

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

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.

4a	(Code:) (Expenses \$ 1,061,494,454 including grants of \$ 805,527) (Revenue \$ 1,304,256,340)
	See Additional Data




4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$ including grants of \$) (Revenue \$)
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4e	Total program service expenses	1,061,494,454
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	659
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JEFFREY HARRINGTON 13123 EAST 16TH AVENUE AURORA, CO 80045 (720) 777-1234

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	7,680,132	0	1,741,052

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 ▶ 821

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	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)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY OF COLORADO MEDICINE, 13199 East Montview Blvd AURORA, CO 80045	Physician Services	97,758,399
University of Colorado Denver, 13123 East 16th ave BOD B-219 AURORA, CO 80045	Education Services	23,691,291
University Hospital, 12605 E 16th Ave AURORA, CO 80045	Phys/Medical Service	16,318,481
CROTHALL HEALTHCARE INC, 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	ENVIRONMENTAL SVCS	10,116,030
FIG AGENCY LLC, 628 BROADWAY 5TH FLOOR NEW YORK, NY 10012	MARKETING SERVICES	5,468,825

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 ► 151

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Part VIII		Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>									
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues . . .	1b						
	c	Fundraising events . . .	1c						
	d	Related organizations	1d	8,496,068					
	e	Government grants (contributions)	1e	8,011,416					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
	g	Noncash contributions included in lines 1a - 1f:\$	1g						
	h	Total. Add lines 1a-1f ▶		16,507,484					
Program Service Revenue	2a	NET PATIENT SERVICES REVENUE	Business Code						
			622110	1,206,944,056	1,206,944,056	0	0		
	b	Research Funding	541900	12,203,782	12,203,782	0	0		
	c	Cafeteria	722210	5,065,986	5,065,986	0	0		
	d	Lab Billing	561000	4,223,185	628,061	3,595,124	0		
	e	Parking Lot Revenue	461790	1,939,102	1,939,102	0	0		
	f	All other program service revenue.		73,880,229	72,576,028	1,304,201	0		
	g	Total. Add lines 2a-2f. ▶		1,304,256,340					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		9,668,144			9,668,144		
	4	Income from investment of tax-exempt bond proceeds ▶		0					
	5	Royalties ▶		0					
	6a	Gross rents	(i) Real	(ii) Personal					
			6a	1,832,908					
			b	Less: rental expenses	6b	68,009			
			c	Rental income or (loss)	6c	1,764,899	0		
	d	Net rental income or (loss) ▶		1,764,899			1,764,899		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			7a	-382,645					
			b	Less: cost or other basis and sales expenses	7b				
			c	Gain or (loss)	7c	-382,645			
	d	Net gain or (loss) ▶		-382,645			-382,645		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0					
			b	Less: direct expenses	8b	0			
			c	Net income or (loss) from fundraising events . . . ▶		0			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0					
			b	Less: direct expenses	9b	0			
			c	Net income or (loss) from gaming activities . . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . . .	10a	0					
b			Less: cost of goods sold . . .	10b	0				
c			Net income or (loss) from sales of inventory . . . ▶		0				
Miscellaneous Revenue		Business Code							
11a	GAIN/LOSS INTEREST RATE SWAPS			-4,299,739	0	0	-4,299,739		
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d ▶			-4,299,739					
12	Total revenue. See instructions ▶			1,327,514,483	1,299,357,015	4,899,325	6,750,659		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	805,527	805,527		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	6,334,877	5,304,186	1,030,691	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	511,389,247	428,185,680	83,203,567	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,540,154	18,035,548	3,504,606	0
9 Other employee benefits	69,018,096	57,788,779	11,229,317	0
10 Payroll taxes	36,289,587	30,385,233	5,904,354	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	1,524,127	0	1,524,127	0
c Accounting	5,175	0	5,175	0
d Lobbying	614,169	614,169	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	165,732	0	165,732	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	203,025,636	169,993,152	33,032,484	0
12 Advertising and promotion	15,919,056	13,329,009	2,590,047	0
13 Office expenses	4,338,550	3,632,663	705,887	0
14 Information technology	19,757,443	16,542,886	3,214,557	0
15 Royalties	0	0	0	0
16 Occupancy	27,807,526	23,283,212	4,524,314	0
17 Travel	3,853,059	3,226,162	626,897	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,489,716	1,247,338	242,378	0
20 Interest	20,808,556	17,422,982	3,385,574	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	70,134,331	58,723,402	11,410,929	0
23 Insurance	7,589,128	6,354,369	1,234,759	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical/Pharm Supplies	166,184,312	139,145,950	27,038,362	0
b Hospital Provider Fee	30,132,576	30,132,576	0	0
c Equipment Rental & Maint	15,246,852	12,766,173	2,480,679	0
d UBTI TAXES	541,116		541,116	
e All other expenses	29,350,877	24,575,458	4,775,419	
25 Total functional expenses. Add lines 1 through 24e	1,263,865,425	1,061,494,454	202,370,971	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		135,643,183	1	55,988,438	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net		5,259,965	3	4,839,398	
	4	Accounts receivable, net		168,702,568	4	252,014,254	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		13,977,157	8	16,389,828	
	9	Prepaid expenses and deferred charges		15,550,559	9	14,784,176	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,904,027,964			
	b	Less: accumulated depreciation	10b	649,887,018	1,025,162,745	10c	1,254,140,946
	11	Investments—publicly traded securities		298,941,401	11	208,876,102	
	12	Investments—other securities. See Part IV, line 11		6,712,589	12	6,436,399	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		93,632,350	15	214,203,733	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,763,582,517	16	2,027,673,274		
Liabilities	17	Accounts payable and accrued expenses		163,137,238	17	213,863,321	
	18	Grants payable		5,828,943	18	6,007,643	
	19	Deferred revenue		144,304	19	49,475	
	20	Tax-exempt bond liabilities		653,519,174	20	657,319,129	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		13,288,008	24	18,248,655	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		62,299,286	25	155,899,627	
	26	Total liabilities. Add lines 17 through 25		898,216,953	26	1,051,387,850	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		759,030,824	27	854,900,505	
	28	Net assets with donor restrictions		106,334,740	28	121,384,919	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		865,365,564	32	976,285,424	
33	Total liabilities and net assets/fund balances		1,763,582,517	33	2,027,673,274		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,327,514,483
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,263,865,425
3	Revenue less expenses. Subtract line 2 from line 1	3	63,649,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	865,365,564
5	Net unrealized gains (losses) on investments	5	2,321,847
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,948,955
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	976,285,424

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

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

Additional Data

Software ID:
Software Version:
EIN: 84-0166760
Name: CHILDREN'S HOSPITAL COLORADO

Form 990 (2019)

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			
JENA HAUSMANN PRESIDENT AND CEO	40.0 8.0	X		X				1,668,718	0	305,921
DAVID BIGGERSTAFF EVP AND COO	40.0 0.0			X				864,909	0	196,514
JEFFREY HARRINGTON SVP AND CFO	40.0 8.0			X				877,428	0	175,650
DANA MOORE SVP AND CIO	40.0 0.0				X			638,349	0	162,039
MICHELLE LUCERO CHIEF LEGAL OFFICER/SECRETARY	40.0 0.0			X				637,370	0	147,160
ELIZABETH RODRIGUEZ SVP CHIEF HR OFFICER	40.0 0.0					X		537,706	0	129,177
MARGARET SABIN SVP COLORADO SPRINGS PRESIDENT	40.0 0.0					X		519,483	0	143,898
RAPHE SCHWARTZ SVP AND CHIEF STRATEGY OFFICER	40.0 0.0				X			528,132	0	132,687
SUZANNE JAEGER SVP CHIEF PATIENT EXP & ACCESS	40.0 0.0					X		479,758	0	135,394
PATRICIA GIVENS SVP CHIEF NURSING EXECUTIVE	40.0 0.0					X		503,070	0	96,551

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			
GREGORY RAYMOND SVP COLORADO SPRINGS COO	40.0 0.0					X		425,209	0	116,061
LAURA BARTON BOARD MEMBER	1.0 0.0	X						0	0	0
MEGAN FEARNOW BOARD MEMBER	1.0 0.0	X						0	0	0
MICHAEL GOULD BOARD MEMBER	1.0 0.0	X						0	0	0
SOLEDAD HURST 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
ANNITA MENOGAN 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

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			
VICTORIA QUINTANA BOARD MEMBER	1.0 0.0	X						0	0	0
KRISTIN RICHARDSON BOARD MEMBER	1.0 0.0	X						0	0	0
BRUCE WAGNER BOARD MEMBER	1.0 0.0	X						0	0	0
JACK WOLD BOARD MEMBER	1.0 4.0	X						0	0	0
DONALD ELLIMAN BOARD MEMBER	1.0 4.0	X						0	0	0
JOHN REILLY MD BOARD MEMBER	1.0 0.0	X						0	0	0
ROBERT CUCULICH BOARD MEMBER	1.0 0.0	X						0	0	0
CRAIG PONZIO BOARD MEMBER	1.0 0.0	X						0	0	0
BRIAN SMITH BOARD MEMBER	1.0 0.0	X						0	0	0
FRED TAYLOR BOARD MEMBER	1.0 4.0	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			
LAURA WRIGHT BOARD MEMBER (PT-YR)	1.0 4.0	X						0	0	0
WILLIAM N LINDSAY III BOARD MEMBER/PAST CHAIR	1.0 4.0	X		X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

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) and 170(b)(1)(A)(vi)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a 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>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a 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>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 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>		
7		
8 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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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 Part VI.</i>		
9b		
c 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 Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c 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>		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a 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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047

2019

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
--	--

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	107,453													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	506,716													
c Total lobbying expenditures (add lines 1a and 1b)	614,169													
d Other exempt purpose expenditures	1,060,880,285													
e Total exempt purpose expenditures (add lines 1c and 1d)	1,061,494,454													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	678,362	508,678	515,459	614,169	2,316,668
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	43,943	52,093	62,898	107,453	266,387

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

1a If the organization elected, as permitted under 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:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,279,296	44,803,998	39,760,313	37,970,011	38,851,637
b Contributions					
c Net investment earnings, gains, and losses	8,349,894	-2,040,626	5,959,341	2,303,237	-42,145
d Grants or scholarships					
e Other expenditures for facilities and programs	1,059,492	1,390,736	826,784	430,693	654,207
f Administrative expenses	95,307	93,340	88,872	82,242	185,274
g End of year balance	48,474,391	41,279,296	44,803,998	39,760,313	37,970,011

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶ 0 %

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		67,196,027		67,196,027
b Buildings		1,068,984,108	285,549,130	783,434,978
c Leasehold improvements		44,124,824	11,346,710	32,778,114
d Equipment		580,176,072	342,585,926	237,590,146
e Other		143,546,933	10,405,252	133,141,681
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,254,140,946

Schedule D (Form 990) 2019

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)TAMMEN TRUST	48,474,391
(2)MISC. RECEIVABLES	31,422,090
(3)SELF INSURANCE TRUST LT REC.	2,250,000
(4)INTERCOMPANY OTHER AFFILIATES	10,537,629
(5)457 ASSETS	7,933,958
(6)OTHER NON CURRENT ASSETS	22,563,631
(7)MISC. NOTE RECEIVABLES	4,841,670
(8)OPERATING LEASES	86,180,364
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	214,203,733

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	0
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	155,899,627

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

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

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

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

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

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

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

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

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
TAMMEN TRUST	48,474,391
MISC. RECEIVABLES	31,422,090
SELF INSURANCE TRUST LT REC.	2,250,000
INTERCOMPANY OTHER AFFILIATES	10,537,629
457 ASSETS	7,933,958
OTHER NON CURRENT ASSETS	22,563,631
MISC. NOTE RECEIVABLES	4,841,670
OPERATING LEASES	86,180,364

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 H
(Form 990)

Hospitals

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

OMB No. 1545-0047

2019

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

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 0 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other % 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.	3a	Yes
		3b	Yes
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)			6,045,206	1,098,019	4,947,187	0.390 %
b Medicaid (from Worksheet 3, column a)			524,748,343	338,670,030	186,078,313	14.720 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			530,793,549	339,768,049	191,025,500	15.110 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			21,047,255	4,183,898	16,863,357	1.330 %
f Health professions education (from Worksheet 5)			30,304,982	9,049,759	21,255,223	1.680 %
g Subsidized health services (from Worksheet 6)			55,902,908	43,979,274	11,923,634	0.940 %
h Research (from Worksheet 7)			27,792,856	7,358,872	20,433,984	1.620 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			637,026	0	637,026	0.050 %
j Total. Other Benefits			135,685,027	64,571,803	71,113,224	5.620 %
k Total. Add lines 7d and 7j			666,478,576	404,339,852	262,138,724	20.730 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			26,078		26,078	
4 Environmental improvements			53,721	10,100	43,621	
5 Leadership development and training for community members			64,758		64,758	
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1,584,377	128,600	1,455,777	0.120 %
9 Other						
10 Total			1,728,934	138,700	1,590,234	0.120 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	22,327,847	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	8,316,641	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	748,101
6 Enter Medicare allowable costs of care relating to payments on line 5	6	2,899,894
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,151,793
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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?

