

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493197066030

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
Catholic Health Initiatives Colorado

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

9100 EAST MINERAL CIRCLE

City or town, state or province, country, and ZIP or foreign postal code  
CENTENNIAL, CO 80112

F Name and address of principal officer  
PETER BANKO  
9100 EAST MINERAL CIRCLE  
CENTENNIAL, CO 80112

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No

H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status  
☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.centura.org

K Form of organization  
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
CATHOLIC HEALTH INITIATIVES-COLORADO IS A FAITH BASED ORGANIZATION THAT INVESTS IN CHARITY CARE, COMMUNITY PROGRAMS, AND SPONSORSHIPS DESIGNED TO NURTURE THE HEALTH OF THE PEOPLE OF COLORADO

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)	2
4	Number of independent voting members of the governing body (Part VI, line 1b)	0
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	11,684
6	Total number of volunteers (estimate if necessary)	1,499
7a	Total unrelated business revenue from Part VIII, column (C), line 12	10,489,348
7b	Net unrelated business taxable income from Form 990-T, line 34	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,343,539
9	Program service revenue (Part VIII, line 2g)	2,027,776,967
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	20,077,853
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,657,874
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,066,856,233

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	1,606,562	1,376,176
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	670,703,815	656,819,506
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,255,861,623	1,328,629,664
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,928,172,000	1,986,825,346
19	Revenue less expenses Subtract line 18 from line 12	138,684,233	203,240,216

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,084,353,018
21	Total liabilities (Part X, line 26)	355,271,836
22	Net assets or fund balances Subtract line 21 from line 20	1,729,081,182

Part II 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

Sign Here

\*\*\*\*\*  
Signature of officer

2020-07-15  
Date

DAN ENDERSON SVP CFO TREASURER  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01320603
Firm's name ▶ CROWE LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 333014230			Phone no (954) 202-8600	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

WE EXTEND THE HEALING MINISTRY OF CHRIST BY CARING FOR THOSE WHO ARE ILL AND BY NURTURING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 1,800,822,691	including grants of \$ 1,376,176 )	(Revenue \$ 2,149,296,584 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$ )
-----------	---------	--------------	------------------------	-----------------

<b>4c</b>	(Code )	(Expenses \$	including grants of \$	) (Revenue \$ )
-----------	---------	--------------	------------------------	-----------------

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	) (Revenue \$ )
-----------	--	--------------	------------------------	-----------------

<b>4e</b>	<b>Total program service expenses</b> ▶	1,800,822,691
-----------	---	---------------

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b>		Yes	No	
Check if Schedule O contains a response or note to any line in this Part V . . . . . <input type="checkbox"/>				
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	11,684	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	Yes	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> 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 . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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

## Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	2	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	0	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b> Did the organization have members or stockholders?	6	Yes
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	8a	Yes
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: CA, CO

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ DAVID SOLOMON 9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 (303) 673-8249

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.
- ☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA WEBB FACHE CHAIR	1 0 ..... 60 0	X		X				0	1,371,938	34,556
(2) DEAN SWINDLE CPA VICE CHAIR (Partial Year)	1 0 ..... 60 0	X		X				0	2,551,449	37,989
(3) Mitch H Melfi ESQ BOARD MEMBER	1 0 ..... 60 0	X						0	1,367,414	42,445
(4) PETER BANKO President	1 0 ..... 60 0			X				0	2,115,745	374,205
(5) Dan Enderson TREASURER	1 0 ..... 60 0			X				0	961,018	211,670
(6) Kris Ordelherde SECRETARY	1 0 ..... 60 0			X				0	1,277,632	154,323
(7) Kenneth Bacon Group President & CEO of St. Anthony Hospital	45 0 ..... 0 0				X			0	975,816	85,882
(8) Mike Cafasso CEO - St. Mary-Corwin Medical Center	45 0 ..... 0 0				X			0	360,877	66,751
(9) Brian Erling CEO - Penrose St. Francis Health Services	45 0 ..... 0 0				X			0	810,852	145,270
(10) Thomas Gessel CEO MERCY REGIONAL MEDICAL CENTER	45 0 ..... 0 0				X			0	1,214,346	182,082
(11) Steven Hannah CFO St. Mary-Corwin Medical Center	45 0 ..... 0 0				X			0	274,505	22,093
(12) MATTHEW Leary CFO - St. Anthony Hospital	45 0 ..... 0 0				X			0	459,219	49,550
(13) CHARLES MCCONNELL CEO Mercy Regional Medical Center	45 0 ..... 0 0				X			0	454,935	82,800
(14) PETER POWERS CEO - St. Anthony Hospital	45 0 ..... 0 0				X			0	367,754	66,888
(15) Tadd Richert Group CFO & CFO - Penrose St. Francis Health Services	45 0 ..... 0 0				X			0	495,106	36,577
(16) Edward Sim EVP & COO - ST. ANTHONY HOSPITAL	45 0 ..... 0 0				X			0	1,116,198	155,905
(17) Jane Strobel CFO Mercy Regional Medical Center	45 0 ..... 0 0				X			0	321,872	13,565

