DLN: 93493318124339 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable Boulder Community Health □ Address change 84-0175870 ☐ Name change Doing business as Boulder Community Hospital ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 9019 E Telephone number ☐ Amended return ☐ Application pending (303) 415-5220 City or town, state or province, country, and ZIP or foreign postal code Boulder, CO  $\,$  803019019  $\,$ G Gross receipts \$ 699,494,213 Name and address of principal officer H(a) Is this a group return for Robert J Vissers President and CEO ☐Yes **☑**No subordinates? PO Box 9019 H(b) Are all subordinates Boulder, CO 803019019 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www bch org L Year of formation 1922 M State of legal domicile CO Summary 1 Briefly describe the organization's mission or most significant activities Partnering to create and care for the healthiest community in the nation Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 15 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 2,948 **6** Total number of volunteers (estimate if necessary) . . . . 6 705 Total unrelated business revenue from Part VIII, column (C), line 12 2,235,988 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,065,359 2,385,388 Ravenua 340,882,255 349,589,866 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 44,012,052 14,863,357 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,098,039 23,145,903 408,057,705 389,984,514 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 259,639 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 192,489,117 197,069,773 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶457,506 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 178,480,045 184,129,551 371,228,801 381,457,208 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 36,828,904 8,527,306 Net Assets or Fund Balances Beginning of Current Year End of Year 731,524,575 708,360,010 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 264,712,333 264,197,084 22 Net assets or fund balances Subtract line 21 from line 20 . 466,812,242 444,162,926 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here William A Munson Jr CFO & Vice President Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ▶ Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Sta	tement of Program Servi	ce Accomplishments			
	Chec	ck if Schedule O contains a resp	onse or note to any line in th	nis Part III		. 🗆
1	Briefly desc	ribe the organization's mission				
To pr	ovide our cor	nmunity the highest value heal	hcare in an innovative, patie	ent-centered environment		
2	_	anization undertake any signific		•		<b>□</b>
		rm 990 or 990-EZ?			🗆 Yes	<b>⊻</b> No
_	•	scribe these new services on Sc				
3	_	anization cease conducting, or r	-		П.,	s ☑ No
					⊔ Yes	s ⊻ No
4		scribe these changes on Schedu				
4	Section 501	e organization's program servic (c)(3) and 501(c)(4) organizati and revenue, if any, for each pro	ons are required to report th			ises
4a	(Code	) (Expenses \$	285,595,872 including gra	ants of \$ 258,133 ) (F	Revenue \$ 370,220,185	)
	See Additiona	al Data				
4b	(Code	) (Expenses \$	ıncludıng gr	ants of \$ ) (I	Revenue \$	)
4c	(Code	) (Expenses \$	ıncludıng gr	ants of \$ ) (I	Revenue \$	)
4d	Other proar	ram services (Describe in Sched	ule O )			
	(Expenses	•	luding grants of \$	0 ) (Revenue \$	0 )	
4e	Total prog	ram service expenses >	285,595,872			
	<del>_</del>	-			Form	990 (2018)

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Form	990 (2018)			Page <b>3</b>
Par	tiV 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
	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 2	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	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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	
е	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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	Yes	
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	

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Yes

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Part V

Pa	Checklist of Required Schedules (continued)			
			Yes	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? <i>If "Yes," complete Schedule J</i>	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
С	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
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? <i>If "Yes," complete Schedule M</i>	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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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1a

1b

Yes

Yes

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Νo

No

9h

12a

13a

14a

14b

15

No

Nο

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10a

10b

11a

11b

12b

13b

13c

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Page **6 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 0. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>					
Se	ction 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 15								
	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 13								
2	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?								
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? .								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .								
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .								
6	Did the organization have members or stockholders?								
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	⊇ Code	e.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	112	Vac						

	the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe 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? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
а	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?	<b>16</b> b	Yes	
Se	ction C. Disclosure			

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

17 18 19 State the name, address, and telephone number of the person who possesses the organization's books and records ►Lisa Rogowski Controller PO Box 9019 Boulder, CO 803019019 (303) 415-5220 20 Form **990** (2018)

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A)  Name and Title  Avera hours week ( any ho for rela			ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

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

(A) (B) (C) (D) (E) (F)

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Par	Section A. Officers, Direct	tors, musices	, key	EIIIP	loye	zes,	, and	nigi	nest co	inpens	ate	a cilipioyees	COIL	mueu)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u an of	ot che unles fficer	neck mess perser and a stee)	rson	Rep comp fro organiz	(D) cortable pensation om the ization (V	<sub>N-</sub>	(E) Reportable compensation from related organizations (	n J (W-	(F Estima amount of compen from	ated of other esation the
		for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensatemployee	Former	2/109	99-MISC	)	2/1099-MISC	-)	organizat relat organiza	ted
		!		1 T			sated								
See	Additional Data Table			<b>†</b>	$\vdash$	$\vdash$	<b>†</b>	T			$\exists$				
		,													
								1_							
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				$\top$	$\vdash$			$\top$			$\exists$				
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		+		+	$\vdash$	$\dagger$		+	†						
	Sub-Total					<u>.                                    </u>	<b> </b>	<u></u>			_				
	Total from continuation sheets to P Total (add lines 1b and 1c)	•					<b>&gt;</b>		7	7,704,413			0		1,184,002
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos					o rec				00,000	-1		
			,			_								Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .	J for such individ	dual .	•	•	•			· .		•	• •	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual											the	4	Yes	13 13 14
5	Did any person listed on line 1a recei services rendered to the organization									ation or i	ındı\ •	/idual for	5		No
	ection B. Independent Contract					_									
1	Complete this table for your five high from the organization Report compe												mpen	sation	
	Name	(A) and business addre	ess								escr	(B) uption of services		(C Comper	
	rite Healthcare Staffing Inc, ox 803356	una sac	200									ng services			1,832,314
Kansa	as City, MO 641803356  der Emergency Physicians									CMC Em	2rge	ncy Room Coverag			1,429,830
	Point PC 5600 S Quebec St									CMC LIII	eryc	ncy Room Coverag	ge	-	.,429,050
Suite	e 312 A nwood Village, CO 80111														
	der Neurosurgical Assoc PLLC									trauma o	call			1	1,124,323
Suite													]		
Bould	der, CO 80303 der Valley Anesthesiology LLC				—					Anesther	ciolo	gy coverage			1,005,071
c/o W	Vendli Walker & Assoc 1 28th St Ste 100									Ancour	31012	JY COVERAGE			.,000,0, _
Bould	der, CO 80303 Ier Ventures					—				Courier		coc			980,198
DBA A 2032 Suite	Action Stat Logistics 35th Ave A 104										<b>3</b> 6	ces			300,22.
	ley, CO 80634 Total number of independent contractor	are (including but	t not lin	nutod	+0 +b	2006	listed		va) who	received	mc		on of		

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 ▶ 29

Part	VIII	Statement of	Revenue							rage <b>3</b>
		Check if Schedul	e O contains a	respo	onse or note to any	line in this Part	VIII .			
						( <b>A)</b> Total revenue		(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from eax under sections
	1a	Federated campaig	ns	1a	0			revenue	L	512 - 514
tributions, Gifts, Grants Other Similar Amounts		• Membership dues	Į.	1b	3,123					
Gra nou		Fundraising events	L	1c	1 0					
, (S		d Related organizatio	Į.	1d	2,012,672					
Gif Ilar		Government grants (co	L	1e	354,334					
ns,		All other contributions	· I							
er S		and similar amounts n above		1f	15,259					
혈	و	Noncash contribution	ons included							
Contributions, and Other Sim										
ರ ಕ		h Total. Add lines 1a	-1f	•	•	2,385,3	38			
Пе					Business		17,743,85	50 347,672	900	0 70,950
Revenue		Acute Care Hospital				622000	1,846,01	<u> </u>	0 1,846,01	
a <u>t</u>	b	Lab Service Revenue				621500	1,040,01	10	1,840,01	0
MCE	c			_						
Se.	d			_						+
ranı	е			_				0	0	0 0
Program Service	f	All other program se	rvice revenue		349.5				1	
		Total. Add lines 2a-2			<u> </u>	, 1				
		Investment income (ii imilar amounts)  .	ncluding divide	-	interest, and other •	8,228	,473	0	o	8,228,473
	4	Income from investme	ent of tax-exe	mpt b	ond proceeds <b>&gt;</b>		,358	0	0	9,358
	5	Royalties			<b>&gt;</b>		0	0	0	0
	_		(ı) Real		(II) Personal	_				
	ьа	Gross rents		0	,					
	b	Less rental expenses		0	(	5				
	_	Rental income or		0		7				
		(loss)								
	d	Net rental income o	r (loss)	•	🕨		0	0	0	0
	<b>7</b> _	Gross amount	(ı) Securit	ies	(II) Other					
	/a	Gross amount from sales of assets other	316,0	00,783	15,530					
	than inventory									
	b	Less cost or								
		other basis and sales expenses		56,499	·	_				
		Gain or (loss)		44,284		B] 6,62!	526	-118,758	0	6,744,284
		Net gain or (loss) . Gross income from fi			<u> </u>	7	,,,,,,	-110,730	0	0,744,204
a Te		(not including \$								
en		contributions reporte See Part IV, line 18		а	] [ 0					
Rev	Ь	Less direct expense	s	ь	0					
er	c	Net income or (loss)	from fundrais	ıng ev	ents		0		0	0
Other Revenue	9a	Gross income from g See Part IV, line 19		es					-	
		See Farety, Inte 15		а	) 					
	b	Less direct expense	s	b	0					
		Net income or (loss)		activit	ies <b>&gt;</b>		0	0	0	0
	10a	Gross sales of invent returns and allowand								
				а	201,743					
	b	Less cost of goods s	sold	b	118,912					
	C	Net income or (loss)		ınvent		8:	,831	82,831	0	0
	11	Miscellaneous			Business Code 621400	7,27	997	7,272,997	O	0
		<b>a</b> Hospital Care Joint \	ventures		021400	, ,,,,,,	.,,,,,,,,	7,272,557		0
	h	Misc Hospital Reveni			622000	15,40	,103	15,310,145	0	89,958
	_	misc nospital Keveni	ue					,,-\ <del>-</del>		,-
	c	Lab Service Revenue			621500	389	,972	0	389,972	0
	d	All other revenue .					0	0	0	0
		Total. Add lines 11a			•	22.05	073			
	12	Total revenue. See	Instructions			23,06			+	
						389,98	,514	370,220,115	2,235,988	15,143,023 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	nızatıons must comp	olete 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.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	112,234	112,234	<u> </u>	
2 Grants and other assistance to domestic individuals See Part IV, line 22	145,650	145,650		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0	0		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,788,164	0	3,589,566	198,598
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	153,811,194	117,395,646	36,206,923	208,625
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,727,157	4,181,849	6,545,308	0
9 Other employee benefits	18,358,391	16,157,714	2,170,026	30,651
<b>10</b> Payroll taxes	10,384,867	7,540,466	2,823,397	21,004
11 Fees for services (non-employees)				
a Management	2,655,962	241,217	2,414,745	0
<b>b</b> Legal	181,017	0	181,017	0
c Accounting	102,444	0	102,444	0
<b>d</b> Lobbying	13,857	13,857	0	0
e Professional fundraising services See Part IV, line 17	0			0

268,089

879,348

4,853,614

10,742,422

8,080,522

389,042

252,676

3,963,633

18,394,414

3,123,895

54,830,831

6,698,094

23,334,051

21,162,349

3,468,300

381,457,208

0

0

16,189,581

2,540,946

5,326,848

217,301

135,567

1,736,071

7,340,331

54,459,397

4,538,510

23,334,051

21,162,349

1,522,097

285,595,872

775,641

528,549

20,734,991

268,089

879,348

2,302,469

10,213,873

2,732,856

171,741

117,109

2,227,562

11,044,104

2,348,254

371,401

2,159,384

1,988,804

95,403,830

0

4,545,410

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0

0

0

0

0

33

200

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-42,601 457,506

Form 990 (2018)