4

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
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
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	6b	No
7 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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CHILDRENSCOLORADO.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.CHILDRENSCOLORADO.ORG</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.childrenscolorado.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.childrenscolorado.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.childrenscolorado.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<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
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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
22		
23		No
24		No

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)
CHCO - COLORADO SPRINGS**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):** _____

4

Community Health Needs Assessment

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

CHCO - COLORADO SPRINGS

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.childrenscolorado.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.childrenscolorado.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.childrenscolorado.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

CHCO - COLORADO SPRINGS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

CHCO - COLORADO SPRINGS

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
22		
23		No
24		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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[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? 12

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

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	CHILDREN'S COLORADO PUBLISHES AN ANNUAL COMMUNITY BENEFIT REPORT. THE 2019 REPORT WILL BE PUBLISHED AFTER THE FINALIZATION OF THE 2019 SCHEDULE H 990 REPORTING. THE 2018 REPORT CAN BE FOUND AT HTTPS://WWW.CHILDRENSCOLORADO.ORG/COMMUNITY/COMMUNITY-HEALTH/ PRIOR TO THE COMPLETION OF THE REPORT A DISTRIBUTION LIST OF COMMUNITY MEMBERS, PARTNERS AND STATE AND LOCAL OFFICIALS IS DEVELOPED, AND THE REPORT IS DISTRIBUTED UPON COMPLETION. COINCIDING WITH THE PHYSICAL DISTRIBUTION THE REPORT IS THEN PUBLISHED ON THE CHCO WEBSITE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEUDLE H, PART I, LINE 7	<p>IN 2019, CHILDREN'S HOSPITAL COLORADO PROVIDED \$262,138,724 IN BENEFIT TO THE COMMUNITY. MEDICAID AT CHILDREN'S HOSPITAL COLORADO ACCOUNTED FOR \$186,078,313 OF NET COMMUNITY BENEFIT EXPENSE WITH \$4,947,187 IN FINANCIAL ASSISTANCE. OTHER BENEFITS ACCOUNTED FOR \$71,113,224 IN NET COMMUNITY BENEFIT EXPENSE. OF THAT \$16,863,357 IN COMMUNITY HEALTH IMPROVEMENT, \$21,255,223 IN HEALTH PROFESSION EDUCATION, \$11,923,634 IN SUBSIDIZED HEALTH SERVICES, \$20,433,984 IN RESEARCH AND \$637,026 IN CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT. INCLUDED IN SUBSIDIZED HEALTH SERVICES ARE THOSE WHICH CHILDREN'S HOSPITAL COLORADO PROVIDES TO ITS PATIENT POPULATION AT A LOSS. IN 2019, PROGRAMS ASSOCIATED WITH THESE LOSSES ARE REHABILITATION, DERMATOLOGY, MENTAL HEALTH AND SOLID ORGAN TRANSPLANT. THE NUMBER REFLECTED IN SUBSIDIZED HEALTH SERVICES EXCLUDES BAD DEBT, MEDICAID AND OTHER MEANS TESTED PROGRAMS SHORTFALLS AND FINANCIAL ASSISTANCE. CHILDREN'S HOSPITAL COLORADO IS COMMITTED TO SERVING ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II, LINE 10	<p>IN 2019, CHILDREN'S HOSPITAL COLORADO PROVIDED \$1,590,234 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 2019 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. ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY. DURING THE 2019 COLORADO LEGISLATIVE SESSION, THE CHILDREN'S HOSPITAL COLORADO GOVERNMENT AFFAIRS TEAM WORKED WITH INTERNAL AND EXTERNAL PARTNERS TO KEEP KIDS OUT OF THE HOSPITAL BY SUPPORTING LAWS THAT WOULD IMPROVE KIDS' HEALTH AND DEFENDING AGAINST THOSE THAT WOULD NOT. WE BUILT PARTNERSHIPS WITH OUR ALLIES AND ADVOCATES ACROSS THE STATE, ENGAGED OUR HEALTHCARE PROFESSIONALS AND OTHER TEAM MEMBERS AND GAVE A VOICE TO OUR PATIENTS AND FAMILIES. TOGETHER, WE ADVANCED A NUMBER OF POLICY AND ADVOCACY GOALS THAT HAVE THE POTENTIAL TO LIFT THE TRAJECTORY OF A CHILD'S LIFE. EXAMPLES INCLUDE: CHILD AND YOUTH BEHAVIORAL HEALTH: COLORADO IS IN A STATE OF CRISIS FOR CHILD AND YOUTH BEHAVIORAL HEALTH, WITH SUICIDE AS THE LEADING CAUSE OF DEATH FOR YOUNG PEOPLE AGES 10-24. AN ESTIMATED ONE OUT OF EVERY SIX TEENS HAS A DIAGNOSABLE MENTAL HEALTH CONDITION. THAT'S WHY WE HELPED FORM A COALITION TO CHAMPION SENATE BILL 195, A BIPARTISAN MEASURE THAT HAS THE POTENTIAL TO TRANSFORM OUR STATE'S MENTAL HEALTH SYSTEM TO BETTER SERVE COLORADO CHILDREN, YOUTH AND FAMILIES AND TO REDUCE COSTLY, UNNECESSARY INTERVENTIONS. SENATE BILL 195 WILL MOVE FORWARD A SET OF PROGRAMS INCLUDING HIGH QUALITY, STANDARDIZED SCREENING AND ASSESSMENT TO IDENTIFY BEHAVIORAL HEALTH NEEDS EARLY, COMPREHENSIVE "WRAPAROUND" CARE COORDINATION SERVICES TO GET KIDS THE RIGHT CARE AT THE RIGHT TIME, AND BLENDED FUNDING STRATEGIES ACROSS AGENCIES TO BETTER INTEGRATE BEHAVIORAL HEALTH SERVICES AND SUPPORTS FOR CHILDREN. TAKEN TOGETHER, THESE APPROACHES ARE A MAJOR STEP TOWARD IMPROVING OUR STATE'S BEHAVIORAL HEALTH SYSTEM FOR KIDS. NUTRITION AND PHYSICAL ACTIVITY: WE JOINED A COALITION OF ANTI-HUNGER ORGANIZATIONS TO SUPPORT HOUSE BILL 1171, A MEASURE THAT WILL REDUCE THE COST OF SCHOOL LUNCHES FOR LOW-INCOME HIGH SCHOOL STUDENTS. WHEN STUDENTS HAVE ACCESS TO PROPER NUTRITION, THEIR HEALTH AND ABILITY TO FOCUS IN SCHOOL IMPROVES. WE ALSO WORKED WITH COALITION PARTNERS TO ADVANCE HOUSE BILL 1161, LEGISLATION THAT ENCOURAGES CHILDREN TO BE ACTIVE BY BOOSTING ACCESS TO COMPREHENSIVE PHYSICAL EDUCATION IN SCHOOLS ACROSS COLORADO. COLORADO KIDS STAND TO BENEFIT FROM THE PASSAGE OF THIS BILL THROUGH STRONGER BONES AND MUSCLES, BETTER MENTAL HEALTH, LOWER RISK OF CHRONIC HEALTH CONDITIONS LIKE TYPE 2 DIABETES AND OBESITY, AND MORE. TEEN VAPING EPIDEMIC: TWENTY SEVEN PERCENT OF COLORADO TEENS REPORT CURRENT USE OF ELECTRONIC CIGARETTES - THE HIGHEST RATE IN THE NATION AND FULLY TWICE THE NATIONAL AVERAGE. THE NICOTINE IN THESE PRODUCTS IS HIGHLY ADDICTIVE, TOXIC AND HARMFUL TO THE DEVELOPING BRAIN. IN ADDITION, THE AEROSOLS IN E-CIGARETTES CAN TRIGGER ASTHMA ATTACKS AND EXPOSE YOUNG PEOPLE TO CARCINOGENS AND HEAVY METALS LIKE LEAD AND ARSENIC, BOTH DIRECTLY AND THROUGH SECONDHAND SMOKE. A KEY STRATEGY TO ADDRESS YOUTH USE OF THESE PRODUCTS IS TO ELIMINATE THEM IN PUBLIC PLACES, AS YOUTH CAN BE HIGHLY SENSITIVE TO NORMALIZATION AND PERCEPTIONS OF HARM BASED ON WHAT THEY SEE IN THEIR ENVIRONMENT. IN 2006, COLORADO PASSED THE CLEAN INDOOR AIR ACT TO PROHIBIT THE SMOKING OF CIGARETTES AND OTHER TOBACCO PRODUCTS IN ENCLOSED PUBLIC PLACES LIKE RESTAURANTS, LIBRARIES, HOSPITALS, OFFICES, GROCERY STORES, CHILDCARE FACILITIES AND PUBLIC TRANSPORTATION. THIS YEAR, WE PARTNERED WITH MEDICAL PROVIDERS, BUSINESSES, AND PUBLIC HEALTH ADVOCATES TO SUCCESSFULLY ADVANCE HOUSE BILL 1076, AN UPDATE TO THE COLORADO CLEAN INDOOR AIR ACT THAT ADDS THE USE OF ELECTRONIC CIGARETTES (ALSO KNOWN AS "E-CIGARETTES"VAPING") AS A PROHIBITED ACTIVITY IN CERTAIN PUBLIC INDOOR SPACES AND WORKPLACES. SPEAK UP FOR KIDS: INFLUENCING PUBLIC POLICY TAKES THE DIVERSE EFFORTS OF DEDICATED, PASSIONATE INDIVIDUALS AND ORGANIZATIONS COMING TOGETHER TO MAKE A DIFFERENCE. OUR GRASSROOTS ADVOCACY NETWORK, CHILD</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II, LINE 10	<p>HEALTH CHAMPIONS, HARNESSES THE POWER OF ITS MEMBERS TO ADVOCATE FOR BETTER CHILD HEALTH THROUGH PUBLIC POLICY. THIS LEGISLATIVE SESSION, WE ADDED 1,321 NEW MEMBERS TO THE NETWORK , INCREASING OUR TOTAL NUMBER OF ADVOCATES TO OVER 9,200. OVER 2,100 OF THESE ADVOCATES WR OTE MORE THAN 6,000 EMAILS TO THEIR LAWMAKERS ON POLICY ISSUES THAT IMPACT KIDS AND FAMILI ES. WE GREW OUR FOLLOWING ON FACEBOOK BY OVER 116% AND ON TWITTER BY ALMOST 20%, REACHING MORE ADVOCATES ACROSS THE STATE THAN EVER BEFORE. WE ALSO HOSTED THE EIGHTH ANNUAL SPEAK U P FOR KIDS DAY AT THE CAPITOL, TRAINING 180 NEW ADVOCATES FROM ACROSS THE STATE AT AN INTE NSIVE, INSPIRING AND HANDS-ON EVENT THAT CONNECTS THEM WITH THEIR LOCAL LEGISLATORS TO HAV E CONVERSATIONS ABOUT PENDING KIDS' HEALTH LEGISLATION. FINALLY, IN PARTNERSHIP WITH THE A MERICAN ACADEMY OF PEDIATRICS, COLORADO CHAPTER, WE REGULARLY ACTIVATED MORE THAN 20 COMMU NITY PEDIATRICIANS TO REACH OUT TO THEIR LEGISLATORS AT KEY POINTS THROUGHOUT THE SESSION. PARTNERSHIPS ARE AN ESSENTIAL COMPONENT TO CHILDREN'S COMMUNITY HEALTH WORK. THE HOSPITAL HAS PARTNERED WITH AN ARRAY OF LOCAL, STATE AND NATIONAL ORGANIZATIONS TO COORDINATE, COL LABORATE AND SHARE KEY FINDINGS AND LESSONS LEARNED IN IMPROVING HEALTH AND QUALITY OF LIF E FOR CHILDREN IN COLORADO. BELOW ARE A FEW EXAMPLES OF CHILDREN'S COLLABORATIONS ADDRESSI NG COMMUNITY BUILDING AND HEALTH IMPROVEMENT. COALITION BUILDING: IN 2016, CHILDREN'S HOSP ITAL 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 TRA NSFORM HOW HEALTH CARE AND EDUCATION PARTNERS COLLABORATE TO CREATE SUSTAINABLE SYSTEMS TH AT RESULT IN HEALTH EQUITY AMONG ALL COLORADO STUDENTS. IN 2019, THE ALLIANCE CREATED A CA LL TO ACTION USING DATA AND EVIDENCED-BASED PRACTICES TO OUTLINE OPPORTUNITIES FOR HEALTH AND EDUCATION TO WORK TOGETHER TO MEET THE HEALTHCARE NEEDS OF EVERY STUDENT, AND IDENTIFY ACTIONS WE CAN TAKE RIGHT NOW TO IMPROVE THE HEALTH OF ALL COLORADO YOUTH, ESPECIALLY THO SE MOST VULNERABLE TO LOW SCHOOL PERFORMANCE BECAUSE OF POOR ACCESS TO HEALTH RESOURCES. T HE ALLIANCE THEN SOUGHT AND FORMED PARTNERSHIPS WITH THREE DISTRICTS, URBAN AND RURAL, IN DIFFERENT AREAS OF THE STATE TO IDENTIFY PROJECTS THAT WILL FURTHER THE CALL TO ACTION WHI LE IMPACTING THEIR OWN STUDENTS AND COMMUNITIES. WE ARE COLLABORATING WITH STAKEHOLDERS IN EACH DISTRICT (SUPERINTENDENTS, DIRECTORS OF HEALTH SERVICES, COMMUNITY PROVIDERS AND FAM ILIES) TO DESIGN WHAT MEANINGFUL WORK, INTERVENTIONS, AND STIPENDS LOOK LIKE TO THEIR COMM UNITY. ADDITIONALLY, EFFORTS WILL BE MADE TO ENSURE THOSE MOST IMPACTED ARE ALSO INCLUDED IN DECISION MAKING PROCESSES THROUGHOUT THE PARTNERSHIP. THE EVALUATION PLAN WILL INCLUDE MONITORING HOW EFFORTS ARE BEING IMPLEMENTED ALONG WITH OUTPUTS SUCH AS NUMBER OF STUDENTS /STAFF SERVED, NUMBER OF POLICY/PRACTICE CHANGES MADE, DOCUMENTATION OF PRODUCTS DEVELOPED AND DISSEMINATION METHODS, ETC. SHORT-TERM OUTCOMES SUCH AS INCREASED VALUE FOR THIS WORK FROM DISTRICTS, PARTNERS AND COMMUNITIES WILL BE