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Camille Azar Physician	45 0 .....0...					X		880,815	0	41,376
(19) Christopher Mawn Physician	45 0 .....0...					X		710,686	0	42,570
(20) Raymond Mencini Physician	45 0 .....0...					X		828,680	0	33,863
(21) Taj Kattapuram PHYSICIAN	45 0 .....0...					X		700,791	0	14,538
(22) Khan Usman PHYSICIAN	45 0 .....0...					X		722,624	0	22,354
(23) Brian Moore Former -CEO St Mary-Corwin Medical Center	0 0 .....0 45 0						X	0	551,153	24,911
(24) Margaret Sabin Former - Group CEO & CEO - Penrose St Francis Health Services	0 0 .....0 45 0						X	0	1,771,088	151,259
(25) Daniel Reeves Former -Group CFO & CEO - Penrose St Francis Health Services	0 0 .....0 45 0						X	0	176,355	12,794

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	3,843,596	18,995,271	2,106,215

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 858

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Vascular Center of Colorado LLC 2222 N Nevada Ave Colorado Springs, CO 80907	Medical Services	28,663,816
Colorado Springs Cardiologists PC 2222 N Nevada Ave Colorado Springs, CO 80907	Medical Services	13,812,047
Colorado Orthopedic Specialist 4105 Briargate Parkway Suite 300 Colorado Springs, CO 80920	Medical Services	13,378,654
All Star Recruiting Locums LLC PO Box 936725 Atlanta, GA 31193	Staffing	5,899,598
Cardiac and Thoracic Surgery Associates PC 2222 N Nevada Ave Colorado Springs, CO 80907	Medical Services	5,709,129

**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 ▶ 209

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	9,452,141			
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,979			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		9,463,120			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> NET PATIENT SERVICES	622110	2,133,163,399	2,133,163,399		
	<b>b</b> RENTAL TO AFFILIATES	900099	6,654,777	6,654,777		
	<b>c</b> CHPG INCENTIVE REVENUE	900099	5,450,695	5,450,695		
	<b>d</b> 340B Revenue	621990	513,801	513,801		
	<b>e</b> Management Fee Revenue	900099	268,606	268,606		
	<b>f</b> All other program service revenue		140,073	140,073	0	0
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		2,146,191,351			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		11,740,613		31,034	11,709,579
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	0 0				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		1,311,939 474,721				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)	1,311,939 474,721				
	<b>d</b> Net gain or (loss) . . . . . ▶		1,786,660			1,786,660
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
		919,281				
<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
	519,779					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		399,502			399,502	
Miscellaneous Revenue	Business Code					
<b>11a</b> CHILD CARE	722100	543,167	543,167			
<b>b</b> PHARMACY	446110	12,332,389	1,874,075	10,458,314		
<b>c</b> CAFETERIA REVENUE	900099	6,920,769			6,920,769	
<b>d</b> All other revenue . . . . .		687,991	687,991	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		20,484,316				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		2,190,065,562	2,149,296,584	10,489,348	20,816,510	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,376,176	1,376,176		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	7,718,883	7,718,883	0	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	577,044,953	490,488,210	86,556,743	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	26,740,795	22,729,676	4,011,119	
<b>9</b> Other employee benefits.	5,203,522	4,943,346	260,176	
<b>10</b> Payroll taxes.	40,111,353	34,094,650	6,016,703	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	193,719		193,719	
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	497,652,588	460,793,433	36,859,155	0
<b>12</b> Advertising and promotion.	426,642	213,321	213,321	
<b>13</b> Office expenses.	2,679,630	1,339,815	1,339,815	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	35,811,503	32,946,583	2,864,920	
<b>17</b> Travel.	1,459,763	1,021,834	437,929	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	10,247,205	9,734,845	512,360	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	103,334,429	98,167,708	5,166,721	
<b>23</b> Insurance.	13,307,358	9,315,151	3,992,207	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> Medical Supplies.	268,996,787	268,996,787		
<b>b</b> State Provider Tax.	141,148,467	141,148,467		
<b>c</b> R&M - Clinical Eng.	22,378,021	22,378,021		
<b>d</b> Bad Debts.	110,720,970	110,720,970		
<b>e</b> All other expenses.	120,272,582	82,694,815	37,577,767	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,986,825,346	1,800,822,691	186,002,655	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		23,624,275	<b>1</b>	25,417,784
	<b>2</b>	Savings and temporary cash investments . . . . .		111,317,880	<b>2</b>	155,606,350
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		259,073,904	<b>4</b>	285,590,575
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		37,215,155	<b>8</b>	40,007,060
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		10,995,571	<b>9</b>	7,913,484
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	2,230,289,912		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	1,002,058,091		
				1,170,975,523	<b>10c</b>	1,228,231,821
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		91,947,038	<b>12</b>	242,863,532
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		16,778,856	<b>14</b>	16,778,857
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		362,424,816	<b>15</b>	280,435,854	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		2,084,353,018	<b>16</b>	2,282,845,317	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		136,951,685	<b>17</b>	160,748,562
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		21,051,334	<b>19</b>	23,415,093
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		197,268,817	<b>25</b>	194,257,240
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		355,271,836	<b>26</b>	378,420,895
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		1,729,060,961	<b>27</b>	1,904,404,201
	<b>28</b>	Temporarily restricted net assets . . . . .		10,221	<b>28</b>	10,221
	<b>29</b>	Permanently restricted net assets . . . . .		10,000	<b>29</b>	10,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,729,081,182	<b>33</b>	1,904,424,422	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		2,084,353,018	<b>34</b>	2,282,845,317	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,190,065,562
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,986,825,346
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	203,240,216
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,729,081,182
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,711,349
<b>6</b>	Donated services and use of facilities	<b>6</b>	7,082,010
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-40,690,335
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,904,424,422

