIVE DESIGNED TO PROMOTE AWARENESS OF AMERICAN  ACADEMY OF PEDI ATRICS SAFE INFANT SLEEP GUIDELINES AND RECOMMENDATIONS TO REDUCE THE  RISK OF SIDS AND SUF FOCATION. A COMPONENT OF THIS EFFORT INCLUDED BECOMING A PARTNER  SITE FOR THE NATIONAL CRI BS FOR KIDS INFANT SAFE SLEEP PROGRAM. TO IMPLEMENT THIS  PROGRAM, EIGHT COMMUNITY HEALTH L IAISONS WERE TRAINED TO PROVIDE INFANT SAFE SLEEP  EDUCATION TO CLIENTS RECEIVING CARE AT C HILDRENS CHILD HEALTH CLINICS, AND AT ONE  PRIMARY CARE PROVIDERS PEDIATRIC PRACTICE. ADDIT IONALLY, EIGHT SOCIAL WORK  PROFESSIONALS FROM COLFAX COMMUNITY NETWORK WERE TRAINED TO CON DUCT SIMILAR EFFORTS  FOR FAMILIES RESIDING IN SUB-OPTIMAL HOUSING CONDITIONS ALONG THE COL FAX AVENUE  CORRIDOR IN AURORA. FAMILIES WHOSE INFANTS ARE IN NEED OF A DEDICATED SAFE SLEE P  ENVIRONMENT ARE IDENTIFIED VIA CLINIC OR HOME VISITATION ENCOUNTERS, WHEREUPON STAFF  PRO VIDE APPROXIMATELY 30 MINUTES OF 1:1 EDUCATION ON INFANT SAFE SLEEP RISK FACTORS AND  SAFE SLEEP RECOMMENDATIONS. CLIENTS ARE THEN PROVIDED, AT NO COST, WITH A PORTABLE  CRIBETTE WIT H INFANT SAFE SLEEP MESSAGING, PORTABLE CRIB SHEETS, HALO SLEEP SACKS, AND  PACIFIERS (REPR ESENTING AN APPROXIMATE TOTAL VALUE OF \$100). SINCE THE INCEPTION OF THIS  INITIATIVE, WE H AVE PROVIDED THESE RESOURCES TO MORE THAN 50 FAMILIES RESIDING IN  GREATER AURORA. THE INJU RY PREVENTION PROGRAM MANAGER ALSO SERVES AS A MEMBER OF THE  COLORADO CHILD FATALITY PREVE NTION SYSTEM STATE REVIEW TEAM, AND AS A </p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	THERE ARE NO FILING REQUIREMENTS IN THE STATE OF COLORADO CHCO DOES PROVIDE THE ANNUAL COMMUNITY BENEFIT REPORT TO THE COLORADO HOSPITAL ASSOCIATION AND SELECTIVE GOVERNMENTAL ENTITIES

*Schedule H (Form 990) 2017*



Additional Data

Software ID:  
Software Version:  
EIN: 84-0166760  
Name: Children's Hospital Colorado

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

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CHILDREN'S HOSPITAL COLORADO 13123 EAST 16TH AVENUE AURORA, CO 80045 WWW.CHILDRENSCOLORADO.ORG 010417	X		X	X		X	X			A
2	CHILDREN'S HOSPITAL COLORADO - SOUTH 1811 PLAZA DRIVE HIGHLANDS RANCH, CO 80129 WWW.CHILDRENSCOLORADO.ORG 01F105	X		X	X		X	X			A
3	CHILDREN'S HOSPITAL CO - MEMORIAL 1400 EAST BOULDER STREET COLORADO SPRINGS, CO 80909 WWW.CHILDRENSCOLORADO.ORG 13U321	X		X							A

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B	A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR FACILITY REPORTING GROUP A THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED IN FACILITY REPORTING GROUP A (1) CHILDREN'S HOSPITAL COLORADO (2) CHILDREN'S HOSPITAL COLORADO - SOUTH (3) CHILDREN'S HOSPITAL COLORADO - MEMORIAL SCHEDULE H, PART V, SECTION B, LINE 3E The six identified CHNA needs are not prioritized and all received equal weight in the implementation plan and on-going programing

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5 APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A PRIOR TO PREPARATION OF THE 2015 CHNA , THERE WAS A COMPREHENSIVE REVIEW OF THE 2012 REPORT TO PREPARE THE 2015 CHNA, CHILDRENS HOSPITAL COLORADO ENGAGED IN A COMPREHENSIVE PROCESS OF GATHERING DATA AND INPUT FROM NON PROFIT ORGANIZATIONS, GOVERNMENT AGENCIES, PUBLIC HEALTH DEPARTMENTS, THE BUSINESS COMMUNITY AND INDIVIDUAL PARENTS AND COMMUNITY MEMBERS DATA COLLECTION INCLUDED 40 KEY INFORMANT INTERVIEWS, 9 FOCUS GROUPS (92 PARENT PARTICIPANTS), AN ONLINE SURVEY THAT WAS COMPLETED BY 346 PARENTS AND 13 COMPREHENSIVE DATA REPORTS SPECIAL EFFORT WAS MADE TO SOLICIT INPUT FOR THE CHNA REPORT FROM UNDERSERVED POPULATIONS OUTREACH TO THESE POPULATIONS INCLUDED CONTACTING NONPROFIT ORGANIZATIONS THAT REPRESENT THE INTERESTS OF UNDERSERVED GROUPS AND INCLUDING THEM IN STAKEHOLDER INTERVIEWS KEY ORGANIZATIONS CONTACTED INCLUDED COLORADO COALITION FOR THE MEDICALLY UNDERSERVED, COLORADO BLACK HEALTH COLLABORATIVE, COMMIT CRISIS CENTER, THE FIELDS FOUNDATION, PROMOTORAS DE SALUD, ROCKY MOUNTAIN YOUTH CLINIC AND STREET SMART PLEASE REFER TO THE CHNA FOR A COMPLETE LIST OF STAKEHOLDERS FOCUS GROUPS WERE HELD IN PARTNERSHIP WITH LOCAL NONPROFIT ORGANIZATIONS EMPHASIS WAS PLACED ON WORKING WITH GROUPS THAT SERVE LOW-INCOME AND AT-RISK PARENTS FOCUS GROUPS FOR THIS TARGETED POPULATION INCLUDED TWO SESSIONS AT THE HOFFMAN YOUTH CENTER IN WARD 1 OF AURORA ONE SESSION WAS CONDUCTED IN ENGLISH AND ONE SESSION WAS CONDUCTED IN SPANISH ONE SESSION WAS AT THE EPWORTH UNITED METHODIST CHURCH IN CENTRAL DENVER IN A PREDOMINANTLY AFRICAN AMERICAN NEIGHBORHOOD THE OTHER WAS AT THE FIELDS OPPORTUNITY CENTER WITH PREGNANT AND PARENTING TEENS TWO SESSIONS WERE AT THE COMMIT CRISIS CENTER WITH HOMELESS FAMILIES THAT WERE TEMPORARILY RESIDING AT THE CENTER ONE OF THE TWO SESSIONS SPECIFICALLY TARGETED HOMELESS VETERANS A TOTAL OF NINE FOCUS GROUPS WERE CONDUCTED IN A VARIETY OF LOCATIONS COLLECTIVELY, THERE WERE 92 PARENT PARTICIPANTS OF WHICH 80% OF PARTICIPANTS UTILIZE MEDICAID BENEFITS RECOGNIZING THAT THE NUMBER OF INDIVIDUALS WHO COULD BE REACHED THROUGH INTERVIEWS AND FOCUS GROUPS WAS INHERENTLY LIMITED, THE HOSPITAL ALSO SOUGHT TO REACH A SIGNIFICANTLY GREATER NUMBER OF COMMUNITY MEMBERS THROUGH AN ONLINE SURVEY TO COMPENSATE FOR LACK OF INTERNET ACCESS AMONG SOME POPULATIONS, A PAPER VERSION OF THE SURVEY WAS DISTRIBUTED IN COMMUNITY HEALTH CLINICS, AT A MOBILE HOME COMMUNITY AND AT A CHILD CARE CENTER FOR LOW-INCOME FAMILIES THE SURVEY WAS AVAILABLE IN BOTH ENGLISH AND SPANISH AND HAD A TOTAL OF 346 RESPONDENTS SINCE MORE DEMOGRAPHIC INFORMATION WAS COLLECTED FOR THE PARENT SURVEY, WE WERE ABLE TO ANALYZE THE RESULTS IN A MORE IN-DEPTH MANNER FIRST, AN ANALYSIS OF THE TOP-RATED ISSUES/CONCERNS WAS PERFORMED WITH DIFFERENCES NOTED BETWEEN THE ENGLISH LANGUAGE AND SPANISH LANGUAGE SURVEY RESPONSES NEXT, WE S</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	ORTED RESULTS BY COUNTY AS WELL AS BY INCOME LEVELS TO DETERMINE SIGNIFICANT VARIATIONS IN THE ISSUES IDENTIFIED AS TOP CONCERNS THIS APPROACH PERMITTED THE TEAM TO GAIN INSIGHT I NTO A LARGE CROSS SECTION OF THE POPULATION OVERALL, 42 PERCENT OF RESPONDENTS WERE ETHNI C MINORITIES AND CLOSE TO ONE-THIRD OF RESPONDENTS HAD HOUSEHOLD INCOMES OF LESS THAN \$50, 000 PER YEAR

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 6A APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A DUE TO THE PROXIMITY OF GEOGRAPHIC LOCATIONS, CHILDRENS HOSPITAL COLORADO CONDUCTED A JOINT CHNA FOR ITS LICENSED HOSPITAL FACILITIES, WHICH INCLUDED MAIN CAMPUS, SOUTH CAMPUS AND PARKER ADVENTIST (HOSPITAL UNIT LICENSE) THE IRS ALLOWS HOSPITAL FACILITIES TO PRODUCE A JOINT CHNA REPORT IF THE FACILITIES USE THE SAME DEFINITIONS OF COMMUNITY AND CONDUCT A JOINT CHNA PROCESS WE HAVE FOLLOWED THOSE REQUIREMENTS FOR THIS REPORT FOR THE PURPOSES OF CHNA REPORT, "COMMUNITY" IS DEFINED AS THE EIGHT-COUNTY REGION SURROUNDING THE MAIN CAMPUS, SOUTH CAMPUS AND PARKER ADVENTIST LOCATIONS OF CHILDRENS COLORADO EIGHTY-FOUR PERCENT OF PATIENTS AT THE MAIN CAMPUS, 93% OF PATIENTS AT THE SOUTH CAMPUS AND 92% OF PATIENTS AT THE PARKER ADVENTIST LOCATION RESIDE IN THESE COUNTIES (2014 DATA) PARTICULAR ATTENTION IS ALSO PAID TO THE NEIGHBORHOODS IMMEDIATELY SURROUNDING THESE FACILITIES WHILE THE NEEDS OF CHILDREN STATEWIDE ARE CONSIDERED, THE FOCUS OF THE CHNA IS ON THE COUNTIES AND NEIGHBORHOODS WHERE THE HOSPITAL HAS THE GREATEST INFLUENCE