9,979

10,199

20,818

**f** Investment management fees . . .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

14 Information technology

**20** Interest . . . .

**g** Other (If line 11g amount exceeds 10% of line 25, column

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e
 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 ► ☐ if following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

a Medical Supplies

b Repairs and Maintenance

c Medicaid Provider Fee

d Provision for Bad Debts

e All other expenses

Page **11** 

Form 990 (2018)

28

29

30

31

32

33 34 Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

	<b>(A)</b> Beginning of year		( <b>B)</b> End of year
1 Cash-non-interest-bearing	291,182	1	17,374
2 Savings and temporary cash investments	408,897	2	1,563,438
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	45,608,961	4	47,849,131
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete	0	6	0

		Part II of Schedule L		ipidyees complete	0	5	
Ş	6	Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L	n 4958 Itions o	(c)(3)(B), and f section 501(c)(9)	0	6	
et	7	Notes and loans receivable, net	U	7			
SS	8	Inventories for sale or use	3,692,934	8	4,2		
٩	9	Prepaid expenses and deferred charges	5,755,202	9	6,4		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	451,527,371			
	ь	Less accumulated depreciation	10b	173,855,872	235,078,503	10c	277,6
	11	Investments—publicly traded securities .			367,188,689	11	306,6
	12	Investments—other securities See Part IV, line		12,869,172	12	7,7	
	13	Investments—program-related See Part IV, line		5,174,473	13	5,4	
	14	Intangible assets			164,326	14	
	I						ļ

<b>W</b>	·		ı						
W .	8 Inventories for sale or use			3,692,934	8	4,232,921			
⋖	<b>9</b> Prepaid expenses and deferred charges	5,755,202	9	6,418,632					
10	Da Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	451,527,371						
	<b>b</b> Less accumulated depreciation	<b>10</b> b	173,855,872	235,078,503	10c	277,671,499			
1:	1 Investments—publicly traded securities .	Investments—publicly traded securities							
1:	2 Investments—other securities See Part IV, line	11 .		12,869,172	12	7,776,298			
13	3 Investments—program-related See Part IV, line	e 11 .	•	5,174,473	13	5,427,032			
1.	4 Intangible assets			164,326	14	78,270			
1	<b>5</b> Other assets See Part IV, line 11			55,292,236	15	50,675,182			
10	6 Total assets.Add lines 1 through 15 (must equ	Total assets.Add lines 1 through 15 (must equal line 34)							
1	7 Accounts payable and accrued expenses			48,105,693	17	55,343,756			
1:	Grants payable			0	18	0			

		·	1		
	11	Investments—publicly traded securities .	367,188,689	11	306,650,233
	12	Investments—other securities See Part IV, line 11	12,869,172	12	7,776,298
	13	Investments—program-related See Part IV, line 11	5,174,473	13	5,427,032
	14	Intangible assets	164,326	14	78,270
	15	Other assets See Part IV, line 11	55,292,236	15	50,675,182
	16	Total assets.Add lines 1 through 15 (must equal line 34)	731,524,575	16	708,360,010
	17	Accounts payable and accrued expenses	48,105,693	17	55,343,756
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	161,550,892	20	154,267,777
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
lities	22	Loans and other payables to current and former officers, directors, trustees,			

	19	Deferred revenue	0	19	0
iabilities	20	Tax-exempt bond liabilities	161,550,892	20	154,267,777
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L	0	22	0
Γ.	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	70,000	24	70,000
	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	54,985,748	25	54,515,551

```
264,712,333
                                                                                                                                          264,197,084
    26
         Total liabilities. Add lines 17 through 25 .
                                                                                                                       26
         Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and
Net Assets or Fund Balances
         complete lines 27 through 29, and lines 33 and 34.
         Unrestricted net assets
                                                                                                         426,200,786
                                                                                                                       27
                                                                                                                                          405,294,503
   27
```

32,293,404

8,318,052

466,812,242

731,524,575

28

29

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31

32

33

34

30,564,236 8,304,187

444,162,926

708,360,010

Form **990** (2018)

3a

3b

No

Form 990 (2018)

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

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

Audit Act and OMB Circular A-133?

## Additional Data

**Software ID:** 18007995 Software Version: v1.00

**EIN:** 84-0175870

Name: Boulder Community Health

Form 990 (2018)

Form 990, Part III, Line 4a: Health Care Delivery of IP and OP medical care. In 2018, the hospital discharged 7,616 adult & pediatric patients with an average length of stay of 4.5 days. 40,980 patients were seen in our ER facilities and 7.831 in Urgent Care 5.731 surgeries were performed. The hospital had adjusted patient days of 84,684

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Board Member

Mako Shimoda MD

Board Member
John Greff

Board Member
Harold Flowers

Board Member Rhonda Wallen

Board Member

	<b>6</b>				•		<b>'</b>	1 (1) 7 (1000	/14/ 2/4000		
	for related organizations below dotted line)	Highest compensated employee Rey employee Officer Institutional Trustee or director		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations				
Dee Perry Chairman	0	x		×				0	0	0	
Jeff Morgan Vice Chairman	0	х		х				0	0	0	
Suzy Ageton Secretary	0	x		х				0	0	0	
Bryan Pieper Treasurer	0	×		x				0	0	0	
Randy Bjerke MD Board Member	0	х						0	0	0	
Susan Graf	2	x						0	0	0	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable compensation hours per than one box, unless compensation amount of other week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	ny hours and				ustee		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Debbie Lund MD Board Member	2	x						0	0	C	
Benita Duran Board Member	2	x						0	0	C	
Phil DeStefano Board Member	2	х						0	0	C	
Caaraa Karaliahian	2										

0

0

180,199

107,737

88,759

81,929

97,171

64,817

662,272

428,395

333,947

330,433

300,584

296,585

	U						
Benita Duran	2	×				0	
Board Member	О					J	
Phil DeStefano	2	×				0	
Board Member	О	^				-	
George Karakehian	2	×				0	
Board Member	0	^				0	

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and Independent Contractors

Robert J Vissers

Exec Director/CEO

Benjamin J Keidan

William A Munson Jr

VP & CFO

Paul R Hinchey

Michael J Jefferies

VP & Chief Medical Officer

Jacqueline M Attlesey-Pries

VP Business Development

VP & Chief Information Officer

......

VP , Chief Nursing Officer & Chief Operating Officer

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless amount of other compensation compensation week (list person is both an officer from the from related compensation

any hours

and Independent Contractors

Physician

Physician

Physician

Physician
Linda S Minghella

Jamie Doucet

Sameer A Oza

VP & Chief Information Officer (former)

Srinivas Ivengar

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and a director/trustee)

organization

771,371

758,855

742,203

137,732

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organizations

from the

36,917

39,582

38,577

	1				•		′	1 (1) 3 (4 000	(W- 2/1099-		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations	
Sarah E Meshak VP & General Counsel	40			x				290,221	0	74,000	
Jamie D Jensen VP & Chief Population Health Officer	40			х				276,473	0	63,585	
Grant Besser Foundation President & VP Public Affairs	12 00 28 00			×				219,349	0	55,165	
Charles Jones Physician	40					х		1,138,482	0	228,979	
Bryan Mahan	40					Х		1,017,511	0	26,585	

40

40

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318124339 TY 2018 Reasonable Cause Explanation **Name:** Boulder Community Health **EIN:** 84-0175870 **Software ID:** 18007995 **Software Version:** v1.00 **Explanation:** CP211A dated May 20, 2019 approved Form 8868, Application for Extension of Time to File an Exempt Organization Return to November 15, 2019.

GCHEDUL Form 990 or 90EZ)	I	Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe  Attach to Form	a section	2018 Open to Public					
epartment of the T ternal Revenue Se	T.108	► Go to	► Go to <u>www.irs.gov/Form990</u> for the latest information.							
ame of the o							nployer identification number			
Part I Ro	eason for Pu	ublic Charity Stat	us (All organization	s must comple	ete this part.) S	84-0175870 See instructions.				
			e it is (For lines 1 thro							
<b>1</b>	hurch, convent	ion of churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).				
2	chool described	in section 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))					
A h	ospital or a cod	operative hospital ser	vice organization desci	ribed in <b>section</b>	170(b)(1)(A)(	iii).				
	nedical research ne, city, and st	-	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
	-	perated for the benefi Complete Part II )	t of a college or univer	sity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>			
			governmental unit de	scribed in <b>secti</b> e	on 170(b)(1)(A	ı)(v).				
		nat normally receives 1)(A)(vi). (Complete	a substantial part of it Part II )	s support from a	a governmental u	ınıt or from the gener	al public described ii			
A c	ommunity trus	t described in <b>sectio</b>	170(b)(1)(A)(vi)	(Complete Part I	Π)					
			escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or			
froi inv	m activities rela estment incom	ated to its exempt fur	(1) more than 331/3% actions—subject to certiess taxable income (learning)	ain exceptions,	and (2) no more	than 331/3% of its s	upport from gross			
•			d exclusively to test for	r public safety S	See section 509	(a)(4).				
□ mo	re publicly sup	ported organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a				
Tyl org	p <b>e I.</b> A support anization(s) th	- ting organization oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by				
ma	nagement of th		ervised or controlled in ation vested in the sand C.							
			supporting organizations) You must com	•	•	, -	ated with, its			
Tyl	pe III non-fur ctionally integr	nctionally integrate rated The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai				
	•	•	ved a written determir	•		pe I, Type II, Type II	I functionally			
		e III non-functionally ported organizations	integrated supporting	organization	,		·			
			pported organization(		animation lists 4	(14) Amazzat af	(wi) A			
	e of supported anization	(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization in your governing documents in your governing documents.			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)			
				Yes No						
tal										
	Doduction A	ct Notice, see the I	estructions for	Cat No 1128!	<u> </u>	 Schedule A (Form 9	00 or 000 EZ\ 30:			

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111. )	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	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)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1)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, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and <b>stop here.</b> The organization qualifi <b>33</b> 1/3% <b>support test—2017.</b> If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	_			and mic 15 i5 55 1	, s to or more, enec	
	box and <b>stop here.</b> The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	<b>—2017.</b> If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· <del>-</del>
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

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

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.)	)	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
4	under section 513 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 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
Ь	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 )						
Se	ection B. Total Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	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							
	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 fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and <b>stop here</b>	<b>.</b>	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f	))	17	
18	Investment income percentage from 2	<b>017</b> Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	<b>33 1/3% support tests—2017.</b> If the						
J	not more than 33 1/3%, check this box	-			*		<b>▶</b> □
20	Private foundation. If the organization	-	-				▶□

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

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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 )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	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)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a 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)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations 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)? 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? 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 5a amendment to the organizing document)

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

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) 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? If "Yes," provide detail in Part VI. 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

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))? If "Yes,"

provide detail in Part VI. 9a

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? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)					
	cupper unity or gamma units (community)		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		$\vdash$			
u	governing body of a supported organization?	11a				
h	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c				
	ection B. Type I Supporting Organizations	110				
	ection 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? If "No," describe in <b>Part VI</b> 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		$\sqcup$			
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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2				
	organization					
S	ection 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1				
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>		
	ection 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?	j				
		1	$\vdash$			
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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3				
S	ection 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 instruct	ions)				
	The organization satisfied the Activities Test Complete line 2 below	-				
	b					
	c	ınstru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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	2a				
	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? 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	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.		$\vdash$			
	<ul> <li>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? Provide details in Part VI.</li> </ul>	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26				

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

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

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

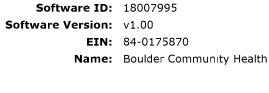
7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . .

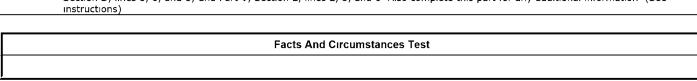
Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

### **Additional Data**



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)



**SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493318124339

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶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.

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

Inspection

• 5 • 5 f the • 5 • 5 f the Prox	Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election under t have NOT filed Form 5768 (election under n Form 990, Part IV, Line 5 (Proxy Ta s), then	ts I-A and C below  990-EZ, Part VI, III section 501(h)) Counder section 501(h)	ne 47 (Lobbying Activion complete Part II-A Do no n)) Complete Part II-B [	ities), then ot complete Part II-B Do not complete Part II-A	
	ne of the organization			Employer id	identification number	_
Boul	lder Community Health				_	
	Consulate if the consu		=04/-> :-	84-0175870		
1	Provide a description of the organ	nization is exempt under secti				
	"political campaign activities")					
2 3	Political campaign activity expend	· ·		•	\$	_
	Volunteer hours for political camp <b>t I-B Complete</b> if the organ	paign activities (see instructions) nization is exempt under secti	on E01(a)(2)			_
		<u> </u>				
1	<i>'</i>	ax incurred by the organization under s			\$	
2	•	ax incurred by organization managers i		•	\$	_
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?		🗌 Yes 🔲 No	)
4a	Was a correction made?				🗌 Yes 🔲 No	5
	If "Yes," describe in Part IV	nization is exempt under secti	on 501(c) exc	ent section 501(c)(	(3)	
1	-	ed by the filing organization for section			\$	_
2	, ,	anization's funds contributed to other	•		Ψ	_
_	function activities	anización s funds contributed to otner	organizations for so	ection 327 exempt	\$	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	on Form 1120-POL,	, line 17b	\$	
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No	5
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly delive see (PAC) If additional space is needed	nount paid from the red to a separate p	e filing organization's fur political organization, suc	inds Also enter the amount	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid froi filing organization's funds If none, ente -0-	s contributions received	d a
L						
2						
3						
1						
5						
5						
D	aparwork Poduction Act Notice see	the instructions for Form 000 or 000-F7		N. FORDIS Colordale		_

Grassroots ceiling amount

activity

3

4

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? No Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Νo Media advertisements? Νo Mailings to members, legislators, or the public? Nο d Publications, or published or broadcast statements? No Grants to other organizations for lobbying purposes? No Direct contact with legislators, their staffs, government officials, or a legislative body? No Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Νo Other activities? Yes 13,857 Total Add lines 1c through 1i 13,857 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 1 Were substantially all (90% or more) dues received nondeductible by members? 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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). 2a Current year 2b b Carryover from last year 2c c Total

#### 5 Taxable amount of lobbying and political expenditures (see instructions)

Supplemental Information

Part IV

expenditure next year?

Schedule C, Part II-B, Line 1

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

amounting to \$8,924

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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

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

5 49% of dues paid to the Colorado Hospital Association are spent on lobbying activities, amounting to \$4 933 22 73% of dues paid to the American Hospital Association are spent on lobbying activities,

3

4 5

Schedule C (Form 990 or 990EZ) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990,

Open to Public

DLN: 93493318124339 OMB No 1545-0047

Inspection

Schedule D (Form 990) 2018

Department of the Treasury Internal Revenue Service

(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 the latest information. Name of the organization **Employer identification number** Boulder Community Health 84-0175870 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization'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. 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 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

Par	t IIII	Organizations Ma	aintaining Col	lections o	f Art, Hi	stori	cal Tı	reası	ıres, o	r Other	Similar <i>A</i>	Assets	(conti	nued)	
3		ng the organization's acq ns (check all that apply)	uisition, accessior	n, and other	records, c	heck a	any of	the fo	llowing t	that are a	sıgnıfıcant	use of it	s coll	ection	
а		Public exhibition				d		Loan	or exch	ange prog	rams				
Ь		Scholarly research				e		Othe	r						
С		Preservation for future	generations												
4		vide a description of the extra XIII	organızatıon's col	lections and	explain ho	ow the	y furth	ner the	e organi:	zation's ex	kempt purp	ose in			
5		ing the year, did the orga ets to be sold to raise fur									ıılar	□ <b>Y</b>	es	□ N-	o
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Form	1 990	, Part	IV, lı	ine 9, o	r reporte	ed an amo	ount on	Form	990,	Part
1a		ne organization an agent		an or other i	intermedia	ry for	contril	bution	s or oth	er assets	not				
	ınclı	uded on Form 990, Part )	X۶									□ Y	es		0
ь	If "Y	res," explain the arrange	ement in Part XIII	and comple	te the follo	owing	table					Amount	:		_
С		inning balance		,						1c					_
d	Add	itions during the year								1d					_
е	Dıst	ributions during the year	-							1e					_
f	End	ing balance								1f					_
2a		the organization include	an amount on Eo	rm 000 Bar	+ V line 2:	1 for	occrou		istadial s	account lis	hili+v2			□ N	_
		_									•	_	es	□ N	0
		es," explain the arrange													
26	rt V	Endowment Fund	<b>as.</b> Complete if							ears back			(-)[		
1 a	Regin	ning of year balance .		(a)Curren	,598,507	(D)PI	or yea 35,294	-		33,808,649		5,750,843		our year 34 f	504,553
	-	<u> </u>			,573,511		4,976			4,348,700		2,706,467			337,617
		ibutions			,326,363		4,478			1,349,134		-402,645			564,839
		nvestment earnings, gair	is, and losses		0		., ., .	0		0		02,010		-/-	0
		s or scholarships	•		<u> </u>								1		
е		r expenditures for facilitien rograms	es	2,	,977,231		4,150	0,607		4,212,417	,	4,119,616	,	4,8	356,166
f	Admı	nistrative expenses .			0			0		0		0			0
g	End o	of year balance		38,	,868,424		40,598	3,507	:	35,294,066	3:	3,935,049		35,7	750,843
2 a b c	Boa Perr Tem The	ride the estimated perceind designated or quasi-emanent endowment ►  nporarily restricted endownent percentages on lines 2a	ndowment ►  21 %  wment ► 79  , 2b, and 2c shou	0 % 9 % ld equal 100	)%						n th o				
3а		there endowment funds anization by	not in the posses	sion of the d	organizatio	n tnat	. are n	eia an	u aamin	istered fo	tne			Yes	No
	_	unrelated organizations										[3	Ba(i)		No
	• •	related organizations .											a(ii)	Yes	
b	Ĭf "Y	res" on $3a(\Pi)$ , are the rel	lated organization	s listed as r	equired or	Sche	dule R	?.				.	3b	Yes	•
4	Des	cribe in Part XIII the inte	ended uses of the	organization	n's endowr	nent f	unds								
Pai	rt VI														
		Complete if the or										art X, lı			
	Desc	ription of property	(a) Cost or oth (Investme		(b) Cost or	r other	basis (d	other)	(c) Acc	cumulated o	lepreciation		( <b>d</b> ) Bo	ok value	е
1a	Land			0			20,15	51,602						20	,151,602
		ings		0				91,921			75,315,599				,676,322
		ehold improvements		0				47,299			1,327,792	+			,519,507
		ment		0				16,903	<u> </u>		97,212,481	+			,004,422
				0				19,646			0				,319,646
_															. ,

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

Part VII Investments—Other Securities. Complete if the organ See Form 990, Part X, line 12.	lization answe	ered "Yes" on Form 990,	Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
(1) Financial derivatives			
(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 99	0, Part IV, lın	e 11c. See Form 990, Pa	art X, line 13.
	) Book value	(c) Method	
(1)		Cost of end-or-y	ear market value
(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 99	0, Part X, line 15 (b) Book value
(a) Description (1) Interest in Net Assets held by Foundation			38,204,080
(2) Unamortized Swap Fees (3) Unamortized BIC			74,372
(4) Deferred Comp Investments			965,897 9,206,565
(5) Deposits			3,016
(6) Misc Other A/R (7)			2,221,252
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			50,675,182
Part X Other Liabilities. Complete if the organization answered	d 'Yes' on For		
See Form 990, Part X, line 25.  1. (a) Description of liability	<b>(b)</b> Bo	ok value	
(1) Federal income taxes		0	
Accrued Pension Liability		45,185,978	
Deferred Compensation Liability		9,329,573	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	•	54,515,551	
<ol><li>Liability for uncertain tax positions In Part XIII, provide the text of the foot organization's liability for uncertain tax positions under FIN 48 (ASC 740) Che</li></ol>			

Part XI

2

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

а

Schedule D (Form 990) 2018

Page 4

-52,286,611

389,609,525

374,989

389,984,514

357,514,602

357,514,602

23,942,606

381.457.208

Schedule D (Form 990) 2018

Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . . . . b d

e 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

b Add lines **4a** and **4b** . . . . . . c

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . .

Return Reference

Investment expenses not included on Form 990, Part VIII, line 7b . 

5 Part XII

1

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

**Supplemental Information** 

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

-25,873,655

-26,412,956

268,089

106,900

2e

3

4c

2e

3

4c

5

268,089 23,674,517

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# Additional Data

Software ID: 18007995
Software Version: v1.00

**EIN:** 84-0175870

Name: Boulder Community Health

# **Supplemental Information**

Return Reference

# Explanation

Schedule D, Part V, Line 4

Boulder Community Hospital Foundation, a related organization, holds permanent endowment f unds. The income earned on these endowment funds is used to support hospital programs for diabetes, cancer, neonatology, heart and surgery center, healthcare scholarships, or for the foundation to direct if the endowment fund does not restrict how the income is to be spent. Temporarily restricted funds held by the Foundation include funds for the Foothills Medical Office facilities, cancer center, as well as other hospital programs. Any unrestricted funds held at the Foundation are for the hospital, but designation is decided by the Foundation board when granting to the hospital.

upplemental Information	
Return Reference	Explanation
	Other of -\$52,286,611 included in TR revenue by not in audited revenue includes Bad Debt P rovisions of -\$21,162,349 + Change in Foundation Net Assets of -\$2,187,431 + Change in min imum pension liability of -\$2,875,899 + Amortization ineffective loss on swap of -\$239,635 + Other expenses shown net in FS revenue and gross in TR of -\$40,036 + Ambassador compone

nt of Temp Rest Net Assets of \$92,394

upplemental Information	
Return Reference	Explanation
0	

| Schedule D, Part XI, Line 4b Other of \$106,900 = Ambassador net revenues reflected as Restricted Contributions in Audit of \$106,900

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XII, Line 4b	Other expenses of \$2,472,132 included on TR but not on Audit = Bad Debt Provision of \$21,1 62,349 + Other non-operating expenses shown in net revenue on audit of \$40,036 + Ambassado r expenses reflected as Restricted Contributions in Audit of \$14.504 + Non-op Expenses of			