MEASURED. ADDITIONALLY, LOCAL COMMUNITIE S WILL BE ASKED TO SHARE SURVEILLANCE DATA, SUCH AS YOUTH BEHAVIOR SURVEYS AND POLICY/PRAC TICE DATA TO GATHER A BASELINE FOR FUTURE COMPARISON. COMMUNITY SUPPORT: CHILDREN'S HOSPIT AL COLORADO SERVES AS LEAD AGENCY FOR SAFE KIDS COLORADO, SAFE KIDS COLORADO SPRINGS, AND SAFE KIDS DENVER METRO. AS PART OF THE SAFE KIDS WORLDWIDE GLOBAL NETWORK OF ALLIANCES, EA CH OF THESE INITIATIVES EMPLOYS AN ALLIANCE-BASED APPROACH TO BUILDING CAPACITY TOWARD PRE VENTING UNINTENTIONAL INJURIES IN TARGETED LOCATIONS. NEIGHBORHOODS WHOSE CHILDREN ARE AT DISPROPORTIONATE RISK FOR PREVENTABLE INJURIES ARE IDENTIFIED THROUGH DATA SURVEILLANCE "H EAT MAPS." SAFE KIDS PARTNERS WITH NUMEROUS PUBLIC AND PRIVATE BUSINESSES AND ORGANIZATION S TO IMPLEMENT AND EVALUATE EVIDENCE-BASED APPROACHES UNDER A PUBLIC HEALTH MODEL OF PREVE NTION. CHILDREN'S COLORADO PROVIDES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	<p>THE ORGANIZATION RECOGNIZES NET PATIENT SERVICE REVENUE IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) 606, REVENUE FROM CONTRACTS WITH CUSTOMERS. THE ADOPTION OF ASC 606 RESULTED IN CHANGES TO THE PRESENTATION FOR NET PATIENT SERVICES REVENUE RELATED TO UNINSURED OR UNDERINSURED PATIENTS. UNDER ASC 606, THE ESTIMATED UNCOLLECTABLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUE, RATHER THAN AS A PROVISION FOR BAD DEBTS, AND ARE BASED PRIMARILY ON HISTORICAL COLLECTION EXPERIENCE. OTHER THAN THESE CHANGES IN PRESENTATION, THE ADOPTION OF ASC 606 DID NOT HAVE A MATERIAL IMPACT ON THE OVERALL FINANCIAL STATEMENTS OF THE ORGANIZATION. EXPANDED DISCLOSURES REQUIRED BY ASC 606 ARE INCLUDED WITHIN NOTE 4, NET PATIENT SERVICES REVENUE. SCHEDULE H, PART III, LINE 3 CHILDREN'S HOSPITAL INACTIVATES AR BALANCES BETWEEN 150-175 DAYS AFTER THE FIRST BILLING CYCLE. ACCOUNTS ARE REFERRED TO COLLECTION AGENCIES FOR RECOVERY. THE HOSPITAL DOES NOT REPORT ANY BAD DEBT AMOUNT IN COMMUNITY BENEFIT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	<p>THE ORGANIZATION RECOGNIZES NET PATIENT SERVICE REVENUE IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) 606, REVENUE FROM CONTRACTS WITH CUSTOMERS. THE ADOPTION OF ASC 606 RESULTED IN CHANGES TO THE PRESENTATION FOR NET PATIENT SERVICES REVENUE RELATED TO UNINSURED OR UNDERINSURED PATIENTS. UNDER ASC 606, THE ESTIMATED UNCOLLECTABLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUE, RATHER THAN AS A PROVISION FOR BAD DEBTS, AND ARE BASED PRIMARILY ON HISTORICAL COLLECTION EXPERIENCE. OTHER THAN THESE CHANGES IN PRESENTATION, THE ADOPTION OF ASC 606 DID NOT HAVE A MATERIAL IMPACT ON THE OVERALL FINANCIAL STATEMENTS OF THE ORGANIZATION. EXPANDED DISCLOSURES REQUIRED BY ASC 606 ARE INCLUDED WITHIN NOTE 4, NET PATIENT SERVICES REVENUE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	THE SHORTFALL REPORTED IN LINE 7 REPRESENTS MEDICARE SHORTFALLS FOR HIGH NEED PEDIATRIC PATIENTS SERVED BY CHILDREN'S HOSPITAL COLORADO. IF CHILDREN'S HOSPITAL COLORADO DID NOT SUBSIDIZE THE HIGHLY SPECIALIZED CARE, ACCESS FOR THIS POPULATION WOULD BE LIMITED, THUS WE VIEW THIS CARE AS COMMUNITY BENEFIT. THE HOSPITAL UTILIZED COST TO CHARGE RATIO METHODOLOGY TO ARRIVE AT THIS NUMBER. 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 ARE REVIEWED FOR ALL THIRD-PARTY PAYER ELIGIBILITY PRIOR TO QUALIFYING FOR ANY CHARITY CARE OR FINANCIAL ASSISTANCE. ONCE THE PATIENT'S RESPONSIBILITY IS VALIDATED, 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/SERVICES DEPARTMENT WHO WORK CLOSELY WITH PARENTS TO ESTABLISH PAYMENT PLANS.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>IN ADDITION TO THE CHNA, CHILDREN'S 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 2018, CHCO FORMALIZED A POPULATION HEALTH STRATEGY. THE GOAL IS 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 CHILD'S 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 SUPPORTS 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. GUIDED BY THE GROWING EVIDENCE IN SOCIAL DETERMINANTS OF HEALTH (SDOH) RESEARCH, AS WELL AS DATA CHCO COLLECTED THROUGH ITS PSYCHOSOCIAL SCREENER, IN 2019 CHCO LAUNCHED A NUMBER OF INITIATIVES ANCHORED BY A HOLISTIC MODEL THAT INTEGRATES CLINICAL CARE WITH RESOURCES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH. EXAMPLES OF RESPONDING TO THE NEEDS OF THE COMMUNITY: IN OCTOBER 2019, CHCO LAUNCHED RESOURCE CONNECT (WITH HEALTHY ROOTS FOOD CLINIC), OUR VERSION OF A COMMUNITY HEALTH RESOURCE CENTER HOUSED WITHIN OUR NEW COMPREHENSIVE SERVICES BUILDING, THE CHILD HEALTH PAVILION. RESOURCE CONNECT PROVIDES FAMILIES WITH COMMUNITY-BASED SERVICES TO MEET NON-MEDICAL HEALTH NEEDS SUCH AS HOUSING, BENEFITS, AND FOOD. THE SERVICES ACCESSIBLE THROUGH RESOURCE CONNECT ADDRESS PRIORITY HEALTH NEEDS AND HEALTH DISPARITIES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS BY DATA FROM CHCO'S VALIDATED PSYCHOSOCIAL SCREENER ADMINISTERED IN SEVERAL OF OUR PRIMARY CARE CLINICS. WITH THE LAUNCH OF RESOURCE CONNECT AND RELATED WRAPAROUND SERVICES INCLUDING OUR COMMUNITY HEALTH NAVIGATOR PROGRAM AND HEALTHY ROOTS FOOD CLINIC, WE AIM TO DEVELOP AN ARRAY OF INTEGRATED SERVICES THAT INCREASE THE UTILIZATION OF COMMUNITY RESOURCES AND ENROLLMENT IN PIVOTAL PROGRAMS SUCH AS MEDICAID, THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), AND THE COLORADO LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP). IN ADDITION, WE ARE ABLE TO PROVIDE HELPFUL INFORMATION TO PRIMARY CARE PROVIDERS ABOUT THE NONMEDICAL NEEDS OF FAMILIES SO THEY CAN PROVIDE MORE COMPREHENSIVE AND COMPASSIONATE CARE-ULTIMATELY DEVELOPING A PARTNERSHIP MODEL WITHIN HEALTH CARE THAT IMPROVES HEALTH OUTCOMES AT THE INDIVIDUAL AND POPULATION LEVEL WHILE SAVING THE SYSTEM DOLLARS. OUR ENDEAVORS AND LEARNINGS WILL FURTHER BUILD THE EVIDENCE BASE ON HOW TO IMPACT HEALTH OUTCOMES BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND INFORM HOW WE ESTABLISH EFFECTIVE HEALTH SYSTEM-COMMUNITY BASED ORGANIZATION COLLABORATIONS WHILE WORKING TOWARD LONG-TERM SUSTAINABILITY. FROM OCTOBER - DECEMBER 2019, 258 FAMILIES RECEIVED RESOURCE SUPPORT THROUGH RESOURCE CONNECT. THE CHILDREN'S HOSPITAL COLORADO FOOD SECURITY COUNCIL (FSC) WAS FORMED IN RESPONSE TO THE NEED FOR CHILDREN'S HOSPITAL TO HAVE A COORDINATED AND EFFECTIVE STRATEGY TO ADDRESS FOOD INSECURITY FOR FAMILIES WHO SEEK CARE HERE AS WELL AS IN THE COMMUNITY. THE MEDICAL LITERATURE TELLS US THAT CHILDHOOD FOOD INSECURITY CAN LEAD TO POOR HEALTH STATUS; INCREASED HOSPITALIZATIONS, DEVELOPMENTAL DELAY, DETRIMENTAL BEHAVIORAL HEALTH EFFECTS AND POOR EDUCATIONAL OUTCOMES. THEREFORE, THE MISSION OF THE FSC IS TO INCREASE ACCESS TO TIMELY, QUALITY, AND AFFORDABLE FOOD FOR KIDS AND THEIR FAMILIES WHO ARE FOOD INSECURE, THROUGH HOSPITAL-BASED PROGRAMMING, EXTERNAL PARTNERSHIPS, AND ADVOCACY. THE HEALTHY ROOTS FOOD CLINIC (HRFC) OPENED IN OCTOBER 2019 AND IS BASED ON THE PRINCIPLE OF FOOD AS MEDICINE AND THE BELIEF THAT HUNGER IS A HEALTH ISSUE. TO PROMOTE AND SUPPORT THE HEALTH OF PATIENTS AND THEIR FAMILIES, THE HRFC PROVIDES NUTRITIOUS FOOD (FRESH AND SHELF STABLE), GUIDANCE ON COMMUNITY RESOURCES AND BASIC NUTRITION AND SAFE FOOD EDUCATION SUPPORT TO THE CHILDREN'S COLORADO HEALTH PAVILION PATIENTS AND THEIR FAMILIES. PATIENTS AND THEIR FAMILIES ARE GIVEN ACCESS TO THE HRFC ONCE PER MONTH FOR UP TO SIX MONTHS IN A YEAR.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>R AND RECEIVE 4-5 DAYS' WORTH OF FOOD FOR THE ENTIRE HOUSEHOLD. THIS INITIATIVE IS SUPPORT ED THROUGH PARTNERSHIPS WITH FOOD BANK OF THE ROCKIES AND KING SOOPERS. BETWEEN OCTOBER 20 19 AND DECEMBER 2019, THE HEALTHY ROOTS FOOD CLINIC DISTRIBUTED 5,181 POUNDS OF NUTRITIOUS FOOD TO PATIENTS AND THEIR FAMILIES REPRESENTING 485 INDIVIDUALS FROM 115 HOUSEHOLDS. HEA LTH PROFESSION EDUCATION. AS PART OF OUR MISSION TO IMPROVE THE HEALTH OF CHILDREN, CHILDR EN'S HOSPITAL COLORADO OFFERS A BROAD SPECTRUM OF TRAINING, EDUCATION AND CERTIFICATION PR OGRAMS AIMED AT DEVELOPING, STRENGTHENING AND SUSTAINING KNOWLEDGE AND EXPERTISE IN THE PE DIATRIC MEDICAL FIELD. WE OFFER A WIDE VARIETY OF ADVANCED TRAINING AND LEARNING OPPORTUNI TIES FOR FUTURE HEALTHCARE PROFESSIONALS AND TODAY'S CLINICIANS. THE PROFESSIONAL DEVELOPM ENT DEPARTMENT FACILITATES BSN AND GRADUATE EDUCATION FOR NURSING STUDENTS AND WORKS COLLA BORATIVELY WITH SCHOOLS OF NURSING TO MEET THEIR ACADEMIC MISSIONS. CHILDREN'S COLORADO'S ADVANCED PRACTICE NURSES (APNS) ACT AS CONTENT EXPERTS IN PROVIDING CLASSROOM/SIMULATED IN STRUCTION FOR PEDIATRIC COURSES. STUDENTS ARE SUPERVISED BY CHILDREN'S HOSPITAL COLORADO C LINICAL SCHOLARS AND ASSISTED AT THE BEDSIDE BY EXPERIENCED STAFF NURSES. THE GROWTH OF TH IS PROGRAM EACH YEAR, AS WELL AS THE 10 IN-STATE AND 7 OUT-OF-STATE SCHOOL PARTNERSHIPS, R EFLECT CHILDREN'S COLORADO'S STRONG COMMITMENT TO TRAINING THE NEXT GENERATION OF PEDIATRI C NURSES. IN ADDITION, SIXTEEN PROFESSIONAL CONFERENCES CURRENTLY PROVIDE NURSING CONTINUI NG PROFESSIONAL DEVELOPMENT AND ARE OFFERED TO EXTERNAL/COMMUNITY NURSES AND OTHER LICENSE D PROFESSIONALS. ADDITIONALLY, MORE THAN 10 EDUCATIONAL SERIES PROVIDING NCPD WERE OFFERED IN 2019. THESE EDUCATIONAL ACTIVITIES WERE GEARED TOWARD COMMUNITY NURSES AND HEALTHCARE PROFESSIONALS IN SCHOOLS, RURAL HOSPITALS PROVIDING PEDIATRIC CARE RESEARCH. LEADERSHIP AT THE HOSPITAL BELIEVES THAT ADVANCES IN RESEARCH LEAD TO IMPROVED OUTCOMES FOR ALL CHILDR E N, THROUGH BOTH TREATMENT AND PREVENTION EFFORTS IN AND OUTSIDE OF HOSPITAL SETTINGS. RESE ARCH IN CHILDHOOD DISEASES FORMALLY BEGAN IN 1978 AT CHILDREN'S HOSPITAL COLORADO. TODAY, CHILDREN'S HOSPITAL COLORADO IS NATIONALLY RECOGNIZED FOR ITS EXCELLENCE IN RESEARCH IN TH E DISEASES OF THE NEWBORN, CHILD, AND TEEN. AS A NONPROFIT PEDIATRIC HOSPITAL, CHILDREN'S HOSPITAL COLORADO'S MISSION IS TO IMPROVE THE HEALTH OF CHILDREN THROUGH HIGH-QUALITY PATI ENT CARE, RESEARCH, EDUCATION AND ADVOCACY. AND BECAUSE RESEARCH AND INNOVATION ARE KEY TO RE-IMAGINING AND REALIZING THE FUTURE OF CHILD HEALTH, WE STARTED OUR CENTER FOR INNOVATI ON IN 2016. THE CENTER FOR INNOVATION AT CHILDREN'S COLORADO PROVIDES AN OPPORTUNITY FOR I NNOVATORS TO COME TOGETHER TO DEVELOP GROUNDBREAKING IDEAS THAT WILL ENRICH AND SAVE LIVES THROUGH BETTER TECHNOLOGY AND HEALTHCARE. MEDICAL FACULTY PROFILE: CHILDREN'S HOSPITAL CO LORADO HAS AN OPEN MEDICAL STAFF, MEANING COMMUNITY PRACTITIONERS CAN HOLD PRIVILEGES AT T HE HOSPITAL. THERE ARE 2,341 MEDICAL STAFF AND 280 RESIDENTS AND FELLOWS, INCLUDING ADVANC ED PRACTICE NURSES, MORE THAN HALF OF WHOM ARE COMMUNITY-BASED. THOUGH THERE ARE THOUSANDS OF REFERRING PROVIDERS ALONG THE FRONT RANGE OF THE ROCKY MOUNTAINS AND THE PRAIRIES, CHI LDREN'S COLORADO'S COMMUNITY STAFF MEMBERS ARE ITS FRONT-LINE PARTNERS IN ADVANCING A CONT INUUM OF CARE FOR YOUNG PATIENTS. ITS COMMUNITY CLINICAL STAFF MEMBERS PROVIDE TRAINING OP PORTUNITIES IN PRIMARY CARE FOR MEDICAL STUDENTS AND RESIDENTS. CHILDREN'S HOSPITAL COLORA DO IS AFFILIATED WITH FAMILY MEDICINE RESIDENCY PROGRAMS IN COLORADO AND WYOMING, WHICH PR OVIDES A SIGNIFICANT BENEFIT TO THE REGION WITH A LARGE RURAL POPULATION AND A SHORTAGE OF RURAL PHYSICIANS. CHILDREN'S HOSPITAL COLORADO ALSO ENSURES THAT THE PRIMARY CARE PERSPEC TIVE IS ADDRESSED IN DISCUSSIONS ABOUT HOW TO BEST PROVIDE THE BROADEST SPECTRUM OF CARE T O THE REGION'S CHILDREN. ADDITIONALLY, BOTH HOSPITAL AND COMMUNITY MEDICAL STAFF SERVE ON VARIOUS BOARDS AND COMMITTEES, SUCH AS T</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 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 WWW.CHILDRENSCOLORADO.ORG.