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7D	THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 7D APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A IN ADDITION TO POSTING THE CHNA ON THE HOSPITALS EXTERNAL-FACING WEBSITE AND MAKING THE REPORT AVAILABLE UPON REQUEST, OVER 350 PHYSICAL COPIES HAVE BEEN DISTRIBUTED TO THE COMMUNITY SINCE DECEMBER 2015 CHILDRENS COLORADOS CHILD HEALTH ADVOCACY INSTITUTE (CHAI) STAFF PRESENTED THE CHNA FINDINGS TO SEVERAL STAKEHOLDER GROUPS CHAI STAFF ALSO ROUTINELY SHARE CHNA FINDINGS IN MEETINGS WITH COMMUNITY PARTNERS, WITH THE GOAL OF IDENTIFYING OPPORTUNITIES TO ENGAGE IN COLLABORATIVE EFFORTS TO ADDRESS THE AREAS OF NEED WITH THE GOAL OF MAKING THE CHNA MORE ACCESSIBLE AND DIGESTIBLE TO THE LARGER COMMUNITY, CHAI DEVELOPED AN EXECUTIVE SUMMARY, WHICH SERVES AS A CONDENSED VERSION OF THE FULL CHNA THIS SUMMARY IS AVAILABLE ON THE WEBSITE AND HAS ALSO BEEN WIDELY DISTRIBUTED TO COMMUNITY MEMBERS, PARTNERS, INTERNAL AND EXTERNAL STAKEHOLDERS

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11 APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A. AN INTERNAL LEADERSHIP COMMITTEE ESTABLISHED CRITERIA THAT WOULD BE USED TO ANALYZE THE DATA COLLECTED AND SELECT THE ISSUES THAT THE HOSPITAL WILL FOCUS ON FOR THE COMING YEARS. THOSE CRITERIA INCLUDE SCALE. THESE ISSUES TOUCH A LARGE NUMBER OF CHILDREN, IMPACT THESE ISSUES HAVE A SIGNIFICANT EFFECT ON CHILDREN, COMMUNITY INTEREST. COMMUNITY MEMBERS EXPRESSED CONCERN ABOUT THESE ISSUES THROUGH THE VARIOUS CHANNELS WE USED TO GATHER INPUT, AND SUSTAINABILITY. CHILDREN'S HOSPITAL COLORADO HAS THE RESOURCES NEEDED TO ADDRESS THESE ISSUES. ONCE THE CRITERIA WERE ESTABLISHED, THE FINAL STEP IN THE PROCESS WAS TO PRESENT THE RESEARCH FINDINGS TO KEY STAKEHOLDERS AND ASK THEM FOR INPUT ON THE ISSUES THAT THE HOSPITAL WILL PRIORITIZE. TWO DIFFERENT PRIORITIZATION MEETINGS WERE HELD, ONE WITH REPRESENTATIVES FROM NONPROFIT, GOVERNMENT AND PUBLIC HEALTH AGENCIES, AND ONE WITH INTERNAL HOSPITAL LEADERSHIP. THERE WAS CLEAR CONSENSUS AMONG BOTH GROUPS THAT MENTAL HEALTH, OBESITY/NUTRITION/PHYSICAL ACTIVITY AND ORAL HEALTH WERE HIGH PRIORITIES. ALSO, FURTHER DISCUSSION WITH HOSPITAL LEADERSHIP LED TO THE CONCLUSION THAT SOME AREAS PRIORITIZED BY THE INTERNAL TEAM AND COMMUNITY (MEDICAL HOME, PARENT EDUCATION) ARE STRATEGIES FOR ADDRESSING KEY ISSUES. WHILE THESE STRATEGIES WILL BE CONSIDERED AS PART OF THE IMPLEMENTATION PLAN, FOR THE PURPOSES OF THE NEEDS ASSESSMENT, THEY WERE NOT INCLUDED IN THE LIST OF TOP PRIORITIES. WE ACKNOWLEDGE THAT THE COMMUNITY RAISED NUMEROUS OTHER CONCERNS AND THAT THE DATA SUPPORTS THE NEED TO ADDRESS A WIDE RANGE OF ISSUES. HOWEVER, WE BELIEVE THAT CONCENTRATING OUR EFFORTS IN THESE THREE KEY AREAS WILL HAVE THE MOST MEANINGFUL AND LASTING IMPACT. IT SHOULD BE NOTED THAT MENTAL HEALTH AND OBESITY WERE ALSO IDENTIFIED AS PRIORITIES IN THE 2012 CHNA, AND THE HOSPITAL HAS LAUNCHED PROGRAMS THAT ADDRESS THESE NEEDS AND WILL CONTINUE TO EXPAND OUR WORK IN THESE RESPECTIVE PRIORITY AREAS. IT IS ALSO IMPORTANT TO POINT OUT THAT IN ADDITION TO THE ABOVE IDENTIFIED PRIORITY NEEDS, THE HOSPITAL WILL SUSTAIN OUR CURRENT WORK ON THREE ISSUES THAT ARE CRITICAL TO THE LONG-TERM HEALTH AND WELLNESS OF CHILDREN IN OUR COMMUNITY: INJURY, PREMATURITY AND RESPIRATORY ILLNESS. THE ABOVE-MENTIONED PRIORITIES WERE IDENTIFIED IN THE CHNA AS DATA-DRIVEN PRIORITIES. ONCE THE CHNA PRIORITIES WERE SELECTED, CHILDREN'S HOSPITAL COLORADO DEVELOPED AND EMPLOYED SEVERAL STRATEGIES TO ADDRESS THE HEALTH CONCERNS IDENTIFIED IN THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT. THESE ACTIONS INCLUDED PARTNERING WITH COMMUNITY ORGANIZATIONS TO DEVELOP DATA-DRIVEN APPROACHES TO IDENTIFY TARGETED NEIGHBORHOODS AND POPULATIONS FOR PROGRAM IMPLEMENTATION, DEVELOPING THE THREE-YEAR IMPLEMENTATION PLAN TO GUIDE ACTIVITIES FOCUSED IN IDENTIFIED HEALTH PRIORITY AREAS, AND FORMALIZING THE MEASURES AND TRACKING MECHANISMS TO INFORM PROGRAM PLANS.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	ANNING AND MEASURE OUTREACH AND IMPACT IN EARLY 2016, CHILDRENS HOSPITAL COLORADO PARTNER ED WITH THE COLORADO HEALTH INSTITUTE TO DEVELOP A CHILD HEALTH SEVERITY INDEX TO IDENTIFY ZIP CODES WHERE YOUTH HAVE THE MOST SEVERE HEALTH CONCERNS THE INTERACTIVE MAP WAS DEVEL OPED WITH THE SIX PRIORITIZED HEALTH NEEDS IN MIND, AND HELPED PRIORITIZE WHERE THERE WAS THE GREATEST NEED AND OPPORTUNITIES TO ADDRESS THE PRIORITY HEALTH NEEDS CHILDRENS USED T HIS INDEX TO IDENTIFY THE INITIAL ZIP CODES TO TARGET PROGRAMMATIC EFFORTS AND DEVELOP THE APPROPRIATE PARTNERSHIPS WITHIN THE HOSPITALS URBAN CENTERS WE WILL CONTINUE TO REFER TO THIS MAP WAS WE EXPAND OUR PROGRAMS INTO OTHER COMMUNITIES CHILDRENS ALSO BEGAN A PARTNE RSHIP WITH AURORA PUBLIC SCHOOLS (APS) TO PROMOTE COMMUNITY-BASED PROGRAMS AND SERVICES IN THE SCHOOL SETTING THROUGH THIS PARTNERSHIP, CHILDRENS AND APS WILL BEGIN IMPLEMENTING P ROGRAMS TO ADDRESS STUDENTS TOP HEALTH NEEDS, INCLUDING ORAL HEALTH AND MENTAL HEALTH-RELA TED PROGRAMS AND SERVICES IN MAY 2016, OUR THREE-YEAR IMPLEMENTATION PLAN TO ADDRESS THE SIX COMMUNITY HEALTH PRIORITY AREAS WAS FINALIZED AND APPROVED BY THE CHCO BOARD OF DIRECT ORS STRATEGIES IN THE REPORT WERE DRIVEN BY THE 2015 CHNA AND THE NEIGHBORHOODS WITH HIGH NEEDS IDENTIFIED THROUGH THE CHILD HEALTH SEVERITY INDEX FOLLOWING THE IMPLEMENTATION PL AN, WE DEVELOPED OVER 80 MEASURES TO TRACK OUTREACH AND IMPACT OF EACH PRIORITY AREAS PROG RAMS AND INITIATIVES OUR MEASURES WILL INCLUDE TRACKING THE VOLUME OF EDUCATIONAL WORKSHO PS AND TRAININGS, GROWTH IN COMMUNITY PARTNERSHIPS AND COLLABORATIONS TO EXPAND AND DEVELO P NEW PROGRAMS TO ADDRESS COMMUNITY HEALTH NEEDS, IMPROVED COORDINATION OF CARE AND COMMUN ITY-BASED SERVICES AND SUPPORTS, IMPROVED ACCESS TO PROGRAMS AND SERVICES, AND CHANGES IN HEALTH OUTCOMES MEASURES WILL CONTINUOUSLY BE TRACKED AND REVIEWED TO IMPROVE PROCESSES A ND ENSURE THE PROGRAMS ARE MEETING THEIR INTENDED GOALS AND POPULATIONS TO DATE, DATA HAS BEEN COLLECTED FOR 38 OF THE MEASURES (43%), 35 MEASURES ARE IN PROCESS (39%) AND 16 MEAS URES ARE IN THE PLANNING AND/OR UNDER REVISION (18%)



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

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

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

Name and address	Type of Facility (describe)
<b>1</b> CHILDREN'S HOSPITAL COLORADO-NORTH 469 WEST STATE HIGHWAY 7 BROOMFIELD, CO 80023	UC, SPECIALTY CARE, IP CARE, REHAB & SPORT THERAPY & IMAGING, LAB SERVICES
<b>1</b> CHILDREN'S HOSPITAL COLORADO-PARKER 9395 CROWN CREST BLVD PARKER, CO 80138	EMERGENCY CARE
<b>2</b> CHILDREN'S HOSPITAL COLORADO-UPTOWN 1830 FRANKLIN ST DENVER, CO 80218	EMERGENCY CARE, UC, OP SPCLTY IP CARE, DIAGNOSTICS & IMAGING, LAB SERVICES
<b>3</b> CHILDREN'S HOSPITAL CO PARKER ADVENTIST 19284 COTTONWOOD DRIVE PARKER, CO 80138	OT/PT, SPEECH & AUDIOLOGY
<b>4</b> CHILDREN'S HOSPITAL CO SPECIALTY CARE 9399 CROWN CREST BLVD PARKER, CO 80138	specialty care, SPORTS MEDICINE
<b>5</b> CHILDREN'S HOSPITAL CO OP SPECIALTY CARE 4125 BRIARGATE PKWY COLORADO SPRINGS, CO 80920	SPECIALTY CARE, ONCOLOGY CLINICS, URGENT CARE, SPEECH
<b>6</b> CHILDREN'S HOSPITAL CO THERAPY CARE PRINTERS PARK MEDICAL PLAZA COLORADO SPRINGS, CO 80910	OT/PT, SPEECH & AUDIOLOGY SERVICES
<b>7</b> CHILDREN'S HOSPITAL CO THERAPY CARE 8401 ARISTA PLACE BROOMFIELD, CO 80021	OT/PT, SPEECH & AUDIOLOGY SERVICES
<b>8</b> CHILDREN'S HOSPITAL CO UC & OP CARE 3455 LUTHERAN PKWY WHEATRIDGE, CO 80033	URGENT CARE, SPECIALIST CARE, SPORTS MEDICINE
<b>9</b> CHILDREN'S HOSPITAL CO UC & OP CARE 9139 S RIDGELINE BLVD 100 HIGHLANDS RANCH, CO 80129	REHABILITATION & THERAPY SERVICES
<b>10</b> KIDSTREET 3615 MARTIN LUTHER KING BLVD DENVER, CO 80205	REHABILITATION & THERAPY SERVICES
<b>11</b> CHILDREN'S HOSPITAL CO ORTHOPEDIC CARE 9094 E MINERAL AVE SUITE 110 CENTENNIAL, CO 80112	ORTHOPEDIC CARE, RADIOLOGY SERVICES, SPORTS MEDICINE
<b>12</b> CHILDREN'S HOSPITAL CO THERAPY CARE 704 FORTINO BLVD STE A PUEBLO, CO 81008	SPEECH THERAPY, LEARNING DISABILITIES