Pension Contributions of \$2,457,629

CINC GRAFIIE PIN	t - DO NOT F	ROCESS	As Filed Data	-		DLN:	93493318124339
SCHEDULE F (Form 990)	State	ment of	Activities	Outside the Un	ited S	tates	OMB No 1545-0047
(1 0/111 390)	► Compl	ete if the organ		Yes" to Form 990, Part IV, I to Form 990.	line 14b, 1	5, or 16.	2018
Department of the Treasury Internal Revenue Service	•	Go to www.irs.	gov/Form990 for ı	nstructions and the latest ii	nformation	ı.	Open to Public Inspection
Name of the organization Boulder Community Healt						Employer iden 84-0175870	tification number
	<b>nformation</b> Part IV, line		s Outside the l	<b>Jnited States.</b> Comple	ete if the	organization a	nswered "Yes" to
_	the grantees'	eligibility for t		substantiate the amoun stance, and the selection	_		☐ Yes ☐ No
outside the United	l States	_	·	dures for monitoring the			ner assistance
3 Activites per Region (a) Region	1 (The followin	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If active program spe	rity listed in (d) is a service, describe cific type of ce(s) in region	(f) Total expenditures for and investments in region
( 1) Central America and Caribbean	l the	C	0	<del> </del>	Passive in Cayman I	ivestments in slands	3,902,19
(3)							
(4)							
( 5)							
3a Sub-total b Total from continual	tion sheets to						3,902,19

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

Schedule F (Form 990) 2018

(2) (3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

(1)

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	Instructions for Forms 3525 and 5525 fry don't life man form 5559	☐ Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Colporations (see Instructions for Form 54/1)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	<b>✓</b> No

scneaule Fi	(Form 990) 2018	Page
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318124339 OMB No 1545-0047 SCHEDULE H **Hospitals** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. Department of the ▶ Attach to Form 990. Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Name of the organization **Employer identification number** Boulder Community Health 84-0175870 Part I Financial Assistance and Certain Other Community Benefits at Cost Yes No 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? **1**b Yes If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ✓ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities 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 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 Yes За ☐ 100% ☐ 150% ☐ 200% ☑ Other b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care 3b Yes □ 200% □ 250% □ 300% ☑ 350% □ 400% □ Other c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 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 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 No 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 eligibile for free or discounted care? 5c Did the organization prepare a community benefit report during the tax year? 6a Nο b If "Yes," did the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Financial Assistance and Certain Other Community Benefits at Cost **Financial Assistance and** (a) Number of (b) Persons served (c) Total community (d) Direct offsetting (e) Net community (f) Percent of activities or programs Means-Tested (optional) benefit expense revenue benefit expense total expense (optional) **Government Programs** Financial Assistance at cost (from Worksheet 1) 6,023,218 2,625,161 3,398,056 09% b Medicaid (from Worksheet 3, column a) 57,392,208 35,317,841 22,074,368 59% c Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs 63,415,426 37,943,002 25,472,424 68% Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) 490.184 50.898 439,286 01% Health professions education (from Worksheet 5) 320,872 320,872 01% Subsidized health services (from Worksheet 6) Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from Worksheet 8) 512,576 512,576 01% j Total. Other Benefits 1,323,632 50,898 1,272,734 03% k Total. Add lines 7d and 7j

0

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

0

64,739,058

37,993,900

Cat No 50192T

26,745,158

Schedule H (Form 990) 2018

71%

**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 Part II communities it serves. (a) Number of (b) Persons served (c) Total community (d) Direct offsetting (e) Net community (f) Percent of activities or programs (ontional) hulding expense total expense

		(optional)	(optional)	building expense	Teve	enue	building expen	se	total e	xpense
1	Physical improvements and housing									
2	Economic development									
3	Community support			6,761		0	6	,761		0 %
	Environmental improvements									
5	Leadership development and training for community members									
6	Coalition building			45,282		0	45	,282		0 %
7	Community health improvement									
_	advocacy			150 510		0	150			0.1.0/
	Workforce development Other			158,518		U	158	3,518		01%
	) Total	0	(	210,561		0	210	,561		01%
	art IIII Bad Debt, Medica	re, & Collection		210,001				,,501		0 1 10
Se	ction A. Bad Debt Expense								Yes	No
1	Did the organization report be	ad debt expense ın a	ccordance with He	athcare Financial Mai	nagement	Associatio	n Statement	1	Yes	
2	Enter the amount of the orga methodology used by the org			Part VI the	2		6,840,662			
3	Enter the estimated amount of	of the organization's	bad debt expense	attributable to patier			0,010,002			
	eligible under the organizatio				.					
	methodology used by the orguncluding this portion of bad o			the rationale, if any,	10r 3		1 710 166			
		•					1,710,166			
4	Provide in Part VI the text of page number on which this fo	the footnote to the o potnote is contained i	rganization's finan n the attached fina	cial statements that ancial statements	describes	bad debt e	expense or the			
Se	ction B. Medicare	oction is contained i	The accached fine	arrelar statements						
эе 5	Enter total revenue received	from Medicare (inclin	ding DSH and IME	<b>.</b>	5		60,362,070			
6	Enter total revenue received  Enter Medicare allowable cost	•	-		6		85,961,919			
		-								
7 8	Subtract line 6 from line 5 Tl Describe in Part VI the extent	• •	•	7 should be treated	7	nitir hanafi	-25,599,849			
0	Also describe in Part VI the extens						it.			
	Check the box that describes									
	Cost accounting system	<b>☑</b> Cost	to charge ratio	☐ Oth	er					
Se	ction C. Collection Practices		J							
98	a Did the organization have a v	vritten debt collection	n policy during the	tax vear?				9a	Yes	
	<b>b</b> If "Yes," did the organization			•	oatients du	iring the ta	ax year	Эа	165	
	contain provisions on the coll	ection practices to be	e followed for patie	ents who are known t	o qualify f	or financia	l assistance?	9b	Yes	
	Describe in Part VI	n	Vantuuna			<u> </u>				<u> </u>
	Management Comp		·	· I	rganization'		oloyees, and physici Officers, directors,	1	ee instru e) Physi	
	(a) Name of entity	(6)	Description of primary activity of entity	profi	t 🦠 or stock	tr	ustees, or key	pr	ofit % oi	r stock
				ow	nership %		oloyees' profit % ock ownership %	(	ownersh	ıp %
1			edic Surgery Center		50	%	0 %			50 %
	oulder Community Musculoskeletal Sur enter LLC	gery								
2 E	Endoscopy Center of the Rockies LLC	Outpatient Endosc	opy Center		50	%	0 %	,		50 %
_	2 11 1407117							1		
3 E	Boulder MRI LLC	outpatient MRI cer	iter		51	%	0 %	•		49 %
4 ,	Foothills Surgery Center LLC	Ambulatory Surgic	al Center			0/		+		40.51
-+ f	Johnna Surgery Celller LLC	Embulatory Surgic	ur Cerkel		51	%	0 %	'		49 %
5 F	Riverbend Sleep LLC	Property ownership	and lease to Approv	ed Entities	50	%	0 %	,		50 %
					30		3 /0			20 /0
								1		
6 F	Premier Eye Surgery Center of Colorad	o ambulatory surger	y center for eyes		50 1	%	0 %		-	49 9 %
7										
8										
9										
10								+		
11										
12								+		
								$\perp$		
13									_	
	·						Schedule	H /Eo	rm 990	11 2018

6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes." list the other hospital facilities in Hospital facility's website (list url) See H, Part V, Section C

Other website (list url)

**d** Other (describe in Section C)

c 🗹 Made a paper copy available for public inspection without charge at the hospital facility

Indicate the tax year the hospital facility last adopted an implementation strategy 20 17

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 . . . . . . . . . . .

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?. 10 Yes If "Yes" (list url) https://www.bch.org/documents/CHNA-Implementation-Strategy.pdf 10b b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . No 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 12a No 12b b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . 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? \$ Schedule H (Form 990) 2018

Yes

	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 %			
	and FPG family income limit for eligibility for discounted care of 350 %			
	<b>b</b> ☐ Income level other than FPG (describe in Section C)			
	c ✓ Asset level			
	d 🗹 Medical indigency			
	e 🗹 Insurance status			
	f ☑ Underinsurance discount			
	g 🗹 Residency			
	h ☐ Other (describe in Section C)			
14		14	Yes	
15		15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the	<u> </u>	,	
	method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ✓ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d 🗹 Provided the contact information of nonprofit organizations or government agencies that may be sources of			
	assistance with FAP applications			
	e 🗌 Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
1	a ☑ The FAP was widely available on a website (list url)			
	See H. Part V. Section C			

		bescribed the information the hospital facility may require all individual to provide as part of his or her application	1 1		
	ь 🗸	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c 🗸	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d 🗸	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e 🗌	Other (describe in Section C)			
16	Was	s widely publicized within the community served by the hospital facility?	16	Yes	
	If "	res," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🗸	The FAP was widely available on a website (list url) See H, Part V, Section C			
	ь 🗸	The FAP application form was widely available on a website (list url) See H, Part V, Section C			
	c 🗹	A plain language summary of the FAP was widely available on a website (list url)  See H, Part V, Section C			
	d 🗸	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e 🗸				
	f 🗸	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 🗸	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or			

h 🗹 Notified members of the community who are most likely to require financial assistance about availability of the FAP i 🗹 The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)

other measures reasonably calculated to attract patients' attention

spoken by LEP populations Other (describe in Section C)

Schedule H (Form 990) 2018

If "Yes," explain in Section C

Schedule H (Form 990) 2018	Page <b>8</b>
Part V Facility Information (continue)	nued)
5a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e,	n for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3], 5, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each up, designated by facility reporting group letter and hospital facility line number from Part 3," etc.) and name of hospital facility.
Form and Line Reference	Explanation
See Add'l Data	
	Schedule H (Form 990) 2018

Schedule H (Form 990) 2018		Page <b>9</b>
Part V Facility Information (continued)		
Section D. Other Health Care Facilities That Are Not Licensed, (list in order of size, from largest to smallest)	Registered, or Similarly Recogniz	ed as a Hospital Facility
How many non-hospital health care facilities did the organization ope	rate during the tax year?	37
Name and address	Type of Facility (describe)	
1 See Additional Data Ta	ble	
2		
3		
4		
5		
6		
7		
8		
9		
10		Schedule H (Form 990) 2018

Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves 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 )

Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the 6 organization and its affiliates in promoting the health of the communities served State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a

\$21,162,349

Schedule H, Part I, Line 7, Column f

community benefit report					
990 Schedule H, Supplemental Information					
Form and Line Reference	Explanation				
Schedule H, Part I, Line 7	The costing methodology used for Part 1, Lines 7a and 7b, is the Worksheet 2 Ratio of Cost-to-Charges The costs for Lines e. 7f and 71 are directly identifiable costs from our internal accounting records				

Form and Line Reference	Explanation
Schedule H, Part II	Community Support Activities include diaster readiness training in conjunction with numerous local agencies (fire, police, sheriff, other counties, other hospitals) to ensure coordinated and effective response to a disaster Coalition building includes the hospitals participation in the development of the Colorado Regional Health Information Organization (CORHIO) and Boulder County Health Improvement Collaborative (BCHIC), which are both electronic health exchanges aimed at promoting effective and efficient health care delivery as well as information for community health assessments BCHIC also helps underinsured and uninsured patients in the county obtain specialist care. Workforce development includes physician recruitment expense. Boulder is a Medically Underserved Area for low income and Medicare.
Schedule H, Part III, Section A, Line 4	Page 14 of the audited financial statements contains an explanation of how the January 1, 2018 adoption of Financial Accounting Standards Board Accounting Standards Update 2014-09, Revenue from Contracts with Customers (ASU 2014-09) impacts the explicit recognition of the provision for doubtful accounts.

Cumbon attack

990 Schedule H, Supplemental Information

E 11 B.C

of Financial Accounting Standards Board Accounting Standards Update 2014-09, Revenue from Contracts with Customers (ASU 2014-09) impacts the explicit recognition of the provision for doubtful accounts Prior to January 1, 2018 the provision for doubtful accounts was explicitly recognized on the income statements, after January 1, 2018 it is reported net in Patient care service revenue and is not explicitly recognized on the audited financial statements. The amount reported on Line 2 as bad debt is an estimate of the cost of the actual balances on accounts written off to bad debt. It is estimated that 85% of the amount written off is stated at charges. This 85% is then converted to cost using the RCC developed on Worksheet 2. The remaining 15% is estimated to be related to a patient liability for deductibles and coinsurance. The amount reported on Line 3 is estimated to be 25 % of Line 2.