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>CHILDREN'S COLORADO PROVIDES COMPREHENSIVE MEDICAL CARE FOR KIDS FROM BIRTH THROUGH ADOLESCENCE. IN 2019, OUR COMPRHENSIVE HEALTH CARE SYSTEM PROVIDED CARE TO 242,807 CHILDREN. CHILDREN'S COLORADO SERVES A SEVEN-STATE REGION; HOWEVER, MOST OF OUR PATIENTS COME FROM COLORADO AND SPECIFICALLY THE DENVER METRO AREA. ADDITIONALLY, CHILDREN'S 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 STATE. MORE THAN HALF OF AURORA'S 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, CHILDREN'S 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 POPULATION SERVED IS 45.1% MEDICIAID, 47.4% MANAGED CARE/COMMERCIAL, 5.5% OTHER GOVERNMENT AND 2.0% SELF-PAY AND INDIGENT CARE.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>IN 2019, CHILDREN'S HOSPITAL COLORADO PROVIDED \$16,863,357 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. CHILDREN'S 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 CHILDREN'S HOSPITAL COLORADO THAT POSITIVELY IMPACT THE HEALTH AND SAFETY OF CHILDREN IN THE COMMUNITY. THE PROGRAMS INITIATIVES DESCRIBED IN THIS SECTION DEMONSTRATE THE BROAD RANGE OF ACTIVITIES IN WHICH CHCO HAS INVESTED TO IMPACT THE HEALTH PRIORITIES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT. THE SE PROGRAMS EXEMPLIFY THE TYPE OF WORK THAT CHCO LEADS, SUPPORTS OR PARTNERS WITH OTHERS TO ACHIEVE IMPROVED OUTCOMES FOR CHILDREN AND FAMILIES IN COLORADO. ALL OF THE PROGRAMS, FOR EXAMPLE, ARE EVIDENCE-BASED AND DESIGNED TO ENGAGE AND BE INFORMED BY COMMUNITY MEMBERS AND PARTNER ORGANIZATIONS. DUE TO THE NUMBER OF PROGRAMS AND INITIATIVES THAT ARE PART OF LARGER COMMUNITY EFFORTS, THE OUTLINED PROGRAMS DO NOT CONSTITUTE AN EXHAUSTIVE LIST OF ACTIVITIES IN WHICH CHCO HAS INVESTED TO ADDRESS HEALTH PRIORITIES. HIGHLIGHTS OF THIS WORK IN 2019 INCLUDE: IDENTIFIED HEALTH PRIORITY: ASTHMA AND RESPIRATORY CARE. ASTHMA IS THE MOST COMMON CHRONIC DISEASE IN CHILDREN, AFFECTING 7.5% OF ALL CHILDREN IN THE UNITED STATES. SEVERE CHILDHOOD ASTHMA IS ALSO A SIGNIFICANT ECONOMIC BURDEN ON OUR HEALTHCARE SYSTEM, ACCOUNTING FOR UP TO 50% OF THE ESTIMATED \$10 BILLION ANNUAL TOTAL COSTS FOR CHILDHOOD ASTHMA. INEQUITIES ARE SEEN IN ASTHMA PREVALENCE, TREATMENT, AND OUTCOMES; IT IS MORE COMMON IN BLACK CHILDREN AND IN CHILDREN WHO LIVE BELOW 250% OF THE POVERTY LINE. BLACK AND LATIN O CHILDREN ARE LESS LIKELY TO RECEIVE PREVENTIVE CARE AND MORE LIKELY TO VISIT THE ED AND BE HOSPITALIZED THAN WHITE CHILDREN. STUDIES INDICATE THAT THE DISPARITIES IN ASTHMA MORBIDITY AND MORTALITY AMONG MINORITY POPULATIONS AND UNDER-RESOURCED COMMUNITIES ARE LARGELY DUE TO VARIATIONS IN SOCIAL DETERMINANTS OF HEALTH; THUS, ADDRESSING THESE FACTORS MAY BE PIVOTAL IN IMPROVING CLINICAL OUTCOMES IN ASTHMA. ASTHMA HOME VISITS HAVE BEEN SHOWN TO BE AN EFFECTIVE MECHANISM TO DELIVER TAILORED, CULTURALLY APPROPRIATE ASTHMA EDUCATION WHILE ALSO ADDRESSING BARRIERS TO ASTHMA CARE. JUST KEEP BREATHING IS AN ASTHMA HOME VISIT PROGRAM BASED AT CHCO IN WHICH HEALTH NAVIGATORS PROVIDE HOME-BASED ASTHMA MANAGEMENT EDUCATION AND SUPPORT TAILORED TO EACH ENROLLED PATIENT AND THEIR FAMILY. NAVIGATORS HELP INCREASE PATIENT AND FAMILY ENGAGEMENT IN ASTHMA CARE AND ADDRESS PATIENT-IDENTIFIED BARRIERS TO CARE BY FOCUSING ON SIX PRIMARY TASKS WITH FAMILIES: CONNECTION TO CARE; FACILITATION OF COMMUNICATION BETWEEN PRIMARY CARE PROVIDERS, SPECIALISTS, AND SCHOOLS; BARRIER IDENTIFICATION AND RESOURCE PROVISION; ASTHMA EDUCATION; HOME ENVIRONMENTAL ASSESSMENT AND REMEDIATION; AND MEDICATION ADHERENCE. SUPPORT PROVIDED TO EACH FAMILY VARIES BASED ON BARRIERS IDENTIFIED BUT COMMONLY INCLUDES MEDICATION DEVICE TECHNIQUE TEACHING, HELP WITH APPLICATIONS FOR BENEFITS (E.G., MEDICAID AND WIC PAPERWORK), AND REMEDIATION SUPPLIES SUCH AS HEPA-FILTER VACUUMS, SAFE CLEANING SUPPLIES, AND PEST EXTERMINATION SERVICES. IDENTIFIED HEALTH PRIORITY: PREMATURITY. COLORADO FACES ONE OF THE HIGHEST PRETERM BIRTH RATES OF ANY STATE IN THE NATION. CHCO HAS INVESTED IN IMPROVING BOTH PROVIDER AND COMMUNITY AWARENESS OF THE FACTORS THAT PUT A MOTHER AT RISK OF PRETERM DELIVERY WILL HELP TO DECREASE PREMATURITY IN OUR STATE. THIS INCLUDES CONFRONTING BIAS AND THE SYSTEMIC RACISM THAT ARE DRIVING FACTORS IN THIS PERSISTENT HEALTH DISPARITY. SPECIFICALLY, IN COLORADO, PREMATURITY AND INFANT MORTALITY RATES FOR NON-HISPANIC BLACK BABIES ARE ALMOST THREE TIMES HIGHER THAN RATES FOR NON-HISPANIC WHITE BABIES. THE BLACK HEALTH INITIATIVE SEEKS TO ADDRESS THE SOCIAL ISOLATION AND TOXIC STRESS STEMMING FROM INSTITUTIONAL RACISM, AND THE INCIDENCES OF PRE-TERM BIRTH AND INFANT MORTALITY RATES AMONG US-BORN BLACK MOTHERS AND THEIR FAMILIES THROUGH FOUR STRATEGIC FOCUS AREAS: SOCIAL CONNECTEDNESS; AWARENESS AND EDUCATION; POLICY AND SYSTEMS CHANGE; AND PATIENT-PROVIDER RELATIONSHIPS. TO INFORM THE WORK OF THE BLACK HEALTH INITIATIVE, 68 AFRICAN AMERICAN WOMEN WITHIN THE DESIGNATED TARGETED AREA HAD OPPORTUNITY TO PARTICIPATE IN DINNER TALK/FOCUS GROUPS, 10% OF WHOM HAD EXPERIENCED A PRETERM BIRTH OR INFANT DEATH WITHIN THE DEFINED 2-YEAR PERIOD OF MORTALITY. LEARNING OF THE DISCREPANCIES IN INFANT MORTALITY AND PRE-TERM BIRTHS AFFECTING THE STABILITY OF THEIR FAMILY AND COMMUNITY, THESE WOMEN COMMITTED TO ASSIST IN FURTHER PROGRAMMING SUITED TO MEET IDENTIFIED PRIORITY HEALTH CARE NEEDS. IT ALSO INTENDED TO PROVIDE A SAFE PLACE FOR AFRICAN AMERICAN WOMEN IN THE COMMUNITY TO TELL THEIR STORIES AND DISCUSS ADDITIO</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>NAL ISSUES THAT AFFECTED THE OUTCOMES OF SUCCESSFUL PREGNANCIES AND INFANT SURVIVAL. THROU GH THE COLLABORATIVE EFFORTS OF FAMILY FORWARD RESOURCE CENTER, GUERRILLA MAMAS, LLC, AND THE DAWN CLINIC, WE HAVE BEEN ABLE TO ESTABLISH A WELL-ROUNDED GROUP OF HEALTH CARE PROFES SIONALS AND COMMUNITY ADVOCATES WHO ARE COMMITTED TO FURTHERING THE WORK OF RAISING HEALTH Y BABIES AND SAVING OUR CHILDREN. FROM THESE SESSIONS AND A SPECIFIC NAMING COMMITTEE, THE KINDRED MAMAS MENTORSHIP PROGRAM FOR AFRICAN AMERICAN WOMEN, AS PART OF THE BLACK HEALTH INITIATIVE HAS BEEN BORN. WOMEN IN THIS COMMUNITY NOW HAVE A PLACE WHERE THEY CAN CONNECT WITH OTHER WOMEN WHO HAVE WALKED SIMILAR PATHS. IDENTIFIED HEALTH PRIORITY: NUTRITION, PHY SICAL ACTIVITY AND OBESITY. WHILE COLORADO IS TYPICALLY VIEWED AS A HEALTHY, FIT AND ACTIV E STATE, THE REALITY IS THAT WE FACE SUBSTANTIAL CHALLENGES WITH NUTRITION, PHYSICAL ACTIV ITY, AND OBESITY. NEARLY ONE QUARTER OF OUR STATE'S CHILDREN ARE OVERWEIGHT OR OBESE, AND VULNERABLE POPULATIONS HAVE SIGNIFICANTLY HIGHER RATES OF OBESITY. WHILE NUTRITION AND PHY SICAL ACTIVITY ARE DISTINCT ISSUES, THEY ARE ALSO CLOSELY CORRELATED WITH OBESITY AND WE H AVE THEREFORE DECIDED TO THINK OF THEM AS A CONNECTED SET OF CONCERNS. WITH FEWER THAN HAL F OF CHILDREN IN THE STATE GETTING THE RECOMMENDED 60 MINUTES OF DAILY PHYSICAL ACTIVITY A ND ONLY 1 IN 8 CONSUMING 3 OR MORE SERVINGS OF VEGETABLES A DAY, WE KNOW THAT THERE IS A G REAT DEAL OF WORK TO BE DONE. OUR RECENT ACCOMPLISHMENTS IN THIS AREA INCLUDE IMPLEMENTING PEAK CHAMPIONS, A CAMP PROGRAM FOR LOW-INCOME, UNDERSERVED YOUTH WHO ARE OVERWEIGHT OR OB ESE. THE PROGRAM, WHICH RUNS IN THE SUMMER TO HELP CHILDREN WHO ARE OVERWEIGHT AND OBESE, INCORPORATES PHYSICAL ACTIVITY AND NUTRITION CURRICULUM TO ENGAGE YOUTH IN CONTINUOUS PHYS ICAL ACTIVITY WHILE LEARNING ABOUT GOAL SETTING, TEAMWORK, CULINARY SKILLS AND HEALTHY LIF ESTYLES. IN 2019, CHCO ALSO CREATED TRAIN-THE-TRAINER MATERIALS, MAKING THE PEAK CHAMPIONS CONTENT ACCESSIBLE TO OTHER ORGANIZATIONS (PRIMARILY SCHOOLS) INTERESTED IN IMPLEMENTING THE PROGRAM. IDENTIFIED HEALTH PRIORITY: INJURY PREVENTION. UNINTENTIONAL INJURY IS THE LE ADING CAUSE OF DEATH FOR CHILDREN BETWEEN THE AGES OF 1 AND 24 IN COLORADO. INJURY IS ALSO THE LEADING CAUSE OF HOSPITALIZATION FOR CHILDREN AGES 1 TO 14 IN OUR STATE, WITH FALLS A ND MOTOR VEHICLE ACCIDENTS AS THE MOST FREQUENT INCIDENTS. CHILDREN'S HOSPITAL COLORADO HA S A LONG-STANDING COMMITMENT TO WORKING WITH THE COMMUNITY (E.G. CONVENING AND LEADING GRO UPS LIKE SAFE KIDS COLORADO) TO PREVENT INJURY AND TO HELP KEEP KIDS SAFE. CHILD PASSENGER SAFETY (CPS) CONTINUES TO BE A HALLMARK OF CHCO'S INJURY PREVENTION WORK, AS WE CONTINUE TO FACILITATE THE PROVISION AND SAFE INSTALLATION OF CAR SEATS BY CERTIFIED CPS TECHNICIAN S. MOREOVER, WE HAVE COMPLETED THOUSANDS OF CAR SEAT INSPECTIONS AND HAVE TRAINED DOZENS O F COMMUNITY PARTNERS ON CHILD PASSENGER SAFETY AND PARTNERED WITH COMMUNITY GROUPS AND SCH OOLS STATEWIDE TO PROVIDE SAFE DRIVING TRAINING TO TEENS. IDENTIFIED HEALTH PRIORITY: MENT AL AND BEHAVIORAL HEALTH. MORE THAN 80% OF YOUTH WHO DIE BY SUICIDE HAVE SEEN THEIR PRIMAR Y CARE PROVIDER WITHIN A YEAR OF THEIR DEATH, MANY WITHIN THE PREVIOUS MONTH. THIS INDICAT ES A SIGNIFICANT OPPORTUNITY TO BETTER EQUIP PROVIDERS WITH THE KNOWLEDGE AND RESOURCES TO IDENTIFY AND TREAT WARNING SIGNS. PCMH IS COORDINATING WITH NATIONAL, STATE, AND LOCAL TH OUGHT LEADERS TO CREATE A SUICIDE PREVENTION STRATEGY THAT INCLUDES THE EVIDENCE BASED ZER O SUICIDE MODEL AND A PEDIATRIC CARE PATHWAY FOCUSED ON UNIVERSAL SUICIDE SCREENING OF ALL PEDIATRIC PATIENTS. AS PART OF THIS WORK, PCMH PARTNERED WITH THE ZERO SUICIDE INSTITUTE TO HOST A FIRST-OF-ITS-KIND ZERO SUICIDE ACADEMY FOCUSED ON YOUTH SUICIDE PREVENTION IN PR IMARY CARE. SCHOOLS ARE INCREASINGLY BEING CALLED UPON TO ADDRESS THE SOCIAL AND EMOTIONAL NEEDS OF STUDENTS, BUT MANY ARE CHALLENGED BY LIMITED RESOURCES AND FUNDING. TO ADDRESS T HIS ISSUE, PCMH IS PROVIDING TRAINING AN</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.