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Colorado

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
84-0166760

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 24

3 Enter total number of other organizations listed in the line 1 table . . . . . 4

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	CHILDREN'S HOSPITAL COLORADO RELIES ON THE GOVERNANCE PRACTICES OF THE RECIPIENT EXEMPT ORGANIZATIONS TO MONITOR THE USE OF FUNDS AS INTENDED

Additional Data

Software ID:  
Software Version:  
EIN: 84-0166760  
Name: Children's Hospital Colorado

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 1365 Garden of the Gods Colorado Springs, CO 80909	13-5613797	501(C)(3)	37,750				GENERAL PROGRAM
AURORA MENTAL HEALTH CENTER 11059 E Bethany Dr Ste 200 Aurora, CO 80014	84-0683346	501(C)(3)	6,350				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT BY THREE 3605 Martin Luther King Blvd Denver, CO 80205	84-1382420	501(C)(3)	10,000				GENERAL PROGRAM
CHEYENNE FRONTIER DAYS INC PO Box 2477 Cheyenne, WY 82003	83-0297781	501(C)(6)	19,000				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEYENNE MOUNTAIN ZOOLOGICAL SOCIETY 4250 Cheyenne Mtn Zoo Colorado Springs, CO 80906	84-0407039	501(C)(3)	81,000				GENERAL PROGRAM
CHILDRENS MUSEUM OF DENVER INC 2121 Childrens Museum Dr Denver, CO 80211	84-0658142	501(C)(3)	30,000				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CHILDRENS CAMPAIGN 1580 Lincoln St Ste 420 Denver, CO 80203	74-2374672	501(C)(3)	10,000				GENERAL PROGRAM
COLORADO COLLEGE 14 Cace La Poudre Colorado Springs, CO 80903	84-0402510	501(C)(3)	10,500				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO HIGH SCHOOL ACTIVITIES 14855 E Second Ave Aurora, CO 80011	84-0427063	501(C)(3)	112,500				GENERAL PROGRAM SPONSORSHIP
COLUMBINE LAKEWOOD COLORADO SOCCER 8101 S Schaffer Pkwy Ste 103 Littleton, CO 80127	84-1411827	501(C)(3)	15,000				GENERAL PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER ART MUSEUM 100 West 14th Avenue Pkwy Denver, CO 80222	84-6038240	501(C)(3)	6,500				GENERAL PROGRAM
DENVER BOTANIC GARDENS 1007 York St Denver, CO 80206	84-0440359	501(C)(3)	7,500				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER PUBLIC SCHOOLS FOUNDATION 1860 Lincoln St 9th floor Denver, CO 80203	84-1224325	501(C)(3)	10,000				GENERAL PROGRAM
DOUGLAS COUNTY SOCCER ASSOCIATION 8200 S Akron St 122 Centennial, CO 80112	74-2392779	501(C)(3)	30,000				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARRISON CHAPEL HILLS OWNER LLC 1710 Briargate Blvd Ste 3500 Colorado Springs, CO 80920	45-2121815		12,100				GENERAL PROGRAM
HOT APPLE PRODUCTIONS LLC 5601 Eagle Rock Ave NE Albuquerque, NM 87113	47-3017544		6,000				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1325 South Colorado Blvd B308 Denver, CO 80222	13-1846366	501(C)(3)	35,500				GENERAL PROGRAM
NATIONAL KIDNEY FOUNDATION 650 S Cherry ST Ste 435 Denver, CO 80246	13-1673104	501(C)(3)	6,000				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL WESTERN STOCK SHOW ASSOCIATION 4655 Humboldt Street Denver, CO 80216	84-0517361	501(C)(3)	31,000				GENERAL PROGRAM
PIKES PEAK LIBRARY DISTRICT FOUNDATION PO Box 1579 Colorado Springs, CO 80901	11-3690724	501(C)(3)	10,000				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACH OUT AND READ COLORADO 1660 S Albion St Ste 905 Denver, CO 80222	86-1172160	501(C)(3)	7,500				GENERAL PROGRAM
ST ANTHONY HOSPITAL 116000 W 2nd Pl Lakewood, CO 80228	84-0902211	501(C)(3)	8,500				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWITCHBACKS FC 234 N Tejon St Colorado Springs, CO 80903	46-4110067		7,000				GENERAL PROGRAM
TTTS RACE FOR HOPE 9786 S Holland St Littleton, CO 80127	20-0837174	501(C)(3)	15,000				GENERAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION INC 10901 W 120th Ave Ste 200 Broomfield, CO 80021	84-6049811	501(C)(3)	100,000				GENERAL PROGRAM
WINGS OVER THE ROCKIES AIR AND SPACE 7711 E Academy Blvd Denver, CO 80230	84-0931491	501(C)(3)	7,500				GENERAL PROGRAM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG AMERICANS CENTER FOR FINANCIAL 3550 East First Ave Denver, CO 80206	84-1564926	501(C)(3)	12,000				GENERAL PROGRAM
YOUNG MENS CHRISTIAN ASSOCIATION 316 N Tejon St Colorado Springs, CO 80903	84-0404266	501(C)(3)	178,031				GENERAL PROGRAM

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
Children's Hospital Colorado

Employer identification number

84-0166760

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

**a** The organization?

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

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

**a** The organization?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

Yes No

**1b**

**2**

**4a** Yes

**4b** Yes

**4c** No

**5a** No

**5b** No

**6a** No

**6b** No

**7** Yes

**8** No

**9**

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	DWINITA MOSBY HENRY and Gil PERI both received severance, 254,860 and 33,444, respectively. SCHEDULE J, PART I, LINE 4B THE FOLLOWING INDIVIDUALS RECEIVED PAYOUTS FROM A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN: JENA HAUSMANN \$ 130,179 ELLEN SERVETAR \$ 122,475 GIL PERI \$ 100,385 JERROD MILTON \$ 90,555 SUZANNE JAEGER \$ 62,042 JEFFREY HARRINGTON \$ 61,088 PATRICIA (PAT) GIVENS \$ 56,502 CATHERINE DAL SANTO \$ 43,849 CHARLOTTE ISOLINE \$ 34,629 MICHELLE LUCERO \$ 16,792.
SCHEDULE J, PART I, LINE 7	CERTAIN INDIVIDUALS ARE ELIGIBLE TO PARTICIPATE IN THE INCENTIVE PLAN FOR CHILDREN'S COLORADO, THE COMPONENTS OF WHICH INCLUDE ACHIEVEMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE GOALS. BECAUSE THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE THIS PLAN AT ANY TIME, FOR ANY REASON, AT ITS SOLE DISCRETION AND BECAUSE OF CERTAIN OTHER CONDITIONS OF THE PLAN, LINE 7 REGARDING "NON-FIXED PAYMENTS" IS ANSWERED YES. NOTE THAT PRIOR TO THE PAYMENT OF ANY AMOUNTS TO AN INDIVIDUAL WHO IS CONSIDERED A DISQUALIFIED PERSON, THE COMPENSATION COMMITTEE SHALL CERTIFY IN WRITING THE EXTENT TO WHICH THE PERFORMANCE FACTORS ESTABLISHED BY THE COMPENSATION COMMITTEE HAVE BEEN SATISFIED AND SHALL APPROVE THE PAYMENT OF SUCH BONUSES TO SUCH INDIVIDUALS. SEE PART VI, LINES 15A AND 15B FOR ADDITIONAL INFORMATION ON EXECUTIVE COMPENSATION.

Additional Data

Software ID:  
Software Version:  
EIN: 84-0166760  
Name: Children's Hospital Colorado

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JENA HAUSMANN President and CEO	(i)	841,174	348,750	132,532	229,700	23,846	1,576,002	130,179
	(ii)							
1JEFFREY HARRINGTON SVP and CFO	(i)	519,624	165,641	65,291	141,146	21,231	912,933	61,088
	(ii)							
2MICHELLE M LUCERO Chief Legal Officer	(i)	381,424	108,588	19,880	99,302	15,347	624,541	16,792
	(ii)							
3DAVID BIGGERSTAFF SVP and COO	(i)	510,914	137,700	2,730	141,745	23,846	816,935	
	(ii)							
4PATRICIA PAT GIVENS SVP Patient Care Svcs & CNO	(i)	305,397	80,701	63,402	40,200	49	489,749	56,502
	(ii)							
5SUZANNE JAEGER SVP Experience and Access	(i)	286,384	73,486	64,589	55,892	21,231	501,582	62,042
	(ii)							
6DWINITA MOSBY HENRY SVP HR/Chief Inclusion Officer	(i)	35,897	79,516	255,210	6,081	1,240	377,944	
	(ii)							
7GIL PERI SVP Chief Strategy Officer	(i)	357,903	131,045	101,366	90,276	33	680,623	100,385
	(ii)							
8JERROD MILTON VP Operations	(i)	290,877	78,388	91,767	68,548	18,930	548,510	90,555
	(ii)							
9CATHERINE DAL SANTO VP Finance	(i)	274,053	68,832	50,032	57,644	8,548	459,109	43,849
	(ii)							
10ELLEN SERVETAR VP Care Coord & Integration	(i)	160,214	40,488	157,885	52,219	41	410,847	122,475
	(ii)							
11DANA MOORE SVP and CIO	(i)	190,784	126,638	2,107	52,190	7,953	379,672	
	(ii)							
12CHARLOTTE ISOLINE VP Marketing	(i)	213,394	51,867	39,470		18,746	323,477	34,629
	(ii)							

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493309012878									
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .						OMB No 1545-0047					
								2017					
								Open to Public Inspection					
Department of the Treasury Internal Revenue Service Name of the organization Children's Hospital Colorado		Employer identification number 84-0166760											
Part I Bond Issues													
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A CITY OF AURORA CO		84-6000564	05155XBT5	06-06-2008	258,814,487	SERIES 2008 - SEE PART VI		X		X		X	
B CITY OF AURORA CO		84-6000564	05155XBX6	05-25-2010	59,999,130	SERIES 2010a - SEE PART VI		X		X		X	
C COLORADO HEALTH FACILITIES AUTHORITY		84-0752932	1964BAL52	08-04-2013	309,252,566	SERIES 2013 - SEE PART VI		X		X		X	
D COLORADO HEALTH FACILITIES AUTHORITY		84-0752932	19648A7J8	05-24-2016	200,724,807	SERIES 2016A & 2016C - SEE PART VI		X		X		X	
Part II Proceeds													
					A	B	C		D				
1 Amount of bonds retired . . . . .					135,755,000	0	770,000		9,300,000				
2 Amount of bonds legally defeased . . . . .					0	0	0		0				
3 Total proceeds of issue . . . . .					258,814,487	59,999,130	309,252,566		200,724,807				
4 Gross proceeds in reserve funds . . . . .					0	0	0		0				
5 Capitalized interest from proceeds . . . . .					0	0	0		0				
6 Proceeds in refunding escrows . . . . .					0	0	0		0				
7 Issuance costs from proceeds . . . . .					2,381,234	709,432	1,844,600		1,519,986				
8 Credit enhancement from proceeds . . . . .					183,253	0	0		0				
9 Working capital expenditures from proceeds . . . . .					0	0	0		0				
10 Capital expenditures from proceeds . . . . .					0	59,289,698	197,052,966		15,174,789				
11 Other spent proceeds . . . . .					256,250,000	0	110,355,000		119,204,821				
12 Other unspent proceeds . . . . .					0	0	0		64,825,211				
13 Year of substantial completion . . . . .					2008	2012	2013						
					Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue? . . . . .					X			X	X			X	
15 Were the bonds issued as part of an advance refunding issue? . . . . .						X		X		X			
16 Has the final allocation of proceeds been made? . . . . .					X		X		X			X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .					X		X		X				
Part III Private Business Use													
					A		B		C		D		
					Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .						X		X		X		X	
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .						X		X		X		X	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.										Cat No 50193E		Schedule K (Form 990) 2017	