Form and Line Reference	Explanation
Schedule H, Part III, Section B, Line 8	100% and more of Line 7 Medicare shortfall should be treated as community benefit Boulder County has a demonstrated community need for physicians who accept Medicare (Many physician providers do not ) The hospital not only serves the Medicare population for hospital services, it also employs numerous primary care, internal medicine, surgeons, pulmonology and cardiology providers who accept Medicare in order to provide our community with adequate coverage. The Cost Report shortfall reported on Line 7 excludes Medicare HMO enrollee shortfalls, excludes shortfalls from ancillary procedures which are paid by fee schedule and are therefore not included in the Cost Report, and excludes the shortfall related to employed physicians serving the Medicare population. The hospitals total Medicare shortfall, including these programs, is actually \$35,527,708. The source for Line 6 is the filed Medicare Cost Report.
Schedule H, Part III, Section C, Line 9b	The hospital employs financial counselors to assist patients in determining eligibility for Medicaid, Colorado Indigent Care Program (CICP), or the hospital's charity program (WeCare) Financial arrangements with Emergency Room patients are not discussed until the patient has been assessed and treated in accordance

990 Schedule H, Supplemental Information

The hospital employs financial counselors to assist patients in determining eligibility for Medicaid, Colorado Indigent Care Program (CICP), or the hospital's charity program (WeCare) Financial arrangements with Emergency Room patients are not discussed until the patient has been assessed and treated in accordance with EMTALA. The hospital's debt collection policy contains a Communications section addressing courtesy, confidentiality, cultural sensitivity, and primary language of a patient. It contains a section on Billing and Collection Practices which addresses when an account will be referred to a licensed collection agency and that those agencies will treat all patients with dignity, compassion and respect, as well as adhering to Colorado State Laws and the Fair Debt Collection Act. BCH will not knowingly send a patient's bill to a collection agency if they have an application pending for either government -sponsored coverage or for financial assistance. Patients may apply/reapply for financial assistance before, during or after care, or after collection agency assignment.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2	In 2010, a comprehensive facilities study was performed to evaluate each of the existing hospital campuses and determine the most efficient and effective methods of delivering the safest, highest quality health care. The Planning Committee uses the Community Health Needs Assessment, the Comprehensive Facilities study, as well as market and demographic studies to ensure BCH meets the future health care needs of our community BCH is in the midst of a 10 year transitional strategy to consolidate health care delivery in order to meet the needs of the community in a safe and sustainable manner. As of October, 2014 all acute care inpatient services have been consolidated at the Foothills campus. BCH opened a new facility adjacent to the Foothills hospital in the spring of 2019 to move Behavioral Health services, and partnered with UCHealth to jointly provide Inpatient Rehabilitation services in Broomfield, CO, which opened mid 2019.

opened mid 2019

Schedule H, Part VI, Line 3

The Hospital employs financial counselors to assist patients in determining eligibility for Medicaid, Colorado Indigent Care Program (CICP), or the Hospitals charity program (WeCare) The hospital employs Spanish speaking financial counselors and would utilize interpreter services for other languages. Financial Assistance programs are referenced in patient discharge information, billing statements, and on the

hospitals web site

990 Schedule H, Supplemental Information

990 Schedule H, Supplemental Information					
Form and Line Reference	Explanation				
Schedule H, Part VI, Line 4	Please refer to pages 7 through 10 of the 2017-2019 CHNA				

## **Additional Data**

**Software ID:** 18007995

**Software Version:** v1.00

**EIN:** 84-0175870

Name: Boulder Community Health

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Form 99	Form 990 Schedule H, Part V Section A. Hospital Facilities										
	A. Hospital Facilities	Pasuaori	General	Children	Teaching	Critical a	Research	ER-24 hours	ER-other		
smallest How mai organiza <b>1</b> Name, a	rder of size from largest to —see instructions) ny hospital facilities did the ition operate during the tax year?  ddress, primary website address, and ense number	l hospital	medical & surgical	s hospital	Teaching hospital	access hospital	n facility	oure	,	Other (Describe)	Facility reporting group
1	Boulder Community Foothills Hospital 4747 Arapahoe Avenue Boulder, CO 80303 www bch org 010323	X	X					х			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 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 990 Part V Section C Supplemental Information for Part V, Section B.

5-Boulder Community Foothills Hospital

Form and Line Reference	Explanation
Schedule H. Part V. Section B. Line	Please refer to pages 7 through 10 of the 2017-2019 CHNA

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 11, 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

https://www.bch.org/documents/bch-community-health-needs-assessment-final-august-26-2016.pdf Schedule H, Part V, Section B, Line 7a-Boulder Community Foothills

Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 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-BCH, with its Board of Directors and the community, is continually assessing the implement ation of the CHNA. The strategies to address the community's health needs identified in the Hospital's 2017-Boulder Community Foothills Hospital 2019 Community Health Needs Assessment and the activities undertaken by the Hospital as part of these strategies are as follows 1 Chronic Disease Management BC H has committed extensive resources to its chronic disease programs in the areas of person nel, supplies, and technology Chronic disease self-management support groups, high risk p atient care management and registries, diabetes and pre-diabetes group classes and individ ual support are included within this commitment. All of BCH's primary care clinics have an RN Care Manager on site to coach patients to better manage their chronic disease preventing complications BCH hired its first ambulatory care pharmacist to focus on improving dia betes care and depression care for the community BCH has a team of transitional care nurs es that provide education and support to our highest risk patients after a hospitalization Continuous collaboration across BCH departments and providers, community medical partner s and agencies, skilled nursing facilities, and social support organizations provide patie nts with coordinated care BCH has continued to enhance the infrastructure of its transiti onal care program and coordinated patient care material across the continuum of care so that all providers are teaching to the same material. The Boulder Valley Care Network, of which BCH is a collaborator, has recently added BCH transitional care services for its patients 2 Mental Health BCH has continued to expand our integrated behavioral health model into 10 primary care clinics. This model adds social workers to address the behavioral health needs common in primary care, such as insomnia, anxiety, depression, and substance abu se Social Workers provide short term solution focused counseling, quick interventions for anxiety, depression and stress management, consult with primary care providers for assist ance with diagnosis and treatment of mental health conditions, direct patient therapy, and assistance with support and referrals to higher levels of service. The practitioners also perform depression screening and higher intensity follow up for newly diagnosed depressed patients. Boulder Community Health is an active participant in a "Community Mental Health Initiative" and has added additional safe areas within its emergency room and a behaviora I health nurse and therapist who facilitate mental health care prior to admission or trans fer BCH is the only comprehensive health system provider of both inpatient and outpatient mental health services within Boulder County The new 70,000 square foot building include s an 18 bed inpatient behavioral health unit and outpatient behavioral therapy clinic. Inplatient behavioral health patients will benefit from earlier access and referral to outpati ent therapy in the building, i

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 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 11ncreasing continuity of care from the inpatient to outpatient setting BCH Primary Care Clinics have Boulder Community Foothills Hospital identified dementia patients and their caregivers as an important focus population for complex care management Twice yearly a registry of those patients is run through the EMR for RN Care Managers to reach out, assess for needed medical interventions and res ources to support the patient and family Linkages are provided to the Alzheimer's Association, The Area Agency on Aging and other community agencies that can provide in home servi ces, respite, help with Advanced Care planning, transportation and other issues The RN Ca re Managers and Behavioral Health Specialists help provide emotional support and resources to deal with diagnosis acceptance, grief and anger, and at transitions to higher levels of care 3 Chronic Pain Management and Substance Abuse BCH has trained practitioners in m edication assisted treatment (MAT) techniques that reduce the use of opioids and embedded them within its primary care clinics. In 2019 BCH began initiating MAT for opioid dependence in the ED, one of the early adopters of this approach in Colorado that has been demonst rated to greatly reduce opioid related morbidity and mortality through eliminating barrier's to treatment and capturing patients when they are most motivated and vulnerable. In 2019 BCH received a Health Equity Grant from the City of Boulder that allowed us to launch a C hronic Pain and Opioid Response Program (CPORP) Staffed by a Program Coordinator and a Patient Navigator, the program is available to all community members who need assistance lin king to services to address chronic pain or substance use treatment BCH has made scholars hip dollars available for Medication Assisted Treatment and Alternatives to Opioid Therapy 4 Wellness and Preventative Health (including aging of the population and access to car e) Boulder Community Health began screening all primary care patients over the age of 60 for social determinants of health needs including housing. transportation, food insecurity, financial need, literacy, child care, and safety in the home. Since piloting the screen ing, we have expanded to an annual social needs assessment for all primary care patients a ge 18 years and older. The care coordination team facilitates referrals to community suppo rt BCH has specific programs in place to improve Influenza Vaccination rates, HPV vaccina tion rates using data transparency, retina screening to assist in detecting diabetes, and process improvement to increase rates of screening examinations with the goal of beating n ational benchmarks. BCH is partnering and leading various programs such as the Walk with a Doc, which couples a healthy walk around various locations in the community with current health topics, blood pressure screenings, and healthy food Programs particular to child and teen safety include education partnering with Lake Eldora Ski Race team, Emergency Fami ly Assistance Association (Bou

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 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-Ider), Community Cycles Kids and Adult Cycling Programs through RETAC (Regional Trauma Med ical Advisory Council), and Boulder Valley School District New programs include ThinkFirs t (concussion Boulder Community Foothills Hospital awareness and injury prevention), distracted driving awareness and training, Brain Injury Resource Team (BIRT), STOP the Bleed, and hands only CPR programs have been held at many community events where BCH personnel volunteer BCH assists adults and senior s through partnership with the City of Boulder Senior Services (Area Agency on Aging), Bou Ider Fire, and others in fall prevention day, a car fit program, and other programs Regul ar outreach to patients who have identified gaps in their care are performed electronically via a website portal, by phone call, or mail BCH opened a 40,000 s.f. medical center in Erie which includes urgent care, primary care, cardiology, obstetrics and gynecology, dia gnostic imaging laboratory services in Erie, allowing greater access to its services. The hospital partnered with community not for profits including other hospitals, Clinica, Salu d, Mental Health Partners, and Boulder County Health to Improve access to specialists for patients with Medicaid under the Boulder County Health Improvement Collaborative (BCHIC) In addition to providing significant sponsorship to the initiative, BCH spearheaded a specialty referral project for the Medicaid population which added 100 specialist appointments per month BCH added Nurse Care Managers who identify high-risk patients in need of addit ional support. They provide telephonic and episodic outreach for patients with complex healthcare needs and work with patients to manage chronic conditions and encourage patient participation in self-management of chronic conditions BCH also added Care Coordinator(s) who call patients after ER visits and schedule primary care follow-up appointments, review positive social determinants screenings, and connect patients with community resources for support with transportation, finances, housing, childcare, literacy, etc. The Coordinator's also forward complex patients to a RN Care Manager or Behavioral Health Specialist, connect population health outreach for patients with chronic conditions, and facilitate Boulde r County Medicaid specialist referrals through the Boulder County Health Improvement Colla borative Foothills Hospital continues to participate in the Colorado Household Medication Take-Back Program In our first 10 months participating in the program, we have collected over 1,000 pounds of medications. Boulder Community Health organized multiple flu vaccine clinics during the 2018/2019 flu season BCH teamed up with the community organization, B ridge House to provide free flu vaccines to members of the community that may not have oth erwise sought out an immunization and/or did not have the

the program for the 2019/ 2020 flu season

means to pay for a vaccination. In total, we vaccinated 150 community members and hope to expand

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 11, 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 990 Part V Section C Supplemental Information for Part V, Section B.