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? 4		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 CO - ANSCHUTZ 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	CHCHO - AT PARKER ADVENTIST HOSPITAL 9395 CROWN CREST BLVD PARKER, CO 80138 WWW.CHILDRENSCOLORADO.ORG 132405	X		X				X		HOSPITAL UNIT OR HOSPITAL-WITHIN HOSPITAL	A
4	CHCO - COLORADO SPRINGS 4090 BRIARGATE PARKWAY COLORADO SPRINGS, CO 80920 WWW.CHILDRENSCOLORADO.ORG	X		X	X		X	X			

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	<p>THE FOLLOWING RESPONSE APPLIES TO CHILDREN'S HOSPITAL COLORADO - COLORADO SPRING: SCHEDULE H, PART V, SECTION B, LINE 2 CHILDREN'S HOSPITAL COLORADO - COLORADO SPRINGS WAS PLACED I NTO SERVICE IN MAY 2019. A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR FACILITY REPORTING GROUP A. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED IN FACILITY REPORTING G ROUP A: (1) CHILDREN'S HOSPITAL COLORADO (2) CHILDREN'S HOSPITAL COLORADO - SOUTH (3) CHIL DREN'S HOSPITAL COLORADO - AT PARKER ADVENTIST HOSPITAL Schedule H, Part V, Section B, Lin e 3e THE TOP FIVE IDENTIFIED CHNA NEEDS ARE NOT PRIORITIZED AND ALL RECEIVED EQUAL WEIGHT IN THE IMPLEMENTATION PLAN AND ON-GOING PROGRAMING. Schedule H, Part V, Section B, Line 5 THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5 APPLIES TO ALL HOSPITA L FACILITIES INCLUDED IN FACILITY REPORTING GROUP A: PRIOR TO LAUNCHING OUR 2018 ASSESSMEN T, CHILDREN'S COLORADO SOLICITED INTERNAL AND EXTERNAL FEEDBACK ON OUR PREVIOUS ASSESSMENT , WHICH WAS CONDUCTED IN 2015. WE WERE INTERESTED IN LEARNING ABOUT AND IMPROVING BOTH THE PROCESS THAT WAS USED PREVIOUSLY AND THE CONCLUSIONS THAT WERE DRAWN IN THAT ASSESSMENT. A TOTAL OF SEVEN EXTERNAL EVALUATORS PROVIDED DETAILED WRITTEN FEEDBACK ON THE 2015 ASSESS MENT. THEY INCLUDED REPRESENTATIVES FROM PUBLIC HEALTH, NONPROFIT ORGANIZATIONS, HEALTH AD VOCACY ORGANIZATIONS AND HEALTH CARE PROVIDERS. REVIEWERS WERE ASKED TO IDENTIFY KEY STREN GTHS AND WEAKNESSES OF THE PREVIOUS ASSESSMENTS. FOR THE PURPOSES OF THE ASSESSMENT, WE US ED FOUR QUALITATIVE DATA COLLECTION METHODS: KEY STAKEHOLDER INTERVIEWS WITH COMMUNITY AND HEALTH LEADERS. A TOTAL OF 44 INTERVIEWS WERE COMPLETED WITH INDIVIDUALS WHO REPRESENTED PUBLIC HEALTH, GOVERNMENT, PUBLIC SAFETY, DIRECT SERVICE, PUBLIC EDUCATION AND ADVOCACY OR GANIZATIONS. INTERVIEWEES ALSO REPRESENTED A RANGE OF GEOGRAPHIC AREAS AND ALL FOUR COUNTI ES IN OUR COMMUNITY WERE WELL REPRESENTED. 7 OF THE INTERVIEWS WERE WITH STAFF MEMBERS OF THE TRI-COUNTY HEALTH DEPARTMENT, WHICH IS ONE OF THE LARGEST PUBLIC HEALTH DEPARTMENTS IN THE STATE AND COVERS ADAMS, ARAPAHOE AND DOUGLAS COUNTIES. THE LIST OF ORGANIZATIONS INTE RVIEWED IS IDENTIFIED IN THE CHNA AND THE NAMES OF THE INTERVIEWEES ARE ON FILE. FOCUS GRO UPS IN EACH OF THE FOUR COUNTIES IN OUR COMMUNITY. WE FOCUSED ON RECRUITING LOW-INCOME AND VULNERABLE POPULATIONS TO THE FOCUS GROUPS THAT WE CONDUCTED. WE CONDUCTED 6 FOCUS GROUPS AND HAD A TOTAL OF 48 PARTICIPANTS. WE CONDUCTED 2 GROUPS IN DENVER COUNTY, 1 IN DOUGLAS COUNTY, AND 3 IN LOCATIONS WHERE BOTH ADAMS AND ARAPAHOE COUNTY RESIDENTS COULD PARTICIPAT E. PARENT SURVEY IN BOTH ENGLISH AND SPANISH. OUR SURVEY TARGETED PARENTS AND CAREGIVERS O F CHILDREN AGES 0-17 WHO LIVE IN THEIR HOME. PARTICIPANTS WERE RECRUITED VIA CHILDREN'S HO SPITAL EMAIL LISTS AND SOCIAL MEDIA AND THROUGH EMAIL CAMPAIGNS WITH OUR PARTNERS. ADDITIO NALLY, WE WORKED CLOSELY WITH THE COMMUNITY CAMPUS PARTNERSHIP (CCP), A NONPROFIT ORGANIZA TION THAT FOSTERS COLLABORATIO</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	<p>NS BETWEEN THE ANSCHUTZ MEDICAL CAMPUS AND THE SURROUNDING AURORA COMMUNITY NEIGHBORHOODS TO IMPROVE THE HEALTH AND ECONOMIC WELL-BEING OF THE AURORA COMMUNITY. MEMBERS OF THE CCP' S RESIDENT LEADERSHIP COUNCIL, WHO ALL RESIDE NEAR THE MAIN CAMPUS, WERE RECRUITED TO COND UCT THE SURVEYS IN ADDITIONAL LANGUAGES AND TRANSLATE THE RESPONSES. THEY GREATLY EXPANDED OUR ACCESS TO NON-ENGLISH SPEAKERS WHO RESIDE IN THE THREE ZIP CODES CLOSE TO THE HOSPITA L. IN 2018, ADDITIONAL DEMOGRAPHIC QUESTIONS WERE ADDED TO THE PARENT SURVEY. THIS ALLOWED US 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 SPAN ISH LANGUAGE SURVEY RESPONSES. NEXT, WE SORTED RESULTS BY COUNTY AS WELL AS BY INCOME LEVE LS TO DETERMINE SIGNIFICANT VARIATIONS IN THE ISSUES IDENTIFIED AS TOP CONCERNS. THIS APPR OACH PERMITTED THE TEAM TO GAIN INSIGHT INTO A LARGE CROSS SECTION OF THE POPULATION. IN A LL, 582 RESIDENTS OF OUR FOUR-COUNTY COMMUNITY RESPONDED TO THE SURVEY; 409 IN ENGLISH AND 173 IN SPANISH. THE FOUR COUNTIES WERE FAIRLY EQUALLY REPRESENTED IN THE TOTAL RESPONSES. ONLINE PROVIDER SURVEY. THE PROVIDER SURVEY WAS A NEW ADDITION TO OUR DATA COLLECTION EFF ORTS THIS YEAR AND ALLOWED US TO HEAR DIRECTLY FROM HEALTH CARE WORKERS ABOUT THE COMMUNIT Y NEEDS THEY ARE SEEING IN THEIR PRACTICES. WE HAD 108 PROVIDER RESPONSES FROM PHYSICIANS, SCHOOL NURSES AND OTHER HEALTH CARE PROVIDERS. UNDERSERVED POPULATION INPUT. AS PART OF T HIS ASSESSMENT, WE PRIORITIZED GETTING INPUT FROM UNDERSERVED POPULATIONS INCLUDING LOW-IN COME AND MINORITY GROUPS AND GROUPS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH. STAKEHOLDER INT ERVIEWS WERE CONDUCTED WITH LEADERS OF ORGANIZATIONS THAT SERVE AND/OR ADVOCATE FOR UNDERS ERVED GROUPS. SPECIFIC ORGANIZATIONS IDENTIFIED IN THE CHNA. THE TEAM WORKED WITH COMMUNIT Y PARTNERS TO ENSURE THAT THE PARENT SURVEY REACHED A SOCIO-ECONOMICALLY AND ETHNICALLY DI VERSE POPULATION. 60% OF OUR RESPONDENTS HAVE A HOUSEHOLD INCOME THAT IS LESS THAN THE STA TE'S AVERAGE HOUSEHOLD INCOME OF \$75,000 AND 21% HAVE HOUSEHOLD INCOMES OF LESS THAN \$25,0 00. 65% OF OUR RESPONDENTS ARE ETHNIC MINORITIES. ADDITIONAL DETAILS AVAILABLE IN THE CHNA .</p>

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 in 2018 CHILDREN'S 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 THE 2018 CHNA. WHILE OUR NETWORK SERVES CHILDREN IN A SEVEN-STATE REGION, FOR THE PURPOSES OF THE 2018 CHNA WE DEFINED COMMUNITY AS ALL CHILDREN LIVING IN THE FOUR-COUNTY AREA FROM WHICH MOST OF OUR PATIENT POPULATION IS DRAWN AND IN WHICH WE HAVE FACILITIES. THIS INCLUDES DENVER, DOUGLAS, ADAMS AND ARAPAHOE COUNTIES. LOCATED WITHIN A 50 MILE RADIUS OF EACH OTHER. IN 2018, WE HAD MORE THAN 15,000 INPATIENT ADMISSIONS, approximately 600,000 OUTPATIENT VISITS, AND MORE THAN 160,000 EMERGENCY DEPARTMENT AND URGENT CARE VISITS. 60% OF ALL VISITS FOR ALL LOCATIONS WERE FROM PATIENTS WHO RESIDE IN DENVER, DOUGLAS, ADAMS AND ARAPAHOE COUNTIES.

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 500 PHYSICAL COPIES HAVE BEEN DISTRIBUTED TO THE COMMUNITY SINCE DECEMBER 2018. AS PART OF THE CHNA COMMUNICATION PLAN CHILDRENS 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 TO THE LARGER COMMUNITY, UPON THE COMPLETION OF THE IMPLEMENTATION STRATEGY, ADDITIONAL MATERIALS were MADE AVAILABLE IN VARIOUS FORMATS TO SUMMARIZE BOTH THE CHNA AND ACCOMPANYING PLAN. 2018 CHNA: https://www.childrenscolorado.org/community/community-health/community-health-needs-assessment/

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	<p>THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11 APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A: IN 2018, AS PART OF OUR COMMITMENT TO BE AN ACTIVE PARTNER IN THE COMMUNITY THAT GOES WELL BEYOND THE PROVISION OF PATIENT CARE, WE CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT. THE GOAL OF THE ASSESSMENT WAS TO BETTER UNDERSTAND THE CONCERNS AND PRIORITIES OF THE FAMILIES WE SERVE, THE COMMUNITY ORGANIZATIONS WE PARTNER WITH, AND THE PROVIDERS WHO WORK WITH OUR PATIENTS. THE 2018 COMMUNITY NEEDS HEALTH ASSESSMENT, WHICH SUMMARIZES THESE FINDINGS, CAN BE FOUND AT HTTPS://WWW.CHILDRENSCOLORADO.ORG/COMMUNITY/COMMUNITYHEALTH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/. THE CHNA WAS APPROVED BY THE CHCO BOARD OF DIRECTORS IN DECEMBER 2018. THE SUBSEQUENT COMMUNITY HEALTH ACTION PLAN (CHAP) COMPLETED IN 2019 SERVES AS THE FOUNDATION AND ROADMAP TO ADDRESS THE FIVE PRIORITY NEEDS IDENTIFIED IN THE CHNA. THE PLAN OUTLINES OUR THREE-YEAR GOALS FOR EACH OF THOSE PRIORITIES AND DETAILS THE STRATEGIES WE PLAN TO USE TO TACKLE THESE COMPLEX ISSUES. TO CREATE THE IMPLEMENTATION PLAN, CHILDREN'S HOSPITAL COLORADO USED THE INFORMATION GATHERED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT AS THE MAJOR SOURCE OF INFORMATION AND INCORPORATED ADDITIONAL INSIGHTS FROM PLANNING DISCUSSIONS WITH COMMUNITY PARTNERS. WE ALSO DECIDED TO FOCUS OUR WORK ON FIVE TYPES OF ACTIVITIES. WE BELIEVE THESE ACTIVITIES HAVE THE MOST POTENTIAL TO IMPACT CHILD HEALTH OUTCOMES AND WILL MAKE OUR WORK MORE EFFICIENT AND EFFECTIVE. STRATEGIES INCLUDE; EDUCATION AND TRAINING, DIRECT SERVICES AND SUPPORT, SCREENING, REFERRALS AND NAVIGATION, AND POLICY AND ADVOCACY. A SERIES OF FIVE STRATEGY SESSIONS WAS CONVENED WITH PROVIDERS, COMMUNITY HEALTH STRATEGISTS AND ADMINISTRATORS. EACH OF THESE SESSIONS FOCUSED ON ONE OF THE FIVE PRIORITY AREAS THAT HAD BEEN SELECTED THROUGH THE CHNA. WITH THE HELP OF AN OUTSIDE FACILITATOR, TEAMS DEVELOPED VISION STATEMENTS, GOALS AND OBJECTIVES FOR EACH PRIORITY. THE OBJECTIVES SELECTED ARE ALL QUANTIFIABLE AND TIME-LIMITED, WHICH WILL ALLOW FOR EFFECTIVE EVALUATION OF OUR EFFORTS IN THE FUTURE. LINK TO THE 2019 COMMUNITY HEALTH ACTION PLAN: HTTPS://WWW.CHILDRENSCOLORADO.ORG/4ADC92/GLOBALASSETS/COMMUNITY/CHILDRENS- HOSPITAL-COLORADO-2019-COMMUNITY-HEALTH-ACTION-PLAN.PDF EVALUATION IS A CRITICAL COMPONENT OF OUR COMMUNITY WORK. THE POPULATION HEALTH EPIDEMIOLOGIST IS RESPONSIBLE FOR COORDINATING THE COLLECTION OF POPULATION HEALTH METRICS TIED TO OUR COMMUNITY HEALTH NEEDS ASSESSMENT THAT IS UTILIZED TO EVALUATE OUR IMPLEMENTATION STRATEGIES AND HEALTH OUTCOMES. THIS WORK IS USED TO INFORM DECISION-MAKING AND PRIORITIZATION OF OUR EFFORTS TO IMPROVE THE HEALTH OF OUR COMMUNITY, BY IDENTIFYING NEIGHBORHOODS AT DISPROPORTIONATE RISK OF INJURY, DISEASE OR OTHER HEALTH CONDITIONS AND INCREASES AWARENESS OF THE SOCIAL DETERMINANTS OF HEALTH IN THE HOSPITAL AND CLINICAL SETTINGS. THE IMPLEMENTATION STRATEGY IS EVALU</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 11	ATED ANNUALLY AND THE FINAL EVALUATION OF THE PREVIOUS IMPLEMENTATION STRATEGY CAN BE FOUN D AT: HTTPS://WWW.CHILDRENSCOLORADO.ORG/4ADCAB/GLOBALASSETS/COMMUNITY/2016-2018- ACTION-PLAN-EVALUATION-REPORT.PDF CHILDREN'S HOSPITAL COLORADO RECOGNIZES THAT THE PUBLIC HEALTH NE EDS OF THE COMMUNITY ARE EXTENSIVE AND INCLUDE MANY ISSUES NOT EXPLICITLY ADDRESSED IN THE IMPLEMENTATION STRATEGY. THROUGH OUR WORK WITH SCHOOLS, PRIMARY CARE, AND COMMUNITY-BASED ORGANIZATIONS AND THE LEGISLATURE, WE WILL REMAIN RESPONSIVE AND CONTINUE TO SEEK OUT INN OVATIVE AND IMPACTFUL WAYS TO CONTRIBUTE TO THE HEALTH OF OUR COMMUNITY.