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X			X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
<b>b</b> Name of provider . . . . .	0		0		JP Morgan		0	
<b>c</b> Term of hedge . . . . .					2490 %			
<b>d</b> Was the hedge superintegrated? . . . . .					X			
<b>e</b> Was the hedge terminated? . . . . .						X		

Part IV Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F)	BOND A - HOSPITAL REVENUE BONDS SERIES 2008 THE PURPOSE OF THIS BOND ISSUE IS TO REFUND BONDS THAT WERE PREVIOUSLY ISSUED ON 1/22/04 AND 4/7/08 THE REMAINING WEIGHTED AVERAGE MATURITY OF THE BONDS CURRENTLY REFUNDED WAS 11 8929 YEARS BOND B - HOSPITAL REVENUE BONDS SERIES 2010A THE PURPOSE OF THIS BOND ISSUE IS TO PAY FOR THE CONSTRUCTION OF A NEW TEN-STORY ADDITION TO THE EXISTING FACILITY, EQUIPMENT FOR THAT ADDITION, AND EXPANSION OF AN EXISTING PARKING GARAGE BOND C - HOSPITAL REVENUE BONDS SERIES 2013 THE PURPOSE OF THIS BOND ISSUE IS TO FINANCE LONG-TERM PROJECTS AND TO REFUND SERIES 2008B AND 2008C BONDS BOND D - HOSPITAL REVENUE BONDS SERIES 2016A & 2016C THE PURPOSE OF THIS BOND ISSUE IS TO FINANCE LONG-TERM PROJECTS AND TO REFUND SERIES 2004C AND 2004D BONDS BOND A (2) - HOSPITAL REVENUE BONDS SERIES 2016B THE PURPOSE OF THIS BOND ISSUE IS TO FINANCE LONG-TERM PROJECTS SCHEDULE K, PART IV, LINE 2C BOND A - HOSPITAL REVENUE BONDS SERIES 2008 - JUNE 1, 2013 BOND B - HOSPITAL REVENUE BONDS SERIES 2010A - OCTOBER 12, 2016



Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Children's Hospital Colorado

Employer identification number  
84-0166760

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648A8D0	05-24-2016	70,300,000	SERIES 2016B - SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	0							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	70,300,000							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	300,000							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	11,746,184							
11	Other spent proceeds . . . . .	0							
12	Other unspent proceeds . . . . .	58,253,816							
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .								

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	JP Morgan							
<b>c</b> Term of hedge . . . . .	270 %							
<b>d</b> Was the hedge superintegrated? . . . . .	X							
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Colorado

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

84-0166760

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>FROM TEENAGERS TO GREAT GRANDPARENTS, FROM HOMEMAKERS TO PROFESSIONAL ATHLETES, CHILDREN'S HOSPITAL COLORADO VOLUNTEERS ENCOMPASS ALL WALKS OF LIFE AND ALL INCOME LEVELS, EACH VOLUNTEER WITH SOMETHING UNIQUE TO OFFER. OUR DIVERSE GROUP OF VOLUNTEERS HAS ONE THING IN COMMON, HOWEVER, THE DESIRE TO HELP SICK CHILDREN AND THEIR FAMILIES. CHILDREN'S HOSPITAL COLORADO IS FORTUNATE TO HAVE HUNDREDS OF DEDICATED VOLUNTEERS WHO WORK REGULARLY, FROM SEVERAL HOURS A YEAR TO SEVERAL HOURS A WEEK, TO PROVIDE BETTER CARE FOR THE CHILDREN OF CHILDREN'S HOSPITAL COLORADO. THE ASSOCIATION OF VOLUNTEERS THE VOLUNTEERS AT CHILDREN'S HOSPITAL COLORADO ARE ALL PART OF A GROUP CALLED CHILDREN'S HOSPITAL COLORADO ASSOCIATION OF VOLUNTEERS (AOV). THE AOV COORDINATES PLACEMENTS FOR VOLUNTEERS AND ENSURES THAT COMPLETE ORIENTATION AND TRAINING IS PROVIDED TO ALL VOLUNTEERS. OUR VOLUNTEER'S SKILLS AND INTERESTS ARE ALL SO APPRECIATED AND WE TRY TO PLACE EVERYONE IN A ROLE THAT SUITS THEM AND OUR NEEDS. THE EXAMPLES BELOW ARE JUST SOME OF THE WAYS THAT OUR VOLUNTEERS CONTRIBUTE - VOLUNTEERS ARE ACTIVE AT THE HOSPITAL ON THE ANSCHUTZ MEDICAL CAMPUS, THE SOUTH CAMPUS, HIGHLANDS RANCH THERAPY CARE CENTER, BRIARGATE, AND THE NORTH CAMPUS - VOLUNTEERS SPEND TIME WITH OUR PATIENTS BY HOLDING, COMFORTING, PLAYING WITH THEM AND MAKING THEM LAUGH - VOLUNTEERS BRING SPECIALLY-SCREENED DOGS TO PROVIDE ANIMAL-ASSISTED THERAPY FOR THE PRESCRIPTION PET PROGRAM - SPECIALLY TRAINED VOLUNTEERS SERVE AS AMBASSADORS WITH THE WELCOME PROGRAM. VOLUNTEERS GREET NEWLY ADMITTED PATIENT FAMILIES UPON THEIR ARRIVAL AND INTRODUCE THEM TO THE HOSPITAL'S MANY AMENITIES. THE GOAL IS TO PROVIDE A WARM AND WELCOMING ENVIRONMENT AND TO ANSWER ANY NON-MEDICAL QUESTIONS - THE WINE EVENT IS THE ASSOCIATION OF VOLUNTEERS' SIGNATURE EVENT. THE SPECIAL EVENING FEATURES A SILENT AND LIVE AUCTION OF FINE WINES AND EXPERIENCES WITH ALL PROCEEDS BENEFITING THE MATERNAL FETAL MEDICINE PROGRAM - MANY GROUPS OF VOLUNTEERS DO NOT SPEND TIME DIRECTLY WITH OUR PATIENTS, BUT PERFORM MORE ADMINISTRATIVE DUTIES, WHICH CAN BE JUST AS IMPORTANT TO THE DAY-TO-DAY OPERATIONS OF CHILDREN'S HOSPITAL COLORADO - TEENAGERS BETWEEN 13 AND 18 YEARS OF AGE PARTICIPATE IN THE JUNIOR VOLUNTEER PROGRAM. THEY SUPPORT THE HOSPITAL BY WORKING IN SEVERAL DEPARTMENTS AS WELL AS SUPPORTING FUNDRAISING ACTIVITIES - VOLUNTEERS ALSO ASSIST IN FUNDRAISING BY STAFFING CHILDREN'S HOSPITAL COLORADO GIFT SHOP AND LA CACHE - CHAPTER VOLUNTEERS IN THE COMMUNITY ARE VERY ACTIVE IN FUNDRAISING EVENTS THROUGHOUT THE YEAR THAT HELP TO FUND SPECIAL EQUIPMENT, FACILITIES AND PROGRAMS FOR THE PATIENTS OF CHILDREN'S HOSPITAL COLORADO.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>WHEN IT WAS FOUNDED IN 1908 IN DENVER, CHILDREN'S HOSPITAL COLORADO SET OUT TO BE A LEADER IN PROVIDING THE BEST HEALTHCARE OUTCOMES FOR CHILDREN THAT CALLING HAS CONSISTENTLY MADE US ONE OF THE TOP 10 CHILDREN'S HOSPITALS IN THE NATION AND A PLACE PARENTS ACROSS THE ROCKY MOUNTAIN REGION HAVE COME TO TRUST. OUR MISSION IS TO IMPROVE THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY. AS A PRIVATE, NOT-FOR-PROFIT PEDIATRIC HEALTHCARE NETWORK, CHILDREN'S HOSPITAL COLORADO IS 100% DEDICATED TO CARING FOR KIDS AT ALL AGES AND STAGES OF GROWTH. WE HAVE MORE THAN 2,000 PEDIATRIC SPECIALISTS AND MORE THAN 6,000 FULL-TIME EMPLOYEES HELPING TO CARRY OUT OUR MISSION. WE PROVIDE COMPREHENSIVE PEDIATRIC CARE AT OUR MAIN CAMPUS AND AT OUR 16 REGIONAL LOCATIONS. ROUTINE INPATIENT SERVICES, ANCILLARY INPATIENT SERVICES SUCH AS LAB, RADIOLOGY, OPERATING ROOM, RECOVERY ROOM, CENTRAL SUPPLIES, ETC., OUTPATIENT SERVICES SUCH AS EMERGENCY ROOM, MULTI-SPECIALTY AMBULATORY SERVICES INCLUDING ORTHOPEDIC, ONCOLOGY CLINIC, ETC. WE'VE TREATED PATIENTS FROM ALL 50 STATES AND 22 COUNTRIES. NEONATOLOGY COMMUNITY REPORT FOR MORE THAN 40 YEARS, THE NEONATAL INTENSIVE CARE UNIT (NICU) AT CHILDREN'S COLORADO HAS BEEN A NATIONALLY RECOGNIZED LEADER IN THE TREATMENT OF CRITICALLY ILL INFANTS. THE STATE-OF-THE-ART LEVEL IV NICU (THE HIGHEST DISTINCTION BY THE AMERICAN ACADEMY OF PEDIATRICS), LOCATED AT CHILDREN'S COLORADO, PROVIDES 82 CRITICAL CARE BEDS SPECIFICALLY FOR THIS PATIENT POPULATION. THE NICU TREATS INFANTS FROM DENVER, THE SURROUNDING AREAS IN COLORADO AND A 10-STATE AREA. CHILDREN'S COLORADO'S NICU IS THE ONLY NICU IN THE REGION WITH THE EXPERIENCE AND TECHNOLOGY TO TREAT VIRTUALLY ANY MEDICAL CONDITION AFFECTING NEWBORNS. THERAPIES INCLUDE EXTRA CORPOREAL MEMBRANE OXYGENATION (ECMO), GENETIC TESTING AND FETAL SURGERY. THE NICU TREATS OVER 1,400 NEONATES EACH YEAR AND MORE THAN 300 OF THESE INFANTS REQUIRE SURGERY WHILE IN THE NICU. THE PATIENT POPULATION IN THE NICU COMPRISES PREMATURE AND TERM NEWBORN INFANTS WITH HYPOXIC RESPIRATORY FAILURE, INFECTIONS, HEMATOLOGICAL, NEUROLOGICAL, CARDIOVASCULAR AND METABOLIC DISORDERS. INFANTS WITH SINGLE MAJOR OR MULTIPLE ANOMALIES REQUIRING DIAGNOSTIC EVALUATION OR SURGICAL INTERVENTION ARE ADMITTED TO THE NICU. THE NEONATOLOGY TEAM HAVE PIONEERED MANY CRITICAL DEVELOPMENTS IN NEONATAL CARE INCLUDING SURFACTANT REPLACEMENT FOR PREMATURE INFANTS, INHALED NITRIC OXIDE THERAPY FOR PULMONARY HYPOTENSION, THERAPEUTIC HYPOTHERMIA FOR PERINATAL BRAIN INJURY, OPTIMAL NUTRITION FOR LOW BIRTH WEIGHT INFANTS AND INNOVATIVE CARE FOLLOWING FETAL SURGERY. COLLECTIVELY, THE NEONATOLOGISTS AND 3 PHD RESEARCH FACULTY PUBLISHED 80 ARTICLES IN 2017. THIS RESEARCH AND A TEAM APPROACH HAS LED TO CLINICAL OUTCOMES THAT ARE AMONG THE BEST IN THE NATION. FAMILIES ARE INTEGRAL TO THE CARE DELIVERED AND KEY AREAS OF FOCUS INCLUDE DEVELOPMENTALLY SUPPORTIVE CARE OF THE NEWBORN.</p>