Form and Line Reference Explanation https://www.bch.org/Pay-My-Bill/FINANCIAL-ASSISTANCE.aspx

Schedule H. Part V. Section B. Line 16a-Boulder Community Foothills Hospital

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 11, 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

https://www.bch.org/documents/Pay-My-Bill/FINANCIAL-ASSISTANCE-APPLICATION-New-2017.pdf Schedule H. Part V. Section B. Line 16b-Boulder Community Foothills

Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1<sub>1</sub>, 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 990 Part V Section C Supplemental Information for Part V, Section B.

Form and Line Reference Explanation

Schedule H, Part V, Section B, Line 16c-Boulder Community Foothills Hospital

	Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility				
Sec Fac		Licensed, Registered, or Similarly Recognized as a Hospital			
(lıst	in order of size, from largest to smallest)				
How	many non-hospital health care facilities did the organi	ization operate during the tax year?			
Nan	ne and address	Type of Facility (describe)			
1	BCH Behavioral Health DPU 1100 Balsam Avenue Boulder, CO 80304	Psych DPU			
1	BCH Rehabilitation DPU 1100 Balsam Avenue Boulder, CO 80304	Rehab DPU			
2	Community Medical Center 1000 W South Boulder Road Lafayette, CO 80026	Emergency Room			
3	BCH at Boulder Medical Center 2750 Broadway Boulder, CO 80304	laboratory and imaging services			
4	Boulder Community Musculoskeletal Surgery LLC 1136 Alpine Avenue Boulder, CO 80304	Ambulatory Surgical Center			
5	Endoscopy Center of the Rockies in Lafayette 1000 W South Boulder Road Suite 202 Lafayette, CO 80026	Endoscopic Ambulatory Surgery Center			
6	Endoscopy Center of the Rockies in Boulder 1755 48th Street Suite 110 Boulder, CO 80303	Endoscopic Ambulatory Surgical Center			
7	Endoscopy Cener of the Rockies in Longmont 1551 Professional Lane Suite 295 Longmont, CO 80501	Endoscopic Ambulatory Surgical Center			
8	Boulder MRI LLC 1000 W South Boulder Road Suite 105 Lafayette, CO 80026	MRI Imaging Center			
9	Foothils Surgery Center LLC 4743 Arapahoe Avenue Suite 101	Ambulatory Surgical Center			
10	Boulder, CO 80303  Boulder Heart 4743 Arapahoe Avenue Suite 201	Physician clinic			
11	Boulder, CO 80303  Boulder Heart Lafayette 1000 W South boulder Road Suite 216	Physician clinic			
12	Lafayette, CO 800262089  Boulder Heart Longmont 2101 Ken Pratt Blvd Suite 104	Physician clinic			
13	Longmont, CO 805016568  Internal Medicine Associates 1155 Alpine Unite 360	Physician clinic			
14	Boulder, CO 80304  Internal Medical Associates Foothills 4820 Riverbend Rd Boulder, CO 80301	Physician clinic			
		1			

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility 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) 16 Boulder Valley Surgical Associates Surgical services 4743 Arapahoe Avenue Boulder, CO 80303 1 Boulder Valley Pulmonology Physician clinic 1155 Alpine Unit 150 Boulder, CO 80304 2 CU Sports Medicine and Performance Center outpatient sports medicine clinic 2150 Stadium Drive Second Floor Boulder, CO 80309 3 Boulder Community Health Sports Medicine Imaging IDTF Imaging LLC 2150 Stadium Drive Boulder, CO 80309 Beacon Clinic Infectious Disease Clinic 4800 Riverbend Rd Boulder, CO 80301 5 Boulder Community Health Sleep Diagnostice Sleep study center 4895 Riverbend Rd Boulder, CO 80301 6 Sleep Fit Sleep study center 13654 Xavier Lane Suite 210A Broomfield, CO 80020 7 Internal Medical Associates of Lafayette Physician clinic 1000 W South Boulder Rd Suite 214 Lafayette, CO 80026 8 Buffalo Ridge Medical Center Physician clinic 16677 Lowell Blvd Broomfield, CO 80023 Center for Integrative Care Outpatient integrative care for cancer patients 4715 Arapahoe Unit 100 Boulder, CO 80303 10 Broomfield Imaging Laboratory and imaging services 36 Garden Center Broomfield, CO 80020 11 Frontier Internal Medicine Physician clinic 2101 Ken Pratt Blvd Ste 104 Longmont, CO 80501 12 Holistic Family Practice Physician clinic 1155 Alpine Avenue Suite 360 Boulder, CO 80304 13 Northwest Family Medicine Physician clinic 500 Discovery Parkway Suite 150 Superior, CO 80027 14 Family Medical Associates Physician clinic 1000 W South Boulder Rd Suite 110

Lafayette, CO 80026

	n 990 Schedule H, Part V Section D. Other Facilities ospital Facility	s That Are Not Licensed, Registered, or Similarly Recognized as
	ction D. Other Health Care Facilities That Are Not Li cility	icensed, Registered, or Similarly Recognized as a Hospital
(lıst	t in order of size, from largest to smallest)	
How	w many non-hospital health care facilities did the organiz	eation operate during the tax year?
Nan	me and address	Type of Facility (describe)
31	Spruce Street Internal Medicine 2575 Spruce Street Boulder, CO 80302	Physician clinic
1	Boulder Creek Family Medicine 1755 48th St Suite 200 Boulder, CO 80303	Physician clinic
2	Associated Neurologists of Boulder 1155 Alpine Suite 180 Boulder, CO 80304	Physician clinic
3	Boulder Community Hospital Occupational Medicine 4745 Arapahoe Ave Suite G40 Boulder, CO 80303	Occupational medicine clinic
4	Dakota Ridge Medical Center 2995 Baseline Road Suite 210 Boulder, CO 80303	Physician clinic
5	Gunbarrel Medical Center 6685 Gunpark Drive Suite 110 Boulder, CO 80301	Physician clinic
6	BMC East Laboratory 80 Health Park Dr Louisville CO, CO 80027	Laboratory draw station

DLN: 93493318124339 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number Boulder Community Health 84-0175870 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

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

Page 2

Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

0 Cost (4) 43 61.183 Assistance with food and transportation postdischarge for indigent patients 31 36,515 Cost Take home medications donated to indigent patients (5) Assistance with RX post-discharge for post-discharge indigent patients

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

(7) Part IV Explanation

Return Reference Grants are only made to non-profit organizations supporting our local community with health and welfare services. Grants in excess of \$10,000 are specifically approved Schedule I. Part I. Line 2 by the hospital board of directors during the budget process. The CEO has a discretionary budget for which he may approve distributions of less than \$10,000 Monitoring of grants over \$10,000 is done by having representation on their non-profit board. Scholarship applications for healthcare education are reviewed by a

## **Additional Data**

**Software ID:** 18007995 Software Version: v1.00 **EIN:** 84-0175870

Name: Boulder Community Health

(a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (c) IRC section if applicable organization grant cash (book, FMV, appraisal, or government assistance other)

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

0 FMV

(q) Description of

(h) Purpose of grant or assistance

non-cash assistance **Boulder County Fire Fighters** 84-6000600 501(c)3 12,000 Support for local fire Association association

Sunshine Fire Protection District PO Box 7461 Golden, CO 80403 Provide athletic trainer to school To support high school 75,113 FMV Boulder Valley School District 84-6014683 501(c)3 district 6500 E Arapahoe Ave athletics and help to Boulder, CO 80303 reduce student athlete injuries

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Boulder Community Health 501(c)3 18.000 FMV Rent paid on behalf of 84-0772664 To support the efforts of Foundation Foundation Ithe BCH Foundation in

PO Box 19320 Boulder, CO 80308 the form of rental space

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	8124	339			
Sch	nedule J	С	ompensati	ion Information	40	1B No	1545-0	0047			
(Fori	m 990)	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.						3			
	tment of the Treasurv al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest infor	mation.		pen to Public Inspection				
Nar	me of the organiza				Employer identificat						
Bou	lder Community Hea	llth			84-0175870						
Pa	rt I Questi	ons Regarding Compensa	ation		[						
	_						Yes	No			
1a				f the following to or for a person liste by relevant information regarding the							
		s or charter travel		Housing allowance or residence for	•						
	_	companions	님	Payments for business use of perso							
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati							
	□ Discretion	ary spending account		Personal services (e g , maid, chau	rreur, cner)						
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	<b>1</b> b					
2	Did the organiza	ation require substantiation price	or to reimbursing	or allowing expenses incurred by all r, regarding the items checked in line	- 1-2	2					
	directors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked in line	e la <sup>r</sup>						
3	organization's C	EO/Executive Director Check a	Ill that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain							
	<b>✓</b> Compensa	ation committee	$\checkmark$	Written employment contract							
		ent compensation consultant	✓	Compensation survey or study							
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ition committee						
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a						
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No			
b		r receive payment from, a supp		lified retirement plan?		4b	Yes				
С	Participate in, o	r receive payment from, an equ	ııty-based comper	nsation arrangement?		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Par	t III						
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.							
5		ed on Form 990, Part VII, Section on the revenues of		the organization pay or accrue any							
а	The organization	٦?				5a		No			
b	Any related orga					5b		No			
	-	5a or 5b, describe in Part III									
6		ed on Form 990, Part VII, Section on tingent on the net earnings of the net earnings o		the organization pay or accrue any							
а	The organization	٦?				<b>6</b> a	Yes				
b	Any related orga					6b		No			
_	•	6a or 6b, describe in Part III									
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe art III	d	7	Yes				
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No			
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9		140			
For F	Panerwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat No	50053T Schedule J	(Forn	990)	2018			

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. the individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title	(B) Break	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)		
See Additional Data Table								

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								
	The Executive Committee of the Board serves as the compensation committee as specified by the bylaws of the hospital. The Executive Committee is comprised of the Chairman, Vice Chairman, Secretary, Treasurer, President/CEO and two at large members of the Board. The President/CEO does not participate in or yote on							

Page 3

Schedule J (Form 990) 2018

the Chairman, Vice Chairman, Secretary, Treasurer, President/CEO and two at large members of the Board. The President/CEO does not participate in or vote on compensation matters related to his own compensation. The Executive Committee proposes an Executive Compensation Philosophy for approval by the Board, which sets parameters for compensation of the CEO and the Vice Presidents. The Executive Committee (without the CEO) reviews the compensation and benefits of the CEO annually, subject to Board ratification. The CEO sets compensation for the Vice Presidents within the ranges established by the Compensation Philosophy Compensation outside the approved ranges requires Executive Committee review and approval. The Executive Committee engages a consulting firm to provide comparative compensation studies for similarly qualified executives in functionally comparable positions at similarly situated organizations. Compensation study and

consistent with the Compensation Philosophy All compensation-related meetings of the Executive Committee are formally documented

performance review are considered in developing executive compensation decisions. Any benefits for executives beyond what is provided to all employees must be

Return Reference	Explanation
	Ln 4bThe hospital contributes to a nonqualified 457(f) plan for the benefit of its executive leadership. Participants include. Robert Vissers, Pres & CEO (\$144,297 contributed), Benjamin Keidan, VP & Chief Medical Officer (\$82,531 contributed), William Munson Jr, VP & CFO (\$48,517 contributed), Jacqueline Attlesey-Pries, VP ,COO & CNO (\$47,684 contributed), Paul Hinchey, VP Business Development (\$68,043 contributed), Michael Jefferies, VP & CIO (\$55,762 contributed), Sarah Meshak, VP & General Counsel (\$54,899 contributed), Jamie Jensen, VP & Chief Population Officer (\$26,682 contributed), and Grant Besser, Foundation President & VP Public Affairs (\$19,837 contributed)

Return Reference	Explanation
le J, Part I, Line 6	J, Ln 6 See response to Line 7 Board approval required for any payment

Schedule J

Return Reference	Explanation
· , ,	For 2017, the hospital has an Incentive Compensation Plan for Vice Presidents and Directors whereby a percentage of base salary is paid out if goals are met and if authorized by the Board of Directors. For Vice-Presidents, one-third of their incentive is based upon the Hospital meeting at least 85% of its budgeted net operating income before interest expense. One-third VP incentive is based on Safety goals and one-third is based on Performance Goals. The one-third financial goal for Directors is based on meeting their departmental financial targets, as well as a one-third safety goal and a one-third performance goal. Incentive Compensation payouts were made in February, 2018 for the 2017 plan year. For 2018, the Incentive Compensation Plan was modified to include meeting a net operating income before interest expense gate. This gate was not met and therefore no Incentive compensation expense was accrued for the 2018 plan year and no payments were made in early 2019 for 2018 incentive compensation. The exception to this was the Foundation President & VP Public Affairs, who was paid incentive compensation in February 2019 for the plan year 2018 based upon achieving goals set by the Foundation Board.