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)
1 CHILDREN'S HOSPITAL COLORADO-NORTH 469 WEST STATE HIGHWAY 7 Broomfield, CO 80023	UC,SPECIALTY CARE,OBSERVATION REHAB & SPORT THERAPY licensed cmty clinic 18F110
1 CHILDREN'S HOSPITAL CO OP SPECIALTY CARE 4125 BRIARGATE PKWY COLORADO SPRINGS, CO 80920	SPECIALTY CARE, ONCOLOGY CLINICS, URGENT CARE
2 CHILDREN'S HOSPITAL COLORADO-UPTOWN 1830 FRANKLIN ST DENVER, CO 80218	EMERGENCY CARE, UC, OP SPCLTY, DIAGNOSTIC, OBSERVATION licensed cmty clinic 18M127
3 CHILDREN'S HOSPITAL CO THERAPY CARE 8401 ARISTA PLACE BROOMFIELD, CO 80021	OT/PT, SPEECH & AUDIOLOGY SERVICES
4 KIDSTREET 3615 MARTIN LUTHER KING BLVD DENVER, CO 80205	REHABILITATION & THERAPY SERVICES
5 CHILDREN'S HOSPITAL CO THERAPY CARE PRINTERS PARK MEDICAL PLAZA COLORADO SPRINGS, CO 80910	OT/PT, SPEECH & AUDIOLOGY SERVICES
6 CHILDREN'S HOSPITAL CO THERAPY CARE 19284 COTTONWOOD DRIVE PARKER, CO 80138	OT/PT, SPEECH & AUDIOLOGY SERVICES
7 CHILDREN'S HOSPITAL CO THERAPY CARE 9139 S RIDGELINE BLVD 100 HIGHLANDS RANCH, CO 80129	REHABILITATION & THERAPY SERVICES
8 CHILDREN'S HOSPITAL CO UC & OP CARE 3455 LUTHERAN PKWY WHEATRIDGE, CO 80033	URGENT CARE, SPECIALIST CARE SPORTS MEDICINE
9 CHILDREN'S HOSPITAL CO THERAPY CARE 704 FORTINO BLVD STE A PUEBLO, CO 81008	SPEECH THERAPY, LEARNING DISABILITIES
10 CHILDREN'S HOSPITAL CO SPECIALTY CARE 9399 CROWN CREST BLVD PARKER, CO 80138	SPECIALTY CARE, SPORTS MEDICINE
11 CHILDREN'S HOSPITAL CO ORTHOPEDIC CARE 9094 E MINERAL AVE SUITE 110 CENTENNIAL, CO 80112	ORTHOPEDIC CARE, RADIOLOGY SERVICES, SPORTS MEDICINE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

OMB No. 1545-0047

2019

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 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 ▶ 25
- 3 Enter total number of other organizations listed in the line 1 table ▶

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
Crohns & Colitis Foundation of America 733 Third Ave Ste 510 New York, NY 10017	13-6193105	501(c)(3)	6,000	0			GENERAL PROGRAM SUPPORT
March of Dimes PO box 18819 Atlanta, GA 31126	13-1846366	501(c)(3)	10,500	0			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)	31,827	0			GENERAL PROGRAM
Colorado Childrens Campaign Annual Lunch 1580 Lincoln ST Denver, CO 80203	36-2275597	501(c)(3)	10,000	0			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 Botanic Gardens 909 York Street Denver, CO 80206	84-0440359	501(c)(3)	7,500	0			GENERAL PROGRAM SUPPORT
American Heart Association PO Box 1590 Hagerstown, MD 21741	13-5613797	501(c)(3)	15,000	0			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 E First Ave Denver, CO 80206	84-1564926	501(c)(3)	15,000	0			GENERAL PROGRAM
DENVER ZOO 2300 Steele Street Denver, CO 80205	84-0502539	501(c)(3)	80,000	0			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 MUSEUM OF NATURE & SCIENCE 2001 Colorado Blvd Denver, CO 80205	84-0518447	501(c)(3)	10,900	0			GENERAL PROGRAM
REAL COLORADO 8200 South Akron St Centennial, CO 80112	74-2392779	501(c)(3)	30,000	0			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 Kidney Foundation 1391 Speer Blvd Ste 250 Denver, CO 80204	13-1673104	501(c)(3)	6,000	0			GENERAL PROGRAM Support
Colorado College 14 E Cache Colorado Springs, CO 80903	84-0402510	501(c)(3)	11,000	0			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 Colorado Springs, CO 80906	84-0407039	501(c)(3)	81,000	0			GENERAL PROGRAM
Colorado Rush Soccer Club 8101 S Shaffer Pkwy Littleton, CO 80127	84-1411827	501(c)(3)	17,500	0			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
Childrens Museum of Denver 2121 Childrens Museum Dr Denver, CO 80211	84-0658142	501(c)(3)	40,000	0			GENERAL PROGRAM
Young Mens Christian Association 316 N Tejon St Colorado Springs, CO 80903	84-0404266	501(c)(3)	175,000	0			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 2nd Ave Aurora, CO 80011	84-0427063	501(c)(3)	75,000	0			GENERAL PROGRAM
Gold Crown Foundation 1743 Wazee Street Ste 300 Denver, CO 80202	74-2422126	501(c)(3)	45,000	0			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
Childrens Museum of Cheyenne PO Box 92 Cheyenne, WY 82003	46-3766788	501(c)(3)	12,500	0			GENERAL PROGRAM
Cheyenne Frontier Days PO Box 2477 Cheyenne, WY 82003	83-0297781	501(c)(3)	18,300	0			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	501(c)(3)	18,000	0			GENERAL PROGRAM
Ronald McDonald House Charities 4223 Royal Pine Colorado Springs, CO 80920	84-1013843	501(c)(3)	14,500	0			

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 Springs Philharmonic Orchestra PO Box 1266 Colorado Springs, CO 80901	74-3091110	501(c)(3)	10,000	0			
WOW Childrens Museum World of Wonder 110 N Harrison Ave Lafayette, CO 80026	84-1421537	501(c)(3)	10,000	0			

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 Springs Conservatory 415 S Sahwatch Colorado Springs, CO 80903	84-1502211	501(c)(3)	10,000	0			

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization CHILDREN'S HOSPITAL COLORADO		Employer identification number 84-0166760

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
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?		5a	No
b Any related organization?		5b	No
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?		6a	No
b Any related organization?		6b	No
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.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		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 4B	THE FOLLOWING INDIVIDUALS RECEIVED PAYOUTS FROM A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN: SUZANNE JAEGER \$ 57,064 GREGORY RAYMOND \$ 38,274 JEFFREY HARRINGTON \$ 84,614 JENA HAUSMANN \$125,909 PATRICIA GIVENS \$ 59,788 MICHELLE LUCERO \$ 72,012 ELIZABETH RODRIGUEZ \$ 68,565 MARGARET SABIN \$ 80,160
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				
1GREGORY RAYMOND SVP COLORADO SPRINGS COO	(i)	280,783	104,758	39,668	95,114	20,947	541,270	38,274
	(ii)	0	0	0	0	0	0	0
1MICHELLE LUCERO CHIEF LEGAL OFFICER/SECRETARY	(i)	422,230	136,972	78,168	132,064	15,096	784,530	72,012
	(ii)	0	0	0	0	0	0	0
2DAVID BIGGERSTAFF EVP AND COO	(i)	594,848	266,916	3,145	173,041	23,473	1,061,423	0
	(ii)	0	0	0	0	0	0	0
3SUZANNE JAEGER SVP CHIEF PATIENT EXP & ACCESS	(i)	312,825	105,225	61,708	114,447	20,947	615,152	57,064
	(ii)	0	0	0	0	0	0	0
4JEFFREY HARRINGTON SVP AND CFO	(i)	569,791	218,595	89,042	154,703	20,947	1,053,078	84,614
	(ii)	0	0	0	0	0	0	0
5RAPHE SCHWARTZ SVP AND CHIEF STRATEGY OFFICER	(i)	384,351	141,778	2,003	111,740	20,947	660,819	0
	(ii)	0	0	0	0	0	0	0
6PATRICIA GIVENS SVP CHIEF NURSING EXECUTIVE	(i)	327,105	108,855	67,110	96,533	18	599,621	59,788
	(ii)	0	0	0	0	0	0	0
7DANA MOORE SVP AND CIO	(i)	449,026	182,590	6,733	138,566	23,473	800,388	0
	(ii)	0	0	0	0	0	0	0
8JENA HAUSMANN PRESIDENT AND CEO	(i)	979,515	560,952	128,251	282,448	23,473	1,974,639	125,909
	(ii)	0	0	0	0	0	0	0
9ELIZABETH RODRIGUEZ SVP CHIEF HR OFFICER	(i)	371,933	84,000	81,773	105,704	23,473	666,883	68,565
	(ii)	0	0	0	0	0	0	0
10MARGARET SABIN SVP COLORADO SPRINGS PRESIDENT	(i)	431,020	0	88,463	137,964	5,934	663,381	80,160
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 2018 - 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	08-14-2013	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	142,880,000		0		236,645,000		20,665,000	
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		80,000,000	
11	Other spent proceeds	256,250,000		0		110,355,000		119,204,821	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2008		2012		2013		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		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		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

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

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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
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		X		X		X	

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 was 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 is 11.8929 YEARS. BOND B - HOSPITAL REVENUE BONDS SERIES 2010A THE PURPOSE OF THIS BOND ISSUE was 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 was 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 was 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 was TO FINANCE LONG-TERM PROJECTS. Bond B (2) - Hospital Revenue Bonds Series 2019 The purpose of this bond issue is to refund series 2013B, 2013C1 and 2013C2 bonds. SCHEDULE K, PART IV, LINE 2C BOND A - HOSPITAL REVENUE BONDS SERIES 2008 - JULY 31, 2018 BOND B - HOSPITAL REVENUE BONDS SERIES 2010A - OCTOBER 12, 2016 BOND C - HOSPITAL REVENUE BONDS SERIES 2013 - MAY 23, 2018

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

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
B COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648FMY7	11-04-2019	235,360,000	SERIES 2019 - SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	70,300,000		235,360,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	300,000		408,677					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	70,000,000		0					
11	Other spent proceeds	0		234,951,323					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2019		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X				

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	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				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

CHILDREN'S HOSPITAL COLORADO

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, COLORADO SPRINGS HOSPITAL 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>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>RESPIRATORY CARE AT CHILDREN'S HOSPITAL COLORADO, RESPIRATORY CARE IS PART OF THE BREATHIN G INSTITUTE SERVICE LINE. THIS DEPARTMENT CARES FOR A DIVERSE PATIENT POPULATION FROM AROUND THE UNITED STATES, RANGING IN AGE FROM BIRTH TO EARLY ADULTHOOD. WE PROVIDE CARE AT THREE INPATIENT FACILITIES, FOUR EMERGENCY DEPARTMENTS, SEVEN OUTPATIENT CLINIC LOCATIONS, AND THREE OUTREACH CLINICS IN ADDITION TO OUR GROWING TELEMEDICINE OUTREACH. IN 2019, WE CARED FOR 51% OF PATIENTS FROM BIRTH TO AGE 18 HOSPITALIZED FOR RESPIRATORY DISEASE IN COLORADO AND 65% OF THOSE HOSPITALIZED WITH THE MOST SEVERE RESPIRATORY DISEASE. THE RESPIRATORY CARE TEAM INCLUDES 22 PEDIATRIC PULMONOLOGISTS, 6 PEDIATRIC SLEEP MEDICINE PHYSICIANS, 2 ALLERGISTS, 15 ADVANCED PRACTICE PROVIDERS, AND 21 OUTPATIENT NURSES. THE MULTIDISCIPLINARY CARE TEAM ALSO INCLUDES RESPIRATORY THERAPISTS, SOCIAL WORKERS, REGISTERED DIETICIANS, PHYSICAL AND SPEECH THERAPISTS, PSYCHOLOGISTS, AND HEALTH NAVIGATORS. IN 2019, THE BREATHIN G INSTITUTE HAD 16,675 OUTPATIENT VISITS (11% DECREASE FROM 2018), 4,134 INPATIENT DISCHARGES (14% INCREASE FROM 2018), AND PERFORMED 672 BRONCHOSCOPIES (88% INCREASE FROM 2018), 11 LARYNGOSCOPIES (50% DECREASE FROM 2018), AND 4,416 SLEEP STUDIES (7% INCREASE FROM 2018). IN 2019, THE RESPIRATORY CARE TEAM DEDICATED FOCUSED RESOURCES TO QUALITY IMPROVEMENT, ADVOCACY, AND HEALTHCARE PROVIDER EDUCATION. FOUR OF THOSE PROJECTS HAVE YIELDED STRONG RESULTS AND ARE DESCRIBED BELOW AS OUR 2019 ACCOMPLISHMENTS. QUALITY INITIATIVE IMPROVING SCHOOL READINESS FOR STUDENTS WITH ASTHMA AS THE MOST COMMON CHRONIC DISEASE OF CHILDHOOD, AS ASTHMA CAUSES 13.8 MILLION DAYS OF MISSED SCHOOL EACH YEAR IN THE UNITED STATES. WRITTEN HOME MANAGEMENT PLANS ARE RECOMMENDED FOR ALL ASTHMA PATIENTS BY THE US NATIONAL HEART, LUNG, AND BLOOD INSTITUTE'S NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM AS WELL AS THE GLOBAL INITIATIVE FOR ASTHMA AS AN EVIDENCE-BASED WAY TO IMPROVE HEALTH OUTCOMES FOR CHILDREN AND ADULTS WITH ASTHMA. THESE PLANS SERVE AS EDUCATIONAL TOOLS FOR PATIENTS AND FAMILIES AND A WAY TO COORDINATE CARE BETWEEN HEALTHCARE PROVIDERS AND SCHOOLS. IN AN EFFORT TO PROVIDE INTERACTIVE EDUCATION TO PATIENTS AND FAMILIES AS WELL AS ENSURE THAT PATIENTS HAD A SCHOOL-APPROVED ASTHMA ACTION PLAN, PROVIDERS AND STAFF HOSTED THE BACK TO SCHOOL ASTHMA OLYMPICS IN THE SUMMER OF 2019. SESSIONS WERE HELD IN AURORA, COLORADO AND COLORADO SPRINGS, COLORADO AND INCLUDED EDUCATIONAL GAMES AND ACTIVITIES FOR PATIENTS, SIBLINGS, AND CAREGIVERS. WITH FUNDING FROM THE CHILDREN'S HOSPITAL COLORADO BREATHING INSTITUTE, EACH EVENT ALSO INCLUDED LUNCH AND SCHOOL SUPPLIES FOR ALL ATTENDEES. HEALTHCARE ADVOCACY REDUCING YOUTH ACCESS TO TOBACCO PRODUCTS AFTER DECADES OF PROGRESS IN REDUCING RATES OF TOBACCO USE AND RELATED MORBIDITY AND MORTALITY, THE ENTRANCE OF ELECTRONIC CIGARETTES, OR VAPE PENS, INTO THE MARKET BROUGHT HUGE CHANGES TO ONE OF THE LARGEST PUBLIC HEALTH CONCERNS OF THE LAST CENTURY. DATA RELEASED IN</p>