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FORM 990, PART III, LINE 4A	<p>RN, PRIMARY NURSING AND A FAMILY CENTERED CARE APPROACH THEY ARE WELCOME TO PARTICIPATE I N DAILY ROUNDS AND IN ALL ASPECTS OF CARE THERE IS A FAMILY ADVISORY COUNCIL TO SUPPORT C URRENT FAMILIES AND PROVIDE PERSPECTIVE ON THE PATIENT EXPERIENCE THE CLINICAL CARE TEAM IN THE NICU IS COMPRISED OF NEONATOLOGISTS, NEONATAL NURSE PRACTITIONERS, SPECIALLY TRAI NE D NURSES, RESPIRATORY THERAPISTS, PHARMACISTS, PHYSICAL, SPEECH AND OCCUPATIONAL THERAPIST S, LACTATION SPECIALISTS, NEONATAL NUTRITION, SOCIAL WORK, CHAPLAINS AND CASE MANAGERS SP ECIALTY CONSULTANTS INCLUDE NEUROLOGY, PULMONOLOGY, GENETICS, GASTROENTEROLOGY, NUTRITION, METABOLIC, ENDOCRINOLOGY, HEMATOLOGY, CARDIOLOGY AND CARDIOVASCULAR SURGERY, GENERAL PEDI ATRIC SURGERY, RENAL, OPHTHALMOLOGY, ORTHOPEDICS AND EAR, NOSE AND THROAT SPECIALISTS CHI LDREN'S COLORADO NEONATOLOGISTS HAVE DIVERSE EXPERTISE CARING FOR AN ARRAY OF COMPLEX COND ITIONS THE SECTION OF NEONATOLOGY PROVIDES FULL CLINICAL SUPPORT FOR INFANTS AND THEIR FA MILIES AT MULTIPLE HOSPITALS IN THE DENVER METROPOLITAN AREA INCLUDING CHILDRENS HOSPITAL COLORADO, UNIVERSITY OF COLORADO HOSPITAL, AND DENVER HEALTH MEDICAL CENTER THE 29 BOARD- CERTIFIED NEONATOLOGISTS ARE NATIONALLY AND INTERNATIONALLY RECOGNIZED LEADERS IN NEONATAL CARE AS WELL AS CLINICAL AND SCIENTIFIC RESEARCH THE NICU TEAM CONTINUOUSLY REVIEWS QUAL ITY AND PATIENT SAFETY DATA FOCUSING ON EXCELLENCE IN PATIENT OUTCOMES THE NICU LEADERSHI P TEAM MEETS BIMONTHLY FOR QUALITY ROUNDS, PROMOTING ENGAGEMENT OF FRONT LINE STAFF THIS AVENUE ELICITS GREAT DISCUSSIONS AMONG STAFF REGARDING WHAT IS GOING WELL AS WELL AS IN ID ENTIFYING OPPORTUNITIES AND CREATIVE IDEAS FOR IMPROVEMENT THE NICU TEAM PROMOTES THE SAF EST ENVIRONMENT POSSIBLE WITH KEY COMMUNICATION IN SAFETY HUDDLES EACH SHIFT TO REVIEW DET AILS OF OUR SAFETY AND QUALITY IMPROVEMENT WORK OPTIMAL COMMUNICATION WITH A LARGE MULTID ISCIPLINARY TEAM IS ONE OF OUR KEY STRATEGIES TO PROMOTE THE HIGHEST QUALITY CARE POSSIBLE IN ADDITION, THE CHILDRENS HOSPITAL NICU IS CONSISTENTLY RANKED AMONG THE BEST IN NEONAT AL CARE PROGRAMS BY THE US NEWS AND WORLD REPORT 2018 NICU QUALITY AND PROCESS IMPROVEMEN T INITIATIVES -MAINTAINING OR INCREASING THE FAMILY EXPERIENCE SATISFACTION SCORE OF 84% IN 2017 HOSPITAL GOAL IS 80-85% PRIMARY NURSING IS ALSO A CONSISTENT GOAL FOR PATIENTS A ND FAMILIES IN THE NICU -THE NICU CONTINUES WORK WITH A LARGE NATIONAL QUALITY IMPROVEMEN T INITIATIVE WITH CHILDRENS HOSPITAL NEONATAL CONSORTIUM (CHNC) FOCUSING ON THE STANDARDIZ ATION OF PRE-OPERATIVE, POST OP HANDOFF, FOLLOWING SPECIFIC CLINICAL QUALITY MEASURES OF T HE SURGICAL NEONATE -ONGOING KEY QUALITY INITIATIVES INCLUDE FOCUSING ON DECREASING UNPLANNED EXTUBATIONS, PATIENT IDENTIFICATION EVENTS, PRESSURE INJURIES, MEDICATION ERRORS, PER IPHERAL INTRAVENOUS CATHETER EXTRAVASATIONS AND HANDWASHING COMPLIANCE -CONTINUE A MAJOR FOCUS IN THE PREVENTION OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS IN 2017, THE TE AM WENT 365 DAYS WITHOUT A CEN</p>

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FORM 990, PART III, LINE 4A	<p>TRAL LINE ASSOCIATED BLOOD STREAM INFECTION -THE LACTATION TEAM FOCUSES ON THE GOAL OF GR EATER THAN 90% OF NICU INFANTS RECEIVING BREAST MILK WHILE HOSPITALIZED AND UPON DISCHARGE -FOLLOWING CLINICAL OUTCOMES OF INFANTS DELIVERED IN THE MATERNAL FETAL CARE UNIT AT CHC O -TRENDING DATA FROM CODES/RESUSCITATIONS IN THE NICU WITH PROCESSES IDENTIFIED FOR IMPR OVEMENT AND CODE SIMULATIONS -THE IMPLEMENTATION OF A TEAM AND PHILOSOPHY TO STANDARDIZED THE CARE IN A NEWLY ESTABLISHED SMALL BABY UNIT WITHIN THE NICU KEY CLINICAL OUTCOMES WI LL BE TRACKED FOR THIS PATIENT POPULATION -CLOSE FOLLOW UP OF INFANTS TREATED WITH HYPOTH ERMIC THERAPY FOR NEONATAL ENCEPHALOPATHY, UNIQUE VENTILATION STRATEGIES, EXTRACORPOREAL M EMBRANE OXYGENATION (ECMO), INHALED NITRIC OXIDE (INO) AND RENAL DIALYSIS CENTER FOR CANC ER AND BLOOD DISORDERS COMMUNITY REPORT 2018 CHILDRENS HOSPITAL COLORADOS CENTER FOR CANCER AND BLOOD DISORDERS (CCBD) HAS ONE OF THE BEST PEDIATRIC HEMATOLOGY, ONCOLOGY AND BONE M ARROW TRANSPLANT PROGRAMS IN THE COUNTRY THE CHILDRENS HOSPITAL COLORADO CCBD HAS CONSIST ENTLY BEEN RANKED IN THE TOP 10 PROGRAMS BY US NEWS &amp; WORLD REPORT EACH YEAR SINCE THE INC EPTION OF THE RANKINGS THE CCBD HAD 27,576 PATIENT VISITS IN 2017 ACROSS ALL LOCATIONS, I N AN EFFORT TO SERVE THE COLORADO COMMUNITY AS WELL AS OUR 7-STATE REGION THE ANSCHUTZ FA CILITY LOCATION ALONE SAW 19,100 VISITS, WITH OUR INFUSION CENTER VOLUME MAKING UP 7,977 ( 42%) OF THOSE VISITS OUR NETWORK OF CARE SITES IN HIGHLANDS RANCH, COLORADO SPRINGS, AND OUR HEMOPHILIA THROMBOSIS CENTER ON THE ANSCHUTZ CAMPUS SERVED 8,476 PATIENT VISITS IN 201 7, 3,207 OF WHICH WERE INFUSIONS (38%) BECAUSE OF THE DEPTH AND BREADTH OF OUTPATIENT SER VICES WE CAN PROVIDE, A LARGE NUMBER OF OUR CLINIC AND INFUSION VISITS MEAN THAT CHILDREN DO NOT HAVE TO BE ADMITTED TO THE HOSPITAL AND CAN BE CARED FOR ON AN OUTPATIENT BASIS KE EPING CHILDREN OUT OF THE HOSPITAL AND CLOSER TO HOME WHEN POSSIBLE IS A HIGH PRIORITY FOR OUR STAFF AND FACULTY, AND HELPS OUR FAMILIES LIVE HEALTHIER LIVES OVERALL WE ALSO STRIV E TO SUPPORT PHYSICIANS ACROSS THE REGION BY PROVIDING TELEMEDICINE AND TELEPHONE CONSULTA TIONS 24 HOURS PER DAY, 7 DAYS PER WEEK TO ENSURE THAT PATIENTS NEEDS ARE MET AND COMMUNIC ATIONS WITH LOCAL MEDICAL TEAMS ARE SEAMLESS AND PROVIDE THE EXPERTISE NEEDED FOR ANY GIVE N SITUATION CCBD INPATIENT HAD A TOTAL OF 11,691 PATIENT DAYS RECORDED IN 2017 THERE WAS A TOTAL OF 1,743 ADMISSIONS TO THE INPATIENT UNIT IN 2017 OF THESE, 167 WERE TO THE BMT SERVICE, 303 WERE TO THE HEMATOLOGY SERVICE, AND 1,273 WERE TO THE ONCOLOGY SERVICE IN AD DITION, ALL THREE SERVICES PROVIDE INPATIENT AND OUTPATIENT CONSULTATIONS TO OTHER SERVICE S IN THE HOSPITAL 24 HOURS A DAY, 7 DAYS PER WEEK WE ARE THE LARGEST REGIONAL REFERRAL CE NTER FOR NEURO-ONCOLOGY, BONE MARROW TRANSPLANT, PHASE I/EXPERIMENTAL THERAPEUTICS IN THE ROCKY MOUNTAIN WEST AND BETWEEN THE WEST COAST AND THE CORRIDOR BETWEEN DALLAS, MINNEAPOLI S AND KANSAS CITY</p>