2018 Schedule 1

**Software ID:** 18007995

**Software Version:** v1.00

**EIN:** 84-0175870

Name: Boulder Community Health

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (C) Retirement and

(B) Breakdown of W-2 and/or 1099-MISC compensation

(A) Name and The		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Robert J Vissers Exec Director/CEO	(1)	605,272	20,000	37,000	152,882	28,847	844,001	20,000
	(11)	0	0	0	0	0	0	0
Benjamın J Keidan VP & Chief Medical Officer	(1)	389,207	18,654	20,534	92,806	16,458	537,659	0
	(11)	0	0	0	0	0	0	0
William A Munson Jr VP & CFO	(1)	260,874 	30,561	42,513	58,792	31,497	424,237	0
	(11)	0	0	0	0	0	0	0
Jacqueline M Attlesey-Pries VP , Chief Nursing Officer & Chief Operating Officer	(1)	275,939 	30,002	24,492	57,959 	25,500	413,892	0
	(11)	0	0	0	0	0	0	0
Paul R Hinchey VP Business Development		247,587	10,000	42,996 	76,293 	22,153	399,029	0
	(11)	0	0	0	0	0	0	0
Michael J Jefferies VP & Chief Information Officer	(i)	246,243	34,033	16,309	64,817	1,337	362,739	0
	(11)	0	0	0	0	0	0	0
Sarah E Meshak VP & General Counsel	(1)	239,849 	26,000	24,373	64,664 	10,689	365,575 	0
	(11)	0	0	0	0	0	0	0
Jamie D Jensen VP & Chief Population	(1)	232,971	25,002	18,500	44,120	20,766	341,359	0
	(11)	0	0	0	0	0	0	0
Grant Besser Foundation President & VP	(1)	188,191	18,892	12,266	26,847	29,350	275,546	0
Public Affairs	(11)	0	0	0	0	0	0	0
Charles Jones Physician	(1)	785,585	334,396	18,500	219,786	10,723	1,368,990	245,708
	(11)	0	0	0	0	0	0	0
Bryan Mahan Physician	(1)	832,437 	142,073	43,000	5,590	22,525	1,045,625	0
	(11)	0	0	0	0	0	0	0
Srınıvas İyengar Physician	(1)	599,939	134,432	37,000	9,600	28,847	809,818	0
	(11)	0	0	0	0	0	0	0
Jamie Doucet Physician	(1)	508,466 	208,159	42,231	10,275	30,837	799,968	0
	(11)	0	0	0	0	0	0	0
Sameer A Oza Physician	(1)	510,961	194,256	36,986	10,275	29,832	782,310	0
	(11)	0	0	0	0	0	0	0
Linda S Minghella VP & Chief Information	(1)	0	0	137,732	0	0	137,732	137,732
Officer (former)	(11)	0	o	0	o	0	0	0

(D) Nontaxable

(E) Total of columns

(F) Compensation in

efi	le GRAPHIC print - DO NO	T PROCESS As	Filed Data -										DLN: 9	3493	31812	4339								
	te: To capture the full con	tent of this docum	ent, please sele	ect landscape mode	: (11" x 8.	5") w	hen p	printing.				1	0145		45 0045									
(F	hedule K orm 990)		e organization an	Information o swered "Yes" to Form s, and any additional  Attach to Form 99	990, Part information	VI, line	24a.	Provide des	criptions,			OMB No 1545-0047  2018  Open to Public												
Inter	artment of the Treasury mal Revenue Service		▶Go to <u>www</u>	irs.gov/Form990 for		informa	ation.	•						en to r nspect										
	e of the organization Ider Community Health										<b>Employ</b> 84-017	rer ident 75870	ification	n numbe	er.	_								
Pa	rt I Bond Issues																							
			(e) Issue p	rice		(f) Description of purpose			(g) Defeased		behalf of issuer		finar	Pool ncing										
A	Colorado Health Facilities Authority	84-0752932	19648AVF9	12-01-2010	93,53	35,431	Footh refund		n, balance for	debt	Yes	No X	Yes	X	Yes	X								
В	Colorado Health Facilities Authority	84-0752932	19648AZL2	08-28-2012	31,74	18,673	Footh	nills hospital e	xpansion			Х		Х		Х								
С	Colorado Health Facilities Authority	84-0752932		12-30-2014	30,00	00,000		iring,construc iced Facilities	tıng & equippi	ng		Х		Х		Х								
Pa	rt II Proceeds			l l			1																	
1	Amount of bonds retired					A B 35,800,000 3,460,000				<b>C</b>				D										
2	Amount of bonds legally defea				270,000 0					0														
3	Total proceeds of issue				93,716,361 31,815,214					30,041,484														
4	Gross proceeds in reserve fund	ds			0 0				0															
5	Capitalized interest from proce	eeds			0 0				0															
6	Proceeds in refunding escrows				0 0				0															
7	Issuance costs from proceeds					1,080,618 452,449				153,502														
8	Credit enhancement from prod	ceeds				0 0			0															
9	Working capital expenditures f				0 0				0															
10	Capital expenditures from pro-				25,180,923 31,362,765			29,887,982																
11	Other spent proceeds				67,458,941 0			0																
12	Other unspent proceeds				0			) 0						0										
13	Year of substantial completion					014			14		2019		1											
					Yes	N <sub>4</sub>	0	Yes	No	Ye	S	No		Yes	+	No								
14	Were the bonds issued as part				Х				Х			X			+									
15	Were the bonds issued as part					X	(		Х			X												
16					Х			X				Х												
Does the organization maintain adequate books and records to support the final allocation of proceeds?					×			×		Х														
Pa	rt III Private Business U	Jse						_																
						Α	_	<u> </u>	B No.		C			V	D	NI -								
1	Was the organization a partne financed by tax-exempt bonds				Yes	X		Yes	No X	Ye	S	No X		Yes		No								
2	Are there any lease arrangement property?	ents that may result in	private business us			Х	(		Х			Х												
For	Paperwork Reduction Act Not	tice, see the Instruct	tions for Form 990	).	Ca	t No 5	0193E	E				Sc	hedule	e K (Fo	rm 990	)) 2018								

Arbitrage

Part IV

C

C

d

Page 2

No

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Χ

0 %

0 %

0 %

Χ

Х

Yes

Х

Χ

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No

Χ

Χ

Χ

Χ

Х

C

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

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

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . .

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Yes

Χ

Х

Χ

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No

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Α

Yes

Χ

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Yes

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Yes

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X

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Х

Yes

Χ

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

Schedule K (Form 990) 2018

period?

Part V

Part VI

Health Facilities

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

Schedule K, Part I, Column e-12/01/2010 93,535,431 Colorado

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

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

Ln A(e) of \$93,535,431 < Pt II Ln 3(A) of 93,716,361 by the cumulative trust fund interest income of \$180,930

Х

Yes

Χ

Nο

Explanation

Х

Yes

Χ

No

Yes

No

Page 3

No

Nο

D

Yes

Yes

Return Reference	Explanation
Schedule K, Part I, Column e-08/28/2012 31,748,673	Ln B(e) of \$31,748,673 < than Pt II Ln 3(B) of 31,815,214 by the cumulative trust fund interest income of \$66,541
Colorado Health Facilities	

Return Reference	Explanation
Schedule K, Part I, Column e-12/30/2014 30,000,000 Colorado Health Facilities Authority	Ln C(e) of \$30,000,000 < Pt II Line 3(C) of 30,034,171 by the cumulative trust fund interest income of \$41,484

e-C

Return Reference	Explanation
	Lines 4 through 12 > Ln 3 by 4,121 which is the amount transferred into the 2010 Cost of Issuance Bond Trust Account from the close-out of the 2003 Bond Fund

Return Reference	Explanation					
	Other Spent Proceeds includes \$14,546,298 to refund Series 1994B, \$26,456,321 to refund Series 2003A and \$26,456,321 to refund Series 2003B					

\_\_\_

Return Reference	Explanation
	Rebate calculation for Series 2010 performed by Kutak Rock Arbitrage Consulting LLC for the period 12/1/2010 to
12/01/2010 93,535,431	10/01/2015, the end of the first five-year rebate calculation period. The report concludes that there is no arbitrage
Colorado Health Facilities	rebate liability as of 10/01/2015 and no federal reporting requirement

Return Reference	Explanation
08/28/2012 31,748,673	Rebate calculation for Series 2012 performed by Kutak Rock Arbitrage Consulting LLC for the period 08/28/2012 to 10/01/2016, the end of the first five-year rebate calculation period. The report concludes that there is no arbitrage rebate liability as of 10/01/2016 and no federal reporting requirement.

#### **Additional Data**

	Software ID:	18007995
	Software Version:	v1.00
	EIN:	84-0175870
	Name:	Boulder Community Health
Return Reference		Explanation
Schedule K, Part I, Column e-12/01/2010 93,535,431 Colorado Health Facilities	Ln A(e) of \$93,535,431 < Pt II Ln 3(A) of 93,7	16,361 by the cumulative trust fund interest income of \$180,930
Schedule K, Part I, Column e-08/28/2012 31,748,673 Colorado Health Facilities	Ln B(e) of \$31,748,673 < than Pt II Ln 3(B) of	31,815,214 by the cumulative trust fund interest income of \$66,541
Schedule K, Part I, Column e-12/30/2014 30,000,000 Colorado Health Facilities Authority	Ln C(e) of \$30,000,000 < Pt II Line 3(C) of 30,	034,171 by the cumulative trust fund interest income of \$41,484
Schedule K, Part II, Line 3-12/01/2010 93,535,431 Colorado Health Facilities	Lines 4 through 12 > Ln 3 by 4,121 which is th Account from the close-out of the 2003 Bond Fi	e amount transferred into the 2010 Cost of Issuance Bond Trust und
Schedule K, Part II, Line 11- 12/01/2010 93,535,431 Colorado Health Facilities	Other Spent Proceeds includes \$14,546,298 to \$26,456,321 to refund Series 2003B	refund Series 1994B, \$26,456,321 to refund Series 2003A and
Schedule K, Part IV, Line 2c- 12/01/2010 93,535,431 Colorado Health Facilities		y Kutak Rock Arbitrage Consulting LLC for the period 12/1/2010 to te calculation period The report concludes that there is no arbitrage I reporting requirement
Schedule K, Part IV, Line 2c- 08/28/2012 31,748,673 Colorado Health Facilities		y Kutak Rock Arbitrage Consulting LLC for the period 08/28/2012 to te calculation period The report concludes that there is no arbitrage I reporting requirement