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FORM 990, PART III, LINE 4A	<p>2018 SHOWED THAT WHILE TEEN CIGARETTE USE REMAINED LOW, YOUTH VAPING HAD EXPLODED. COLORADO NOT ONLY HAD THE HIGHEST YOUTH VAPING RATE (26%) OF ANY STATE IN THE COUNTRY, BUT IT WAS TWICE THE NATIONAL AVERAGE (13%). ADDITIONALLY, YOUTH IN OUR STATE REPORTED THAT IT WAS EASIER TO ACCESS VAPE PRODUCTS THAN TRADITIONAL CIGARETTES. IN PARTNERSHIP WITH MANY COMMUNITY PARTNERS, CHILDREN'S HOSPITAL COLORADO ADVOCATED FOR TWO CHANGES TO EXISTING COLORADO LAW TO REDUCE YOUTH TOBACCO USE. HOUSE BILL 19-1076 UPDATED THE COLORADO CLEAN INDOOR AIR ACT TO INCLUDE VAPING AND ELIMINATE SOME PREVIOUS EXCLUSIONS, SUCH AS NURSING HOMES. THIS BILL WAS SIGNED INTO LAW ON MAY 29, 2019. WE ALSO HELPED CHAMPION HOUSE BILL 19-1033, WHICH UPDATED STATE LAW RELATED TO LOCAL REGULATION OF NICOTINE PRODUCTS. WITH ITS PASSAGE, LOCAL GOVERNMENTS ARE NOW ABLE TO REGULATE TOBACCO AND NICOTINE PRODUCTS MORE STRICTLY THAN THAT STATE WITHOUT FORFEITING STATE TOBACCO TAX REVENUE. IT WAS SIGNED INTO LAW ON MARCH 28, 2019. PULMONARY FACULTY AND STAFF PROVIDED TESTIMONY AT THE COLORADO LEGISLATURE AND HELPED INFORM THE PUBLIC THROUGH MEDIA INTERVIEWS. HEALTHCARE PROVIDER EDUCATION JUST IN TIME EDUCATION ON TOPICS IMPACTING LUNG HEALTH ACROSS THE LIFE COURSE IT IS ESTIMATED THAT MEDICAL KNOWLEDGE DOUBLES EVERY FEW MONTHS, MAKING IT DIFFICULT FOR HEALTH PROFESSIONALS TO KEEP UP. THE BREATHING INSTITUTE AT CHILDREN'S HOSPITAL COLORADO NOW HOSTS AN ANNUAL CONFERENCE CALLED BREATHE BETTER: PROMOTING HEALTHY LUNGS TOGETHER FOR A LIFETIME. THIS EDUCATIONAL EVENT BRINGS TOGETHER A MULTIDISCIPLINARY GROUP OF PHYSICIANS, ADVANCED PRACTICE PROVIDERS, NURSES, RESPIRATORY THERAPISTS, COMMUNITY HEALTH WORKERS, AND RESEARCHERS TO DISCUSS THE LATEST DEVELOPMENTS IN LUNG HEALTH. IN 2019, CONFERENCE TOPICS INCLUDED ELECTRONIC CIGARETTES AND VAPING, SLEEP AND SCHOOL START TIMES, OUTDOOR AIR POLLUTION, AND CARE COORDINATION WITH SCHOOLS FOR PATIENTS WITH CHRONIC DISEASE. IN ADDITION TO THE FACULTY AND STAFF OF THE BREATHING INSTITUTE, ATTENDEES INCLUDED COMMUNITY-BASED CLINICIANS AND NON-HEALTH CARE PARTNERS SUCH AS THE US EPA AND LOCAL SCHOOL DISTRICTS. THE CONFERENCE INCLUDES NOT ONLY DIDACTIC EDUCATIONAL SESSIONS BUT ALSO TIME FOR COLLABORATION BETWEEN PARTICIPANTS. GRANTS ARE AWARDED TO FUND PROJECTS THAT ORIGINATE FROM BREATHE BETTER. QUALITY INITIATIVE REDUCING THE INCIDENCE OF LARYNGOSPASM DURING BRONCHOSCOPY THE FLEXIBLE FIBEROPTIC BRONCHOSCOPY QUALITY IMPROVEMENT PROJECT RAN FROM 2012 - 2019 AS AN EFFORT TO ASSESS THE RATE OF COMPLICATIONS AND UNPLANNED EVENTS OCCURRING DURING BRONCHOSCOPIES AT CHILDREN'S HOSPITAL COLORADO. THE FIRST STEPS WERE TO MODIFY THE BRONCHOSCOPY NOTE IN THE ELECTRONIC MEDICAL RECORD AND DEVELOP A METHOD FOR THE BRONCHOSCOPY INFORMATION TO AUTOMATICALLY BE LOADED INTO A DATABASE TO ALLOW FOR REAL-TIME DATA TRACKING. AFTER THE BRONCHOSCOPY QUALITY IMPROVEMENT COMMITTEE CONCLUDED THAT THIS SYSTEM ACCURATELY CAPTURED COMPLICATIONS AND UNPLANNED EVENTS, THEY BEGAN TO STUDY THE</p>

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FORM 990, PART III, LINE 4A	<p>DETAILS OF ALL SUCH OCCURRENCES. ONE COMPLICATION THAT OCCURRED MORE OFTEN THAN MOST WAS LARYNGOSPASM, SO THE COMMITTEE STARTED AN INVESTIGATION OF SPECIFIC CASES WHERE LARYNGOSPASM HAD INTERFERED WITH THE PROCEDURE. THE INITIAL RATE OF LARYNGOSPASM IN 2013 WAS 1.9% OF ALL FLEXIBLE BRONCHOSCOPIES IN THE DATABASE. LOOKING FOR A ROOT CAUSE OF THE CAUSE OF LARYNGOSPASM IN THESE PATIENTS, WE DISCOVERED THAT THE STANDARD OPERATING PROCEDURE AT CHCO FOR LIDOCAINE ADMINISTRATION WAS PROBABLY TOO LOW: 3 MG/KG IN OUR PROCEDURE GUIDELINES COMPARED TO 7 MG/KG RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS GUIDELINES. USING QUALITY IMPROVEMENT METHODOLOGY, LITERATURE REVIEWS, AND PROVIDER AND RESPIRATORY THERAPIST EDUCATION, THE PROJECT WAS SUCCESSFUL AT LOWERING THE RATE OF LARYNGOSPASM DURING BRONCHOSCOPIES TO 1.2% IN 2019. WHILE THE COMMITTEE HAS NOT BEEN SUCCESSFUL IN ELIMINATING ALL UNPLANNED EVENTS DURING BRONCHOSCOPIES PERFORMED AT CHILDREN'S HOSPITAL COLORADO, STRONG GROUNDWORK HAS BEEN LAID FOR FUTURE WORK.</p>

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FORM 990, PART III, LINE 4A, CONT.	<p>NEONATOLOGY FOR MORE THAN 50 YEARS, THE NEONATAL INTENSIVE CARE UNIT (NICU) AT CHILDREN'S HOSPITAL 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), AT CHILDREN'S HOSPITAL COLORADO, PROVIDES 82 CRITICAL CARE BEDS SPECIFICALLY FOR THIS PATIENT POPULATION. THE NICU PROVIDES EXCELLENT CARE FOR INFANTS THROUGHOUT COLORADO AND OUR 7-STATE REGION. CHILDREN'S HOSPITAL COLORADO 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 400 OF THESE INFANTS REQUIRE SURGERY WHILE IN THE NICU. THIS HIGH VOLUME PROVIDES A DEEPER LEVEL OF EXPERIENCE AND EXPERTISE TO CARE FOR RARE AND COMPLEX CONDITIONS. THE NICU AT CHILDREN'S HOSPITAL COLORADO TREATS ANY CONDITION, REGARDLESS OF HOW RARE OR COMPLEX. THE NICU CARES FOR BOTH PREMATURE AND TERM INFANTS WITH A VARIETY OF CONDITIONS, INCLUDING HYPOXIC RESPIRATORY FAILURE, INFECTIONS, HEMATOLOGICAL, NEUROLOGICAL, CARDIOVASCULAR AND METABOLIC DISORDERS. INFANTS WITH SINGLE MAJOR OR MULTIPLE ANOMALIES REQUIRING DIAGNOSTIC EVALUATION OR SURGICAL INTERVENTION ARE OFTEN TREATED IN THE NICU. THE NEONATOLOGY TEAM HAS 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 PHD RESEARCH FACULTY PUBLISHED 80 ARTICLES IN 2019. THIS RESEARCH AND COLLABORATIVE APPROACH HAVE 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, PRIMARY NURSING AND A FAMILY-CENTERED CARE APPROACH. THEY ARE ENCOURAGED TO PARTICIPATE IN DAILY ROUNDS AND IN ALL ASPECTS OF CARE. THERE IS A FAMILY ADVISORY COUNCIL TO SUPPORT CURRENT FAMILIES AND PROVIDE PERSPECTIVE ON THE PATIENT EXPERIENCE. THE CLINICAL CARE TEAM IN THE NICU IS COMPRISED OF NEONATOLOGISTS, NEONATAL NURSE PRACTITIONERS, SPECIALLY TRAINED NURSES, RESPIRATORY THERAPISTS, PHARMACISTS, PHYSICAL, SPEECH AND OCCUPATIONAL THERAPISTS, LACTATION SPECIALISTS, NEONATAL NUTRITION, SOCIAL WORK, CHAPLAINS AND CASE MANAGERS. SPECIALTY CONSULTANTS INCLUDE NEUROLOGY, PULMONOLOGY, GENETICS, GASTROENTEROLOGY, NUTRITION, METABOLIC, ENDOCRINOLOGY, HEMATOLOGY, CARDIOLOGY AND CARDIOVASCULAR SURGERY, GENERAL PEDIATRIC SURGERY, RENAL, OPHTHALMOLOGY, ORTHOPEDICS AND EAR, NOSE AND THROAT SPECIALISTS. CHILDREN'S HOSPITAL COLORADO NEONATOLOGISTS HAVE DIVERSE EXPERTISE CARING FOR AN ARRAY OF COMPLEX CONDITIONS. THE SECTION OF NEONATOL</p>

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FORM 990, PART III, LINE 4A, CONT.	<p>OGY PROVIDES FULL CLINICAL SUPPORT FOR INFANTS AND THEIR FAMILIES AT MULTIPLE HOSPITALS IN THE DENVER METROPOLITAN AREA INCLUDING CHILDREN'S HOSPITAL COLORADO, UNIVERSITY OF COLORADO HOSPITAL AND DENVER HEALTH MEDICAL CENTER. THE 33 BOARD-CERTIFIED NEONATOLOGISTS ARE NATIONALLY AND INTERNATIONALLY RECOGNIZED LEADERS IN NEONATAL CARE AS WELL AS CLINICAL AND SCIENTIFIC RESEARCH. WITH ADVANCES IN TECHNOLOGY, THE NICU TEAM CAN PROVIDE TELECONFERENCING FOR REFERRING PROVIDERS AND/OR PARENTS WHO MAY NOT BE PRESENT TO PROVIDE OPTIMAL COMMUNICATION. THEY CAN ALSO PROVIDE TELE-NICU SERVICES TO HOSPITALS IN RURAL AREAS TO ENSURE THOSE INFANTS ARE PROPERLY TREATED IN THEIR HOME COMMUNITY AND TRANSFERRED ONLY WHEN APPROPRIATE. THE NICU TEAM CONTINUOUSLY REVIEWS QUALITY AND PATIENT SAFETY DATA FOCUSING ON EXCELLENCE IN PATIENT OUTCOMES. THE NICU LEADERSHIP 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 IDENTIFYING OPPORTUNITIES AND CREATIVE IDEAS FOR IMPROVEMENT. THE NICU TEAM PROMOTES THE SAFEST ENVIRONMENT POSSIBLE WITH KEY COMMUNICATION IN SAFETY HUDDLES EACH SHIFT TO REVIEW DETAILS OF OUR SAFETY AND QUALITY IMPROVEMENT WORK. OPTIMAL COMMUNICATION WITH A LARGE MULTIDISCIPLINARY TEAM IS ONE OF OUR KEY STRATEGIES TO PROMOTE THE HIGHEST QUALITY CARE POSSIBLE. IN ADDITION, THE CHILDREN'S HOSPITAL NICU IS CONSISTENTLY RANKED AMONG THE BEST IN NEONATAL CARE PROGRAMS BY THE US NEWS AND WORLD REPORT. 2020 NICU QUALITY AND PROCESS IMPROVEMENT INITIATIVES:</p> <ul style="list-style-type: none"> MAINTAINING OR INCREASING THE FAMILY EXPERIENCE SATISFACTION SCORE OF 83% IN 2019. THE HOSPITAL GOAL IS 80-85%. THE NICU IS INVOLVED IN A REGIONAL COLLABORATIVE TO IMPROVE FAMILY ENGAGEMENT AND SATISFACTION WITHIN NICU'S. PRIMARY NURSING FOR PATIENTS AND FAMILIES REMAINS A KEY MODEL OF CARE WITHIN THE NICU. THE NICU CONTINUES WORK WITH A LARGE NATIONAL QUALITY IMPROVEMENT INITIATIVE WITH CHILDREN'S HOSPITAL NEONATAL CONSORTIUM (CHNC) FOCUSING ON THE STANDARDIZATION OF PRE-OPERATIVE, POST-OP HANDOFF, FOLLOWING SPECIFIC CLINICAL QUALITY MEASURES OF THE SURGICAL NEONATE. ONGOING KEY QUALITY INITIATIVES INCLUDE FOCUSING ON DECREASING UNPLANNED EXTUBATIONS, PATIENT IDENTIFICATION EVENTS, PRESSURE INJURIES, MEDICATION ERRORS AND PERIPHERAL INTRAVENOUS CATHETER EXTRAVASATIONS. THERE IS MAJOR FOCUS ON HAND WASHING COMPLIANCE AND KEY STRATEGIES FOR CONSISTENT INFECTION PREVENTION STRATEGIES WITHIN THE NICU AND AMONG THE LARGE MULTIDISCIPLINARY TEAM. CONTINUE A MAJOR FOCUS ON THE PREVENTION OF CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI). OUR GOAL IS TO DECREASE AND SUSTAIN A CLABSI GOAL OF LESS THAN 1/1000-LINE DAYS IN 2020. STAFF COMPLIANCE TO THE CLABSI BUNDLE PREVENTION MEASURES IS FOLLOWED CLOSELY, WITH A GOAL OF COMPLIANCE GREATER THAN 90% EACH WEEK. THE LACTATION TEAM FOCUSES ON THE GOAL OF GREATER THAN 90% OF NICU INFANTS RECEIVING BREAST MILK WHILE HOSPITALIZED AND