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ACCOMPLISHMENTS	<p>THE CCBID IS ONE OF THE LARGEST AND MOST HIGHLY ACCRUING MEMBERS OF THE CHILDRENS ONCOLOGY GROUP (COG), A MULTI-CENTER, MULTI-NATIONAL ALLIANCE SUPPORTED BY THE UNITED STATES NATIONAL CANCER INSTITUTE (NCI), WHICH CONDUCTS STUDIES DESIGNED TO IMPROVE OUR UNDERSTANDING OF CHILDHOOD CANCER, ITS TREATMENT AND ITS CURE. OUR PHYSICIANS HAVE LEADERSHIP ROLES IN THIS ORGANIZATION AND ARE INTERNATIONALLY-RECOGNIZED EXPERTS IN CHILDHOOD CANCER TREATMENT, INCLUDING IN THE HIGHLY EXCLUSIVE NATIONAL CANCER INSTITUTE-SPONSORED PHASE I CONSORTIUM, WHERE ONLY 21 INSTITUTIONS PARTICIPATE IN STUDYING THE NEWEST AND MOST PROMISING DRUGS FOR CHILDHOOD CANCER. WE ARE ALSO MEMBERS OF SEVERAL HIGHLY SELECTIVE, NATIONALLY PROMINENT CONSORTIA AND OUR FACULTY SERVE IN LEADERSHIP CAPACITIES FOR THE FOLLOWING: NEW APPROACHES IN NEUROBLASTOMA THERAPY (NANT) GROUP, PEDIATRIC BRAIN TUMOR CONSORTIUM (PBTC), PEDIATRIC BONE MARROW TRANSPLANT CONSORTIUM (PBMTIC), AMERICAN THROMBOSIS AND HEMOSTASIS NETWORK (ATHN), HRSA FUNDED HEMOPHILIA TREATMENT CENTER NETWORK, AND THE NORTH AMERICAN PEDIATRIC APLASTIC ANEMIA CONSORTIUM (NAPAAC). THESE GROUPS PROVIDE ACCESS TO AND SET THE STANDARD FOR INNOVATIVE RESEARCH, BEST PRACTICES IN PATIENT CARE, EDUCATION, AND EARLY-PHASE CLINICAL TRIALS TESTING OF NEW THERAPIES WHEN OTHER TREATMENTS ARE NOT AVAILABLE IN SELECTED SPECIFIC DISEASE AREAS. THIS MEANS THAT CHILDREN AND FAMILIES CAN GET ACCESS TO THE BEST THERAPIES RIGHT HERE, RATHER THAN HAVING TO TRAVEL OUT OF THE ROCKY MOUNTAIN REGION. WE ARE THE ONLY HOSPITAL IN AN 18 STATE RADIUS WHO HAS MEMBERSHIP AND LEADERSHIP IN ALL OF THESE GROUPS. WE HAVE A DEDICATED GROUP OF LAB-BASED PHYSICIAN-SCIENTISTS WITH 11 OF THEM HAVING 75% DEDICATED TIME FOR RESEARCH AS WELL AS 3 DEDICATED CANCER PHD LEVEL RESEARCH SCIENTISTS. THIS GROUP HAS LEADERS IN RESEARCH IN MANY FIELDS AND IS WELL-FUNDED AT THE FEDERAL AND PRIVATE FOUNDATION/PHILANTHROPY LEVEL. TOGETHER WITH OUR CLINICAL SCIENTISTS, OUR FACULTY PUBLISHED MORE THAN 120 PAPERS IN 2017. THEY ALSO PRESENTED PLATFORM LECTURES AT MORE THAN TWO DOZEN NATIONAL AND INTERNATIONAL MEETINGS IN 2017. IN TERMS OF COMMUNITY SERVICE, TRAINING, AND EDUCATION, THE GROUP PROVIDES SUMMER INTERNSHIPS HIGH SCHOOL STUDENTS FROM COLORADO AND COLLEGE STUDENTS ACROSS THE COUNTRY AS A FIRST INTRODUCTION TO LAB SCIENCE. MANY OF THESE STUDENTS GO ON TO DEDICATE THEIR STUDIES TO SCIENCE AND MEDICINE, AND CITE THEIR EXPERIENCE IN OUR LABS AS A PIVOTAL MOMENT IN HELPING THEM CHOOSE A FUTURE CAREER. WE GIVE MORE THAN 80 EDUCATIONAL TALKS PER YEAR TO A VARIETY OF COMMUNITY ORGANIZATIONS AND SERVICE GROUPS. CHILDRENS HOSPITAL COLORADO HEMATOLOGISTS AND ONCOLOGISTS HAVE PIONEERED SOME OF THE MOST CRITICAL DEVELOPMENTS IN THE CARE OF CHILDREN WITH CANCER AND BLOOD DISORDERS, AND IN MANY CASES WERE THE FIRST IN THE WORLD TO USE A VARIETY OF NEW THERAPIES FOR CHILDREN. OUR HEMOPHILIA AND THROMBOSIS CENTER IS CONSIDERED ONE OF THE BEST ACROSS THE GLOBE, WITH PARTICIPATION AND LEADERSHIP IN</p>



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ACCOMPLISHMENTS	<p>DOZENS OF CLINICAL TRIALS AND NEW THERAPIES TO LESSEN THE CLINICAL IMPACT AND SEVERITY OF LIFE-THREATENING BLEEDING DISORDERS THESE STUDIES RANGE IN FOCUS FROM PATIENT REPORTED QUALITY OF LIFE, NOVEL NON-FACTOR AND MODIFIED-FACTOR REPLACEMENT, TO GENE THERAPY OUR PHYSICIANS HAVE LED AND PARTICIPATED IN NATIONAL AND INTERNATIONAL CLINICAL TRIALS IN CANCER, INCLUDING THE LARGEST STUDY IN THE WORLD CONDUCTED TO DATE FOR STANDARD RISK CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA (ALL), AND THE PIVOTAL TRIALS THAT LED TO FDA APPROVAL OF THE FIRST BISPECIFIC T-CELL ENGAGER (BLINATUMOMAB) FOR CHILDREN WITH RELAPSED AND REFRACTORY ALL, FOR THE USE OF DASATINIB IN CHILDREN WITH CML, AND MOST RECENTLY, FOR TISAGENLECLEUCEL, THE FIRST CHIMERIC ANTIGEN T-CELL RECEPTOR (CAR-T CELL) PRODUCT FOR ALL OUR NEURO-ONCOLOGY TEAM HAS SET NATIONAL AND INTERNATIONAL STANDARDS FOR TREATMENT FOR HIGH-GRADE GLIOMA, Ependymoma, AND HAS ONE OF THE LARGEST BRAIN TUMOR SAMPLE BANKS IN THE WORLD RESEARCHERS IN THE CCBP WILL LEAD AND PROVIDE THE BASIS FOR THE LARGEST AND MOST DIVERSE SET OF STUDIES ON CAR-T CELLS AND NATURAL KILLER CELL THERAPIES ACROSS CANCER TYPES IN PEDIATRICS IN THE WORLD THE CCBP CLINICAL TEAMS MEET MONTHLY AS A SEPARATE QUALITY, SAFETY AND CLINICAL EFFECTIVENESS PROGRAM, TO REVIEW QUALITY AND PATIENT SAFETY DATA, WHICH IN TURN HELPS US ACHIEVE AND SUSTAIN EXCELLENT QUALITY/PATIENT OUTCOMES THE LEADERSHIP TEAM PROVIDES "QUALITY ROUNDS" ON A BIWEEKLY BASIS TO ENGAGE FRONT LINE STAFF IN EFFORTS TO IMPROVE QUALITY AND PATIENT SAFETY IN THE CCBP OUR WELLNESS PROGRAM CONSISTS OF PSYCHOLOGISTS, SOCIAL WORKERS, CHILD LIFE SPECIALISTS, AND AN ART THERAPIST THE PROGRAM IS INTEGRAL TO ALL THE FAMILIES WE SERVE, AND HAS BEEN SO POPULAR WITH PATIENTS AND FAMILIES, THAT OTHER PROGRAMS IN AT CHILDRENS COLORADO AND AROUND THE COUNTRY ARE NOW MODELING IT WE HAVE MULTI-SPECIALTY CLINICS TO SERVE CHILDREN WHO ARE LONG-TERM SURVIVORS AFTER CANCER CARE AND BONE MARROW TRANSPLANT, ADULTS WHO ARE SURVIVORS OF CHILDHOOD CANCER, AND ESTABLISHED AND HAVE SHARED MULTI-DISCIPLINARY CLINICS IN ORTHOPEDIC ONCOLOGY AND NEURO-ONCOLOGY QUALITY INITIATIVES THE CCBP HAS SEVERAL ACTIVE QUALITY &amp; PROCESS IMPROVEMENT INITIATIVES UNDERWAY IN 2017-18 TO INCLUDE -INCREASING PATIENT AND FAMILY SATISFACTION WITH THE OVERALL CCBP PATIENT CARE EXPERIENCE IN THE HOSPITAL CCBP SIGNIFICANTLY SURPASSED THE CHILDRENS HOSPITAL COLORADO INPATIENT SATISFACTION GOAL FOR 2017 -DECREASING TIME TO ANTIBIOTICS FOR ONCOLOGY PATIENTS RESULTING IN SIGNIFICANTLY REDUCING THE NEED FOR ICU CONSULTATION -STANDARDIZING BLOOD TRANSFUSION PARAMETERS RESULTING IN FINANCIAL SAVINGS AND FEWER TRANSFUSION-RELATED COMPLICATIONS -DECREASING THE TIME TO DIAGNOSIS OF MEDIASTINAL MASS RESULTING IN DECREASED PICU TIME, DECREASED TIME TO THERAPY, AND DECREASED OVERALL INPATIENT LENGTH OF HOSPITAL STAY -PREVENTING BLOOD STREAM INFECTIONS IN PATIENTS WITH A CENTRAL LINE/CATHETER (A TYPE OF INTRA VENOUS, OR IV LINE) -MAINTAIN</p>