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Schedule L (Form 990 or 990	I-EZ) ► Comp	lete if the org	anization	ons with Ir	on Form 9	90, Part IV, li	nes 2	5a, 2	25b, 26		МВ No	1545	-0047	
			► Att	28c, or Form 99 ach to Form 990 s.gov/Form990	or Form 99	00-EZ.		201					18	
Department of the Tre Internal Revenue Serv	I	7 00 0	.o <u></u>	31904/10/11/200	Tor the late	se information				(	Open Insi	to Pu pecti		
Name of the org							Er	nplo	yer ide	ntifica	ation r	numb	er	
Part I Exce	ss Bonofit T	ransactions (	sastian EC	)1(c)(3), section !	F01/a)/4) and	d E01(a)(20) ar			5870					
				Form 990, Part						ne 40b				
1 (a	) Name of disqu	ualified person	(t	Relationship be	tween disqua organization	lified person an	nd	. ,	escript ansacti				rected?	
					n gamzacion				ansacti	-	<b>+</b>	es	No	
							+							
											<u> </u>			
Part II Los	ans to and/conplete if the orgorted an amoun	pr From Interprise property on Form 990, on property (c) Purpose	rested Pered "Yes" Part X, lin	on Form 990-EZ,			(g) defa	In ult?	(I Appro boai comm		or if the organiz  (i)Wr ed by agreer		ten:	
			То	From			Yes	No	Yes	No	Yes		No	
					L <sub>.</sub>									
Total				<b>_</b>	<b>\$</b>									
				erested Perso		line 27								
(a) Name of inte	rested person	(b) Relationship interested perso organizat	p between on and the			( <b>d)</b> Type o	of assi	stanc	e	<b>(e)</b> Pu	rpose (	of assi	stance	
						1								
For Paperwork Red	luction Act Notic	e, see the Instru	ctions for	 Form 990 or 990-E	<b>Z.</b> C.	l at No 50056A		Scl	nedule I	(Form	990 ი	r 990-	EZ) 2018	

		· <b>,</b> · <b>,</b> · · · ·	., ,			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) Interface Communications Co	Jeff Morgan, Boardmember, is a 75% owner of Interface Communications		BCH pays Interface Communications for communications services		No	

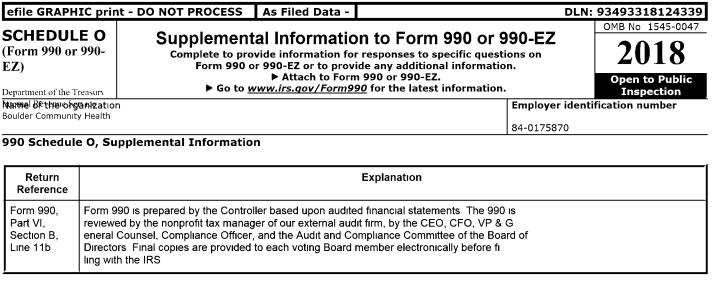
Explanation

Schedule L (Form 990 or 990-EZ) 2018

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

Part V **Supplemental Information** 

**Return Reference** 



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The hospital has a conflict of interest policy for all staff, and requires that staff memb ers director level and above complete an annual conflict of interest questionnaire that is reviewed by the compliance department. The hospital also has a conflict of interest polic y for all medical staff members that requires disclosure on a conflict of interest stateme in the form during the credentialing and/or re-credentialing periods. Board members complete a in annual statement of interest form which discloses employment, family member employment, business relationships, service on other Boards or governance positions and identifies oth er conflicts of interest. The statement of interest also identifies transactions requiring disclosure.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The Executive Committee of the Board serves as the compensation committee as specified by the bylaws of the hospital. The Executive Committee is comprised of the Chairman, Vice Chairman, Secretary, Treasurer, President/CEO and two at large members of the Board. The President/CEO does participate in or vote on compensation matters related to his own compensation. The Executive Committee proposes an Executive Compensation Philosophy for approval by the board, which sets parameters for compensation of the CEO and the Vice Presidents. The Executive Committee (without the CEO) reviews the compensation and benefits of the CEO annually, subject to Board ratification. The CEO sets compensation for the Vice Presidents within the ranges established by the Compensation Philosophy. Compensation outside the approved ranges requires Executive Committee review and approval. The Executive Committee engages a consulting firm to provide comparative compensation studies for similarly qualified executives in functionally comparable positions at similarly situated organizations. Compensation study and performance review are considered in developing executive compensation decisions. Any benefits for executives beyond what is provided to all employees must be consistent with the Compensation Philosophy. All compensation-related meetings of the Executive Committee are formally documented.

990 Schedule O, Supplemental Information

Return

Reference	·
Form 990,	The hospital's web site is www bch org. The web site includes the hospital's Mission, Visi
Part VI,	on and Beliefs Statement, our financial assistance policies, the Community Health Needs As
Section C,	sessment, the Board of Directors, and the Annual Report which contains key financial data,
Line 19	and information on new programs, patient safety and quality, and community benefits. The
	web site also has a section for Compliance policies including the Code of Conduct and Conf
	lict of Interest Annual audited financial statements are made available to the public at

the Annual Meeting of Boulder Community Health The tax return is made available to anyone

who requests the return through our Public Information Office

Explanation

Return Explanation Reference

990 Schedule O, Supplemental Information

Form 990. Other changes in Net Assets of -\$5,302,967 = Change in Foundation Assets of -\$2,187,431 + Part XI. Line

Change in minimum pension liability of -\$2,875,899 + Charge for amortization ineffective I oss on swaps -\$239,635

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

### **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

DLN: 93493318124339

Open to Public Inspection

**Employer identification number** 

Source Community Fleatur				84-0175870			
Identification of Disregarded Entities Complete I  (a)  Name, address, and EIN (if applicable) of disregarded entity	f the organization answ  (b)  Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	(f) Direct controllir entity	ıg	
(1) Boulder Community Health Sports Medicine Imaging LLC	imaging services	CO	1,199,603	1,731,932	Boulder Communty Health	ı	_
2150 Stadium Drive 2nd Floor Boulder, CO 80309 47-4243430							
(2) Boulder Valley Care Network LLC 4141 Arapahoe Avenue Surte 200 Boulder, CO 80303 82-1488664	Clincally Integrated Provider Network	СО	211,120	0	Boulder Community Health	1	
							_
							_
Part II  Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization	ons Complete if the organization (b) Primary activity	(c) Legal domicile (state	Yes" on Form 990  (d)  Exempt Code section	(e) Public charity status	(f) Direct controlling	( Section	<b>g)</b> n 512(b)
		or foreign country)		(if section 501(c)(3))	entity		ontrolled tity? <b>No</b>
(1)Boulder Community Hospital Foundation 4860 Riverbend	Fundraising for Boulder Community Health	СО	501(c)3	509(a)3	N/A		No
Boulder, CO 80301 84-0772664							
For Paperwork Reduction Act Notice, see the Instructions for Form	99U.	Cat No 50135	Υ		Schedule R (Forn	n 990) 2	บาช

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	tivity (c) Legal domicile (state or foreign country)	al Direct cile controlling ite entity - ign	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h</b> Dispropi allocat	rtionate tions?				<b>(k)</b> Percentage ownership
	<u> </u>		<u> </u>	,			Yes	No		Yes		
(1) Boulder Community Musculoskeletal Surgery Center LLC  4740 Pearl Parkway Suite 100 Boulder, CO 80301 20-1391702	Outpatient surgery center		Í	Related	2,261,693	4,120,540		No	0		No	50 %
(2) Endoscopy Center of the Rockies LLC  382 S Arthur Ave Ste 140 Louisville, CO 80027 84-1562782	Outpatient Endoscopy		ŕ	Related	49,060,200	1,207,266		No	0		No	50 %
(3) Boulder MRI LLC  1000 W South Boulder Road Suite 105 Lafayette, CO 80026 45-2676500	outpaient MRI center	со	Boulder Community Health	Related	348,752	100,469		No	0		No	51 %
(4) Foothills Surgery Center LLC  4743 Arapahoe Avenue Suite 101 Boulder, CO 80303 45-5328252	Ambulatory Surgical Center	CO	Boulder Community Health	Related	1,945,205	2,264,136		No	0		No	51 %
(5) Riverbend Sleep LLC 4895 Riverbend Road Boulder, CO 80301 46-4514151	own building and lease to Approved Entities			Excluded	57,686	1,052,569		No	44,090		No	50 %
(6) Premier Eye Surgery Center of Colorado  4545 Arapahoe Suite 100 Boulder, CO 80303 82-3760640	Outpatient Eye Surgery Center	со	Boulder Community Health	Related	-25,050	24,950		No	0		No	50 1 %
Part IV Identification of Related Organizations Taxable as	s a Corporati	ion or	Trust Comp	lete if the org	anızatıon an:	swered "Yes	s" on F	orm 9	90, Part IV	, line	34	

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>(b)</b> Primary activity	<b>(c)</b> 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	Section (13) co ent Yes	512(b) ntrolled ity?
							andula P (Form	000) 20	

Schedule R (Form 990) 2018					
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		Yes	No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No		
<b>b</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)	<b>1</b> g		No		
h Purchase of assets from related organization(s)	1h		No		
i Exchange of assets with related organization(s)	11		No		
	<del>     </del>				

f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	ig		No
h Purchase of assets from related organization(s)	۱h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Y	Yes	
	$\top$		
k Lease of facilities, equipment, or other assets from related organization(s)	lk Y	Yes	
I Performance of services or membership or fundraising solicitations for related organization(s)	11		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)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		No
o Sharing of paid employees with related organization(s)		10	Yes	
p Reimbursement paid to related organization(s) for expenses		<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>1</b> q	Yes	
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 three See Additional Data Table	esholds			
(a)	/ 41			

. Total marine of octal design in the marine of the marine				1 1	1
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10 Y	'es
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q Y	'es
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ 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 lin See Additional Data Table	e, including covered i	relationships and tra	nsaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	nount inv	olved

P	Reimbursement paid to related organization(s) for expenses				4±	- 1	NO
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
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 r	elationships and trai	nsaction thresholds			
See A	dditional Data Table						
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount in	volved	

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

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

was not a related organization. See instructions regarding exclusion													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No	<u> </u>		Yes	No		Yes	No	\ 
				_						Schedul	e R (Form	1 99	0) 2018



#### **Additional Data**

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

**Software Version:** v1.00 EIN: 84-0175870

Form 000 Schodulo B. Bart V - Transactions With Polated Organizations

Boulder Community Musculoskeletal Surgery Center LLC

Endoscopy Center of the Rockies LLC

Boulder MRI LLC

Boulder MRI LLC

Boulder MRI LLC

Riverbend Sleep LLC

Riverbend Sleep LLC

Foothills Surgery Center LLC

Foothills Surgery Center LLC

Foothills Surgery Center LLC

Premier Eye Surgery Center of Colorado

**Software ID:** 18007995

Name: Boulder Community Health

FULL	990, Schedule K, Part V - Transactions with Kelated Organizations			
	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Boulder Community Musculoskeletal Surgery Center LLC	С	2,025,000	K-1 capital distribution

d

c

С

q

c

k

c

Ы

b

1,808,294

5.050,000

395,250

59,160

216,610

55,000

179,848

1,759,500

469,033

369,950

50,000

Loan quarantee document (not > ownership

K-1 capital distribution

K-1 capital distribution

thru of MRI service contract K-1 capital distribution

Vendor history recap

K-1 capital distribution

Lease payments received

outstanding at YE

Center of Colorado

Property Manager Recap of Income

59,160 for PACS agreement, 12,500 for

Loan document guarantees 35% of Loan

K-1 capital contribution to Premier Eye Surgery

managed care contracting, 144,950 for pass-