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Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONT.	<p>UPON DISCHARGE. . FOLLOWING CLINICAL OUTCOMES OF INFANTS DELIVERED IN THE MATERNAL FETAL CARE UNIT AT CHCO AND TRANSFERRED TO THE CHCO NICU . TRENDING DATA FROM CODES/RESUSCITATIONS IN THE NICU WITH PROCESSES IDENTIFIED FOR IMPROVEMENT INCLUDING CODE SIMULATIONS AND STANDARDIZATION OF PROCESSES WITHIN THE TEAM. . A STANDARDIZED, EVIDENCED BASED APPROACH TO CARING FOR INFANTS IN THE SMALL BABY UNIT WITHIN THE NICU. KEY CLINICAL OUTCOMES ARE TRACKED FOR THIS PATIENT POPULATION. . CLOSE FOLLOW UP OF INFANTS TREATED WITH HYPOTHERMIC THERAPY FOR NEONATAL ENCEPHALOPATHY, UNIQUE VENTILATION STRATEGIES, EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO), INHALED NITRIC OXIDE (INO) AND RENAL DIALYSIS. NEUROSCIENCES CHILDREN'S HOSPITAL COLORADO'S (CHCO) NEUROSCIENCE INSTITUTE (NSI) HAS ONE OF THE BEST PEDIATRIC DEVELOPMENTAL PEDIATRICS, NEUROLOGY, AND NEUROSURGERY PROGRAMS IN THE COUNTRY. WE HAVE CONSISTENTLY RANKED AMONG THE TOP 15 PROGRAMS BY US NEWS & WORLD REPORT. THE NSI PROVIDES EVALUATION AND TREATMENT OF NEUROLOGICAL DISORDERS, PARENT AND PATIENT EDUCATION, AND INPATIENT AND OUTPATIENT TREATMENTS, THERAPIES AND PROCEDURES. OUR NEUROLOGY TEAM IS SPECIALLY TRAINED TO DIAGNOSE AND TREAT DISORDERS OF THE BRAIN AND NERVOUS SYSTEM, CARING FOR KIDS WITH CONDITIONS LIKE STROKE, NEUROMUSCULAR DISORDERS, MOVEMENT DISORDERS, NEUROMETABOLIC DISORDERS, EPILEPSY, AND MIGRAINES. OUR NEUROSURGERY TEAM PROVIDES SURGICAL TREATMENT FOR ALL TYPES OF DISORDERS AFFECTING THE BRAIN, SPINAL CORD AND SKULL INCLUDING EPILEPSY, HYDROCEPHALUS, TRAUMATIC INJURY, BRAIN TUMORS, SPINA BIFIDA, AND FACIAL AND SKULL DEFORMITIES. OUR DEVELOPMENTAL PEDIATRICS TEAM SEES CHILDREN WITH A VARIETY OF DEVELOPMENTAL AND NEUROBEHAVIORAL DIFFERENCES SUCH AS AUTISM SPECTRUM DISORDERS, X&Y CHROMOSOME VARIATIONS, FRAGILE X AND DEVELOPMENTAL DELAYS. NSI INCLUDES MORE THAN 50 PHYSICIANS, 25 ADVANCED PRACTICE PROVIDERS, 30 PSYCHOLOGISTS ACROSS 8 CHILDREN'S SITES AS WELL AS 7 OUTREACH SITES ACROSS COLORADO AND A GROWING TELEMEDICINE PRACTICE. THE CLINICAL CARE TEAM IS COMPRISED OF NEUROLOGISTS, NEUROSURGEONS, DEVELOPMENTAL PEDIATRICIANS, NEUROPSYCHOLOGISTS, PSYCHOLOGISTS, ADVANCED PRACTICE PROVIDERS, AS WELL AS SPECIALLY TRAINED NURSES, GENETIC COUNSELORS, SOCIAL WORKERS, NUTRITIONISTS, PHARMACISTS, AND PHYSICAL, SPEECH AND OCCUPATIONAL THERAPISTS. OUR CHILDREN'S SITES INCLUDE ANSCHUTZ, COS/BRIARGATE, NORTH/BROOMFIELD, PARKER, UPTOWN, WHEATRIDGE, SOUTH, HIGHLANDS RANCH THERAPY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONT.	<p>THE NSI TREATED 34,949 PATIENT VISITS IN 2019, SERVING THE COLORADO COMMUNITY AND OUR 7-STATE REGION. OUR ANSCHUTZ FACILITY LOCATION ALONE SAW 22,041 VISITS, AND WE SEE PATIENTS AT EIGHT OF CHCO'S NETWORK SITES. NSI CONTINUED TO INCREASE THE NUMBER OF TELEMEDICINE VISITS TO 295 (FROM 189 IN 2018) AND SAW ALMOST 500 PATIENT VISITS IN EIGHT OUTREACH CLINICS ACROSS COLORADO. DUE TO THE HIGH DEMAND FOR NSI'S SERVICES, WE HAVE FOCUSED ON EXPANDING OUR OUTREACH AND TELEMEDICINE EFFORTS TO BETTER SERVE PATIENTS ACROSS COLORADO AND THE 7-STATE REGION. INCREASING ACCESS TO CARE FOR NSI'S SPECIALIZED SERVICES IS OUR HIGH PRIORITY TO ENABLE OUR FAMILIES LIVE HEALTHIER LIVES. NSI INPATIENT HAD 9,862 PATIENT DAYS RECORDED IN 2019. THERE WAS A TOTAL OF 1,434 INPATIENT DISCHARGES IN 2019. IN 2019, WE LAUNCHED AN ADMITTING NEUROLOGY SERVICE, THE SILVER TEAM, AND ASSISTED WITH THE PLANNING PROCESS TO BUILD AN INTERVENTIONAL RADIOLOGY SUITE FOR ACUTE STROKE. NATIONAL/REGIONAL PRESENCE: NSI HAS AN OUTREACH PROGRAM REACHING FROM MONTANA TO NEW MEXICO WITH EXTENSIVE PRESENCE IN COLORADO. WE HOST OVER 100 NEUROLOGY OUTREACH CLINICS ANNUALLY ACROSS COLORADO, IN ALAMOSA, DURA NGO, FT. MORGAN, GRAND JUNCTION, MONTROSE, PUEBLO AND STERLING. OUR NEUROLOGISTS PROVIDE EEG READING SERVICES FOR 8 HOSPITALS/MEDICAL CENTERS IN COLORADO, NEBRASKA AND MONTANA. WE EXAMPLE OUR EEG SERVICES TO COLORADO SPRINGS, WITH THE OPENING OF THE NEW HOSPITAL, OPENING A 2 BED EMU WITH THE ABILITY TO EXPAND TO 4 BEDS. OUR DEVELOPMENTAL PEDIATRICS TEAM TRAVELS THROUGHOUT THE STATE TO TRAIN PCPS ON BEST PRACTICES IN DIAGNOSING AND MANAGING PATIENTS WITH AUTISM, PROVIDING RURAL AND FRONTIER OUTREACH CLINICS WITHIN THE STATE, WITH INITIATIVE TO EXPAND THE SITES. WE SELECTED A DEVELOPMENTAL PEDIATRIC PSYCHOLOGIST TO WORK CLOSELY WITH THE PEDIATRIC CARE NETWORK (PCN) PROVIDERS TO EDUCATE THEM ABOUT HOW TO OBTAIN INFORMATION NEEDED TO MAKE A REFERRAL, PROVIDE THEM WITH EASY TO USE TEMPLATES, EXPEDITE ASSESSMENTS, AND PROVIDE FEEDBACK ABOUT THEIR INITIAL IMPRESSION OF THEIR PATIENTS AFTER THE ASSESSMENT IN DEVELOPMENTAL PEDIATRICS, AS A LEARNING MODEL FOR THEM. IN 2019 WE EXPANDED OUR TELEMEDICINE EFFORTS SIGNIFICANTLY, SEEING AN INCREASE OF OVER 50% IN THE NUMBER OF VISITS. THIS EXPANSION INCLUDED THE TELEHEALTH EXPANSION PROVIDING REMOTE AND HOME SERVICES FOR EPILEPSY PATIENTS AND EXPANDED TELEHEALTH VISITS TO RURAL COMMUNITIES FOR INITIAL DEVELOPMENTAL ASSESSMENTS OF PATIENTS TO DETERMINE THE APPROPRIATENESS OF REFERRALS PRIOR TO TRAVELING TO DENVER. WE WERE SUCCESSFUL IN ARRANGING PHYSICIAN LICENSING, CREDENTIALING, AND CONTRACTS IN MONTANA. WE ARE ALSO WORKING TO EXPAND OUR REGIONAL PARTNERSHIPS, INCLUDING ONGOING EXPLORATION OF OUTREACH AND TELEMEDICINE CLINICS IN CASPER, WY. NSI IS ACKNOWLEDGED BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS AS A LEVEL 4 EPILEPSY CENTER. WE ARE RECOGNIZED BY THE INTERNATIONAL FOUNDATION FOR CDKL5 RESEARCH AS CENTER OF EXCELLENCE FOR RETT PATIENTS, DRAWING PATIENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONT.	<p>NATIONALLY TO BE TREATED BY DR. TIM BENKE, AN INTERNATIONAL EXPERT IN THIS AREA. OUR NEURO LOGY COMPLEX DRUGS PROGRAM DRAW PATIENTS FROM AROUND THE REGION TO BE TREATED FOR COMPLEX NEURODEGENERATIVE DISEASES, AND THE PROGRAM HAS BEEN RECOGNIZED AS MODEL FOR CARE FOR THESE TREATMENTS. OUR FACULTY OFFER LOCAL AND REGIONAL CMES AND ORGANIZE AN ANNUAL RETT SYMPOSIUM AND REGULAR SEIZURE SAFETY SCHOOLS FOR PARENTS AND FAMILIES. QUALITY IMPROVEMENT: THE NSI IS COMMITTED TO DEVELOPING QUALITY IMPROVEMENT AS A CORE CLINICAL STRATEGY BY CONTINUALLY ADVANCING THE EFFECTIVENESS, EFFICIENCY, SAFETY, EXPERIENCE AND COORDINATION OF THE CARE IT PROVIDES TO ITS PATIENTS. OUR QUALITY IMPROVEMENT COMMITTEE MEETS MONTHLY TO REVIEW QUALITY AND SAFETY METRICS AND INITIATIVES AND HAS REPRESENTATIVES FROM ALL THREE SECTIONS. NSI HAS NUMEROUS QUALITY AND PROCESS IMPROVEMENT INITIATIVES UNDERWAY IN 2019, INCLUDING THE FOLLOWING: . RESTRUCTURED MONTHLY M&M CONFERENCES FOR FACULTY AND TRAINEES TO MAKE THEM MORE OUTCOME ORIENTED AND TO FACILITATE FOLLOW-UP ON PROGRESS TOWARD AGREED UPON GOALS. . INITIATED STEREOEEG MONITORING PROGRAM TO ASSESS WHETHER THERE IS LOWER MORBIDITY COMPARED TO SUBDURAL GRIDS. . IMPLEMENTED LASER INTERSTITIAL THERMAL THERAPY (LITT) AND RESPONSIVE NEUROSTIMULATION (RNS) FOR FOCAL EPILEPSIES. . DEVELOPED CLINICAL PROTOCOL FOR ED AND INPATIENT TREATMENT WITH DHE FOR HEADACHES. . INITIATED A SPHENOPALATINE GANGLION BLOCK PROTOCOL AND A STATUS MIGRAINOSUS PATHWAY TO BE USED IN THE ED AND INPATIENT TEAMS. . IMPLEMENTED A PARENT SATISFACTION SURVEY AFTER ATTENDING THE NEW ONSET EPILEPSY CLINICS. . OPTIMIZED CLINICAL TEMPLATES TO INCREASE PATIENT ACCESS AND OVERALL CLINIC EFFICIENCY IN NEUROPSYCHOLOGY. . EXAMINED THE FEASIBILITY AND UTILITY OF USING PARENT REPORT SCREENING MEASURES TO INFORM REFERRAL FOR FULL NEUROPSYCHOLOGICAL EVALUATIONS. . DEVELOPED A "PATIENT PASSPORT" FOR NEUROMUSCULAR PATIENT THAT IS INCLUDED AS A PART OF THE AFTER VISIT SUMMARY (AVS) INCLUDING DIAGNOSES, MEDICATIONS, SUBSPECIALIST CONTACT INFORMATION, AND SPECIAL TREATMENT CONSIDERATIONS WHICH CAN BE USED WHEN PATIENTS ARE IN OTHER HEALTH FACILITIES OR EMERGENCY DEPARTMENTS AS A RESULT OF ONGOING QUALITY AND PROCESS IMPROVEMENT INITIATIVES, NSI HAS SEEN THE FOLLOWING OUTCOMES: . DECREASED UTILIZATION OF FREE TEXT ONLY SIGS USED WHEN WRITING PRESCRIPTIONS BY 17.4% IN DEVELOPMENTAL PEDIATRICS. . REDUCED WAIT LIST FOR DEVELOPMENTAL PEDIATRICS CLINIC APPOINTMENTS BY 16.5%. . INSTALLATION OF AN INTERNAL PAGING SYSTEM IN DEVELOPMENTAL PEDIATRICS THAT ALLOWS PROVIDERS TO PAGE MAS AND NURSING OR OTHER AVAILABLE PROVIDERS FOR HELP IN A CRISIS. . EEG RESULTS TURNAROUND TIME: ROUTINE EEGS INTERPRETED WITHIN 36 HOURS MORE THAN 94% OF THE TIME. . IMPROVED SSI RATE FOR BACLOFEN PUMP AND SHUNT CASES. . MAINTAINED HIGH PATIENT SATISFACTION SCORES: 88.2% IN NEUROLOGY; 89.7% IN DEVELOPMENTAL PEDIATRICS; 88.2% IN NEUROLOGY; 85% IN NEUROSURGERY. FORM 990, PART VI, LINE 1A CHILDREN'S HOSPITAL COLORADO'S EXECUTIVE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONT.	COMMITTEE CONSISTS OF THE BOARD CHAIR, CHAIR ELECT, CHIEF EXECUTIVE OFFICER, SECRETARY, BOARD TREASURER, CORPORATE TREASURER, IMMEDIATE PAST CHAIR, 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. 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 ACCTG. & 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 CONFLICTS OF INTEREST 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 AN 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 IS IN CHILDREN'S COLORADO'S 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. 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 - UTILIZED APPROVED PEER GROUP FROM JANUARY 2018 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 2018 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 2019.</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 XI LINE 9	EQUITY TRANSFER FROM CHCS \$ 8,281,240 EQUITY TRANSFER FROM FOUNDATION \$ 28,379,736 CHANGE IN PERPETUAL TRUST \$ 7,195,095 OTHER CHANGES IN NET ASSETS \$ 1,092,884 ----- TOTAL \$ 44,948,955 =====

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:134991720

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 57783594

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING FEES TOTAL FEES:5414070

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:FREIGHT & DELIVERY TOTAL FEES:2406684

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER TOTAL FEES:2429568

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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
(1) CHILDREN'S NORTH SURGERY Center 469 STATE HIGHWAY 7 SUITE 2 BROOMFIELD, CO 80023 26-2394578	O/P SURGERY	CO	1,061,422	2,473,301	CH-COLORADO

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 HOSPITAL 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-COLORAD	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-COLORAD	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	

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
(1) RMCHS MANAGEMENT SERVICES 13123 EAST 16TH AVE AURORA, CO 80045 84-0957415	BILLING	CO	CH-COLORADO	C Corp	3,940,560	115,488	100.000 %	Yes	
(2) PEDIATRIC CARE NETWORK CHCH LLC 13123 EAST 16TH AVE AURORA, CO 80045 81-3554450	HEALTHCARE	CO	CH-COLORADO	C Corp	1,245,397	978,260	100.000 %	Yes	
(3) 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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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) THE CHILDREN'S HOSPITAL FOUNDATION	c	8,496,068	Accrual

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