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ACCOMPLISHMENTS	<p>ING, WELL BELOW THE NATIONAL AVERAGE, THE PERCENT OF SICKLE CELL PATIENT READMISSIONS IN LESS THAN 30 DAYS AFTER DISCHARGE -INCREASING THE PERCENT OF SICKLE CELL PATIENTS ADMITTED FOR ACUTE CHEST SYNDROME RECEIVING ANTIBIOTICS -DECREASING POTENTIAL HARM TO PATIENTS RESULTING FROM TOTAL PARENTERAL NUTRITION (TPN) ORDERED OUTSIDE OF INDICATIONS FOR ONCOLOGY AND BONE MARROW TRANSPLANT PATIENTS -DECREASING THE POTENTIAL KIDNEY TOXICITY DUE TO A COMMON TYPE OF CHEMOTHERAPY SELECTION AS ONE OF ONLY 34 HIGHLY SPECIALIZED CENTERS IN THE U S TO BE AUTHORIZED TO DELIVER COMMERCIAL CAR-T CELLS TO PATIENTS AGES 1-25 WITH RELAPSED AND REFRACTORY ALL PEDIATRIC MENTAL HEALTH INSTITUTE COMMUNITY REPORT 2017 CHILDRENS HOSPITAL COLORADOS PEDIATRIC MENTAL HEALTH INSTITUTE IS CONTINUING TO GROW ITS OUTPATIENT SERVICES YEAR OVER YEAR WHICH INCREASED BY 18% FROM 2016 PATIENTS WILL OFTEN MOVE THROUGH THE CONTINUUM OF SERVICES WE PROVIDE FROM INPATIENT, TO STEPDOWN PROGRAMS, TO OUTPATIENT CARE IN ORDER TO IMPROVE CONTINUITY OF CARE IN ADDITION, THE OUTPATIENT/AMBULATORY SETTINGS ARE EXPANDING INTO THE COMMUNITY AND OFFERING SERVICES IN LOCATIONS THROUGHOUT THE DENVER METRO AREA THE PMHI TREATED 46,716 PATIENT VISITS IN 2017 ACROSS ALL LEVELS OF CARE OUTPATIENT SERVICES ACCOUNTED FOR THE GREATEST NUMBER OF VISITS WITH 27,011 (22,244 VISITS IN 2016) OUTPATIENT SERVICES ARE PROVIDED IN HIGHLANDS RANCH AND BROOMFIELD, IN ADDITION TO THE ANSCHUTZ CAMPUS, WHILE INPATIENT AND PARTIAL HOSPITALIZATION SERVICES ARE SERVED SOLELY AT THE ANSCHUTZ CAMPUS ADDITIONALLY, CHCO COMPLETED 3718 CRISIS EVALUATIONS IN THE EMERGENCY DEPARTMENT IN 2017 WHICH IS THE MAIN MECHANISM FOR ADMISSION TO THE INPATIENT UNITS WHERE 7870 INPATIENT DAYS WERE SPENT IN OUR CARE PARTIAL HOSPITALIZATION SERVICE SAW 8117 VISITS THROUGHOUT THE YEAR BOTH INPATIENT AND PARTIAL HOSPITALIZATION SERVICES HAVE SPECIALIZED PROGRAMS TO PROVIDE TREATMENT TO UNIQUE PATIENT POPULATIONS WHICH INCLUDE PATIENTS WITH EATING DISORDERS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THE PSYCHIATRIC CONSULTATION AND LIAISON SERVICE PROVIDES CONSULTATIVE CARE TO PATIENTS AND FAMILIES ON THE MEDICAL UNITS THE C/L TEAM HAD NEARLY 1800 CONTACTS WITH PATIENTS ON THE MEDICAL UNITS TO ASSESS AND EVALUATE FOR A PSYCHIATRIC CONDITION, SAFETY CONCERN AND/OR MEDICATION CONSULTATION ONCE MEDICALLY STABLE, THESE PATIENTS MAY REQUIRE ONGOING CARE FOR THEIR MENTAL HEALTH RESULTING IN SUBSEQUENT PSYCHIATRIC HOSPITALIZATION OR WILL COMPLETE SAFETY PLANNING PRIOR TO DISCHARGE ACCOMPLISHMENTS THE PMHI BEGAN AN OUTPATIENT SUBSTANCE ABUSE CLINIC IN 2017 OFFERING TREATMENT TO PATIENTS WITH A SUBSTANCE ABUSE AND PSYCHIATRIC DUAL DIAGNOSIS THIS IS A MULTI-DISCIPLINARY TEAM OF PROVIDERS TRAINED TO PROVIDE EVIDENCE-BASED TREATMENT OF SUBSTANCE USE DISORDER CARE FOR THIS POPULATION BEGAN JULY 2017 SINCE ITS INCEPTION, THIS CLINIC HAS SERVED 15 PATIENTS OVER 130 VISITS WITHIN THE OUTPATIENT CLINIC</p>

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2017 ALSO SAW THE CREATION OF A CHILDRENS BEHAVIORAL HEALTH	<p>CENTER OF EXCELLENCE (COE) THE CHILDRENS BEHAVIORAL HEALTH CENTER OF EXCELLENCE IS A TECH NICAL ASSISTANCE, TRAINING AND DATA-DRIVEN QUALITY IMPROVEMENT CENTER FOR COLORADO CHILD A ND FAMILY SERVING SYSTEMS THE CENTER WILL FOCUS ON IMPROVING THE QUALITY OF CHILDRENS MEN TAL HEALTH SERVICES IN COLORADO THROUGH TRAINING, CONSULTATION, TECHNICAL ASSISTANCE, RESE ARCH AND EVALUATION TO MENTAL HEALTH PROGRAMS IN RURAL AND URBAN AREAS THROUGHOUT THE STAT E THE CENTER OF EXCELLENCE HAS HIRED 3 FACULTY MEMBERS DEDICATED TO CHAMPION THIS EFFORT AND IS RECRUITING FOR 2 MORE POSITIONS TO COMPLETE THE TEAM THE PMHI WAS INVOLVED IN AN A NTI-STIGMA CAMPAIGN THE YOUTH ACTION BOARD (YAB) CONSISTS OF UP TO 15 YOUTH FROM ACROSS T HE DENVER METRO AREA, INCLUDING FORMER AND CURRENT PATIENTS, WHO ARE INTERESTED IN RAISING AWARENESS ABOUT AND DE-STIGMATIZING MENTAL ILLNESS THE YOUTH CREATED AN ANTI-STIGMA CAMP AIGN TITLED "STIGMA SPEAKS" WHICH PATIENTS TELL THEIR MENTAL HEALTH STORIES THE BOARD CRE ATE D A VIDEO TO BE SPREAD THROUGH THE COMMUNITY VIA SOCIAL MEDIA, COMMUNITY EVENTS, AND PR OFESSIONAL CONFERENCES TO HELP DE-STIGMATIZE MENTAL ILLNESS MEMBERS OF THE BOARD ALSO TRA VELED TO WASHINGTON, DC TO PARTICIPATE IN THEIR LEGISLATIVE CONFERENCE THE PMHI ATTENDED VARIOUS CONFERENCES AND PROFESSIONAL EVENTS SUCH AS NATIONAL ALLIANCE ON MENTAL ILLNESS WA LK, DENVER ZOO WELLNESS FAIR, AND THE DENVER BRNCOS HEALTH AND WELLNESS EXPO JUST TO NAME A FEW IN ADDITION TO THOSE EVENTS, THE PMHI ALSO PROVIDED SPEAKERS TO SCHOOLS, COMPANIES AND NEWS ORGANIZATIONS TO PROVIDE EXPERT COMMENTARY AND INSIGHT REGARDING MENTAL HEALTH I SSUES WHICH ADDRESS A WIDE ARRAY OF TOPICS SUCH AS SOCIAL MEDIA USE, BULLYING AND EATING D ISORDERS IN TOTAL, OVER 100 EVENTS WERE PROVIDED MENTAL HEALTH EXPERTISE IN 2017 IN CONJ UNCTION WITH THESE EFFORTS PMHI WORKED CLOSELY WITH THE AURORA PUBLIC SCHOOL SYSTEM AND A URORA MENTAL HEALTH TO PLAN AND CARRY OUT THE INAUGURAL AURORA PROVIDERS' FAIR WHICH BROUG HT TOGETHER A NETWORK OF SERVICE PROVIDERS AVAILABLE TO AURORA PUBLIC SCHOOLS STUDENTS AND FAMILIES RESEARCH AND PUBLISHING AS PART OF ITS ACADEMIC MISSION, THE PEDIATRIC MENTAL H EALTH INSTITUTE SUPPORTS APPROXIMATELY 65 FACULTY MEMBERS WHO ARE ACTIVE IN RESEARCH DUE TO THEIR DIVERSE CLINICAL BACKGROUND, OUR FACULTY MEMBERS ARE INVOLVED IN A RANGE OF RESEA RCH ENDEAVORS INCLUDING IMPROVING ACCESS OF CARE TO UNDERSERVED POPULATION, APPLYING TELEH EALTH INTERVENTION TO SUPPORT CARE, INTEGRATING MENTAL HEALTH IN PRIMARY CARE, AND PROVIDI NG SUPPORT TO MOTHERS WITH PRE-NATAL/POST-PARTUM DEPRESSION OTHER RESEARCH AREAS ALSO INC LUDE NEUROSCIENCE, BEHAVIORAL ASSESSMENTS, EATING DISORDER, MEDICATION ADHERENCE, AND MANY OTHERS IN 2017, OUR FACULTY HAVE PRESENTED THEIR SCHOLARLY WORKS IN VARIOUS NATIONAL AND INTERNATIONAL CONFERENCES, AS WELL AS PUBLISHED APPROXIMATELY 45 MANUSCRIPTS IN PEER-REVI EWED JOURNALS FURTHER, 12 NEW RESEARCH PROJECTS WERE INITIATED DURING THE YEAR AS WELL T RAINING THE PMHI ALSO FURTHERE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
2017 ALSO SAW THE CREATION OF A CHILDRENS BEHAVIORAL HEALTH	<p>D THE KNOWLEDGE OF FUTURE FACULTY AND STAFF ACROSS A VARIETY OF DISCIPLINES THE PSYCHOLOGY TRAINING PROGRAM HAD ABOUT 12 TRAINEES COMPLETE THEIR INTERNSHIPS OR EXTERNSHIPS MEDICAL RESIDENCIES ALSO SAW ABOUT 12 RESIDENTS AND FELLOWS TRAIN IN THE PMHI IN 2017 NOT LIMITED TO THE DOCTORAL LEVEL DISCIPLINES, SOCIAL WORK, LICENSED PROFESSIONAL COUNSELORS AND REGISTERED NURSING STUDENTS ALL TRAINED THROUGH ON THE VARIOUS PROGRAMS THROUGHOUT THE PMHI QUALITY INITIATIVES THE PMHI HAS A NUMBER OF ACTIVE QUALITY &amp; PROCESS IMPROVEMENT INITIATIVES UNDERWAY IN 2017 (AND CONTINUING INTO 2018) TO INCLUDE -USING THE COLUMBIA SUICIDE SEVERITY RATING SCALE TO OBJECTIVELY ASSESS PATIENTS SUICIDALITY IN ALL PATIENTS OVER 10 YEARS OLD -INCREASING PATIENT AND FAMILY SATISFACTION WITH THE CARE DELIVERED IN PMHI -INCREASING COMMUNITY-BASED PCP SATISFACTION WITH THE COMMUNICATION AND ACCESS TO PMHI -REDUCING THE USE OF RESTRAINT AND SECLUSION BY IMPLEMENTING A NEW MODEL OF DE-ESCALATION AND CRISIS MANAGEMENT WHICH WAS IMPLEMENTED MID-SEPTEMBER -IMPLEMENTING A TRAUMA-INFORMED CARE MODEL ON THE INPATIENT PSYCH UNIT -IMPLEMENTING ASSESSMENT MEASURES IN THE OUTPATIENT CLINIC TO TRACK A PATIENT'S PROGRESS THROUGH TREATMENT -SOCIAL DETERMINANTS OF HEALTH SCREENER WAS IMPLEMENTED IN THE OUTPATIENT DEPARTMENT TO ASSIST IN IDENTIFYING FAMILY AND CAREGIVER NEEDS AND TO ASSIST WITH FINDING COMMUNITY BASED RESOURCES FOR THE CAREGIVERS OVER 50 % OF THE CAREGIVERS IN THE TRIAL PERIOD INDICATED NEEDING ASSISTANCE WITH ACCESSING RESOURCES SUCH AS HOUSING, FOOD, OR MENTAL HEALTH CARE FOR THEMSELVES -DEVELOPING A BEHAVIORAL HEALTH REGISTRY TO ASSESS MEDICATION REGIMEN OF PATIENTS ON 2 OR MORE ANTIPSYCHOTICS THIS EFFORT WILL ADDRESS THE APPROPRIATENESS OF THE USE OF MULTIPLE ANTIPSYCHOTIC MEDICATIONS REDUCING THE NUMBER OF WORKPLACE VIOLENCE INCIDENTS INITIATED BY PATIENT EVENTS RESULTING IN AN INJURY TO STAFF PRELIMINARY RESULTS SHOW A DECREASE IN BOTH OSHA RECORDABLE AND NON-RECORDABLE INJURIES</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE NUMBER OF VOTING MEMBERS OF THE CHILDRENS HOSPITAL COLORADO ARE 31 (24 ELECTED DIRECTORS AND 7 EX-OFFICIO), CHILDREN'S HOSPITAL COLORADO'S EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, CHAIR ELECT, CHIEF EXECUTIVE OFFICER, SECRETARY, BOARD TREASURER, CORPORATE TREASURER IMMEDIATE PAST CHAIR, AND THE CHAIR OF THE CHILDREN'S HOSPITAL COLORADO FOUNDATION, THE CHANCELLOR (OR DESIGNEE) AND UP TO TWO (2) ADDITIONAL SEATS TO BE FILLED BY THE BOARD CHAIR THE EXECUTIVE COMMITTEE HAS ALL THE POWERS OF THE BOARD OF DIRECTORS, EXCEPT AS LIMITED BY LAW, DURING THE PERIOD BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	CHILDREN'S HOSPITAL COLORADO HEALTH SYSTEM IS THE SOLE MEMBER OF CHILDREN'S HOSPITAL COLORADO

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	THE WRITTEN CONSENT OF CHILDREN'S HOSPITAL COLORADO HEALTH SYSTEM IS REQUIRED TO APPROVE THE BOARD OF DIRECTORS OF CHILDREN'S HOSPITAL COLORADO

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	CHILDREN'S HOSPITAL COLORADO HEALTH SYSTEM AS THE SOLE MEMBER HAS CERTAIN APPROVAL POWERS AS DESCRIBED IN THE AMENDED AND RESTATED BYLAWS DATED SEPTEMBER 22, 2011, AND AMENDED MOST RECENTLY IN FEBRUARY 2017



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, Line 11B	CHILDREN'S HOSPITAL COLORADO'S FINANCE DEPARTMENT WORKS CLOSELY WITH HUMAN RESOURCES, CORPORATE COMPLIANCE, LEGAL AND PUBLIC RELATIONS TO GATHER ALL THE DATA REQUIRED TO COMPLETE THE FORM 990 THE VP OF FINANCE AND THE DIRECTOR OF ACCOUNTING & REPORTING CONDUCT A REVIEW WITH THE CFO PRIOR TO THE DRAFT BEING DISTRIBUTED TO THE BOARD OF DIRECTORS ANY NECESSARY CHANGES ARE MADE, THE FORM IS SIGNED BY THE CFO, REVIEWED BY THE AUDIT COMMITTEE, AND A FINAL COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS VIA A SECURED WEBSITE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>BOARD MEMBERS ARE REQUIRED TO DISCLOSE, ON AN ANNUAL BASIS, POTENTIAL CONFLICT OF INTERESTS PURSUANT TO THE WRITTEN POLICIES OF CHILDREN'S HOSPITAL COLORADO (CHCO) AND CHILDREN'S HOSPITAL COLORADO FOUNDATION (CHCF) ALL EMPLOYEES AND BOARD MEMBERS MUST PROMPTLY PROVIDE A WRITTEN DESCRIPTION OF MATERIAL FACTS OF AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST TO CORPORATE COMPLIANCE AND/OR GENERAL COUNSEL ON THE APPROPRIATE DISCLOSURE FORM SUCH DISCLOSURE WILL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF THE CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST POLICIES AND PROCEDURES FOR DISCLOSING CONFLICTS OF INTEREST ARE TO BE FOLLOWED ACCORDING TO THE INDIVIDUAL'S FUNCTION, IN COMPLIANCE WITH STATE AND FEDERAL REGULATIONS COMPLETED DISCLOSURE FORMS ARE SUBJECT TO AUDIT REVIEW BY LEGAL, THE CORPORATE COMPLIANCE PROGRAM, AND THE COMPLIANCE AND BUSINESS ETHICS COMMITTEE OF THE BOARD OF DIRECTORS FAILURE TO COMPLY WITH CONFLICT OF INTEREST POLICIES MAY LEAD TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT OR WORKING RELATIONSHIP WITH THE CHILDREN'S HOSPITAL COLORADO ONCE THE COMPLIANCE AND BUSINESS ETHICS (CABE) COMMITTEE HAS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS WITH RESPECT TO A AGREEMENT/CONTRACT THEN 1 THE (CABE) COMMITTEE WILL EXERCISE DUE DILIGENCE TO DETERMINE WHETHER CHILDREN'S HOSPITAL COULD OBTAIN A MORE ADVANTAGEOUS AGREEMENT/CONTRACT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES AND, IF APPROPRIATE, WILL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT 2 IN CONSIDERING WHETHER TO ENTER THE PROPOSED AGREEMENT/CONTRACT, THE CABE COMMITTEE MAY APPROVE SUCH CONTRACT, TRANSACTION OR ARRANGEMENT ONLY IF THE DISINTERESTED PERSON OR COMMITTEE DETERMINE BY A MAJORITY VOTE THAT - THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT IN CHILDREN'S COLORADO BEST INTERESTS AND FOR COLORADO CHILDREN'S OWN BENEFIT, AND - THE PROPOSED TRANSACTION IS FAIR AND REASONABLE TO CHILDREN'S HOSPITAL COLORADO (CHCO), CONSIDERING, AMONG OTHER RELEVANT FACTORS, WHETHER CHCO COULD OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	<p>CHILDREN'S HOSPITAL COLORADO HAS AN EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THAT REVIEWS AND APPROVES ANY PROPOSED INCREASES RELATED TO ANY OFFICERS AND KEY EMPLOYEES OF THE COMPANY THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE ALONG WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EACH YEAR ONCE A CHANGE IN COMPENSATION IS APPROVED, FORMAL DOCUMENTS ARE COMPLETED AND MINUTES OF THE MEETING ARE PREPARED, REVIEWED AND APPROVED REVIEW PROCESS INCLUDES - REVIEW MARKET RATIO - SHOULD FALL BETWEEN 80% TO 120% OF MARKET - REVIEW 25TH, 50TH, AND 75TH PERCENTILE - BASE SALARY - INDIVIDUAL QUALIFICATIONS AND PERFORMANCE DETERMINES MARKET POSITION BASE SALARY FOR EACH INDIVIDUAL IS TARGETED AT THE MEDIAN (50TH PERCENTILE) OF THE PEER GROUP - VARIABLE PAY - LEADERSHIP INCENTIVE IS IN PLACE WHICH REWARDS FOR ORGANIZATIONAL PERFORMANCE WITH A COMPONENT ALSO BASED ON INDIVIDUAL PERFORMANCE FOR ALL EXCEPT THE CEO THE INCLUSION OF VARIABLE PAY WILL PLACE TOTAL CASH COMPENSATION (E G , BASE SALARY AND VARIABLE PAY) BETWEEN THE 50TH AND 75TH PERCENTILE FOR EACH INDIVIDUAL - AWARDS ARE BASED ON ACHIEVEMENT OF PRE-ESTABLISHED CHILDREN'S COLORADO GOALS WHICH SUPPORT THE STRATEGIC PLAN - BENEFITS - TARGETED AT THE "MIDDLE OF MARKET" DECISION FACTORS IN EXECUTIVE COMPENSATION DECISIONS - MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS THAT REFLECT FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND SCOPE - DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES - SKILLS, EXPERIENCE AND PERFORMANCE HISTORY OF INDIVIDUAL EXECUTIVES - CRITICAL BUSINESS OR STRATEGIC ISSUES THAT THE ORGANIZATION MAY FACE - WHEN ASSESSING EXECUTIVE COMPENSATION, CHILDREN'S COLORADO CONSIDERS BOTH MARKET RATIOS - UTILIZED APPROVED PEER GROUP FROM JANUARY 2016 MEETING - ON POSITIONS WITH INSUFFICIENT DATA (LESS THAN 10 MATCHES) - USED EXPANDED PEER GROUP OF ALL ACUTE CARE ORGANIZATIONS - BENCHMARKED BASE PAY, TOTAL CASH COMPENSATION, AND BENEFITS 2016 CUSTOM PEER GROUP - ATLANTA - BOSTON - CHICAGO - CINCINNATI - COLUMBUS - DALLAS - FORT WORTH - HOUSTON - KANSAS CITY - LOS ANGELES - MILWAUKEE - MINNEAPOLIS - ORANGE - PALO ALTO - PHILADELPHIA - SAN DIEGO - SEATTLE - WASHINGTON, DC THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2017</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REASONABLE REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICES \$ 107,609,408 PURCHASED SERVICES \$ 27,809,429 ENVIRONMENTAL SERVICES \$ 8,704,532 CONSULTING \$ 3,902,216 OTHER \$ 9,464,001 ----- TOTAL \$ 157,489,586

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF INTEREST RATE SWAPS \$8,361,951 EQUITY TRANSFER FROM RESTRICTED TO UNRESTRICTED \$708,752 NET INCOME ON OTHER TAX RETURN (\$1,542,979) CHANGE IN PERPETUAL TRUST \$5,043,685 CHANGE IN TEMPORARILY RESTRICTED \$4,229,619 GIFTSHOP ACTIVITY GOING DIRECTLY TO EQUITY \$243,840 RELEASE OF RESTRICTIONS ON CAPITAL ACQUISITIONS \$383,559 OTHER CHANGE IN NET ASSETS (\$171,415) ----- TOTAL \$17,257,012 =====

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
Children's Hospital Colorado

Employer identification number  
84-0166760

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CHILDREN'S HSPITAL COLORADO HLTH SYSTEM 13123 EAST 16TH AVE  AURORA, CO 80045 45-4182666	HEALTHCARE	CO	501(c)(3)	12c, III-FI	NA		No
(2)CHILD HEALTH MANAGEMENT SERVICES INC 13123 EAST 16TH AVE  AURORA, CO 80045 74-2266667	IT SERVICES	CO	501(c)(3)	3	CH-COLORADO	Yes	
(3)THE CHILDREN'S HOSPITAL FOUNDATION 13123 EAST 16TH AVE  AURORA, CO 80045 84-0813462	FOUNDATION	CO	501(c)(3)	7	CHCHS	Yes	
(4)CHILDREN'S HEALTH CORPORATION 13123 EAST 16TH AVE  AURORA, CO 80045 74-2235572	SUPPORTING	CO	501(c)(3)	12a-I	CH-COLORADO	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> CHILDREN'S NORTH SURGERY CTR 13123 EAST 16TH AVE AURORA, CA 80045 26-2394578	OUTPATIENT SURG	CO	CH-COLORADO	Related	335,231	1,977,639		No	0	Yes		73 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> RMCHS MANAGEMENT SERVICES INC 13123 EAST 16TH AVE AURORA, CO 80045 84-0957415	BILLING	CO	CH-COLORADO	C Corp	4,271,901	115,486	100 000 %	Yes	
<b>(2)</b> PEDIATRIC CARE NETWORK CHC LLC 13123 EAST 16TH AVE AURORA, CO 80045 81-3554450	HEALTHCARE	CO	CH-COLORADO	C Corp	422,195	3,775,442	100 000 %	Yes	
<b>(3)</b> PERPETUAL TRUST	HOSPITAL SUPPORT	CO	CH-COLORADO					Yes	



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S NORTH SURGERY CENTER LLC	d	3,426,000	LOAN GUARANTEED
(2) CHILDREN'S NORTH SURGERY CENTER LLC	a	275,000	FINANCIAL STMTNT
(3) THE CHILDREN'S HOSPITAL FOUNDATION	c	39,560,289	FINANCIAL STMTNT

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III, COLUMN (A)	CHILDREN'S NORTH SURGERY CENTER LLC EIN 26-2394578 ADDRESS 469 State Highway 7, Suite 2, Broomfield, CO 80023