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 84-0405257  
**Name:** Catholic Health Initiatives Colorado

Form 990 (2018)

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

We are a diverse community of caregivers connected and fueled by our individual passions and purposes to change the world around us. While individually inspired, we are collectively unified by our mission. This process presents an opportunity to fulfill our commitment to our organizational mission to "extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities."

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Catholic Health Initiatives Colorado

Employer identification number  
84-0405257

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

12

☐

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

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

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

g

Provide the following information about the supported organization(s)

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
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		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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 Part VI the role played by the organization in this regard		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 84-0405257

**Name:** Catholic Health Initiatives Colorado

Schedule A (Form 990 or 990-EZ) 2018

Page **8**

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

**Facts And Circumstances Test**

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization Catholic Health Initiatives Colorado	<b>Employer identification number</b> 84-0405257
--	---

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

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

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

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

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

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

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		54,562
<b>j</b>	Total. Add lines 1c through 1i			54,562
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	CHI Colorado paid annual dues to various membership organizations, a portion of which is allocated to lobbying. The amount that represents this entity's share of the allocated lobbying expenses is as follows: Colorado Health Association - \$ 24,268 American Hospital Association - \$17,264 Catholic Health Association - \$ 13,030

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Catholic Health Initiatives Colorado

Employer identification number  
84-0405257

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		76,765,925		76,765,925
b Buildings . . . . .		979,695,297	298,786,759	680,908,538
c Leasehold improvements		292,761,482	157,061,208	135,700,274
d Equipment . . . . .		694,077,239	546,210,124	147,867,115
e Other . . . . .		186,989,969		186,989,969
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,228,231,821

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) CHI OIP - Investments	225,940,967	F
(B) Mellon Invest Unrealized	10,168,152	F
(C) Trustee Insurance	6,754,413	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	242,863,532	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) INVESTMENT IN UNCONSOLIDATED ORGS	215,573,028
(2) OCH CAPITAL LEASE	53,566,513
(3) PARKING GARAGE EASEMENT	5,035,000
(4) INTERCOMPANY RECEIVABLES	6,134,313
(5) MEDICAL RECORDS	127,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	280,435,854

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ENVIRONMENTAL REMEDIATION	974,103
INTERCOMPANY DEBT	193,058,432
WORKERS COMPENSATION	224,705
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	194,257,240

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 84-0405257  
**Name:** Catholic Health Initiatives Colorado

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	CATHOLIC HEALTH INITIATIVES-COLORADO'S (CHIC) FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2019, READS AS FOLLOWS: "COMMONSPIRIT HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE LAWS OF THE STATES IN WHICH IT OPERATES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, COMMONSPIRIT'S EXEMPT ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATIONS' EXEMPT PURPOSES. NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS. COMMONSPIRIT'S FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES RELATED TO THEIR OPERATIONS. THE FOR-PROFIT SUBSIDIARIES RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF THEIR ASSETS AND LIABILITIES, ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS, FOR TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, COMMONSPIRIT'S TAXABLE ENTITIES RECORDED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES AS PART OF THE PROVISION FOR INCOME TAXES. COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MATERIAL UNRECOGNIZED INCOME TAX BENEFITS AS OF JUNE 30, 2019 AND 2018. COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS."

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Catholic Health Initiatives Colorado

Employer identification number  
84-0405257

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 25000 %		
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	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,191,611		15,191,611	0 81 %
b Medicaid (from Worksheet 3, column a)			442,555,606	303,413,841	139,141,765	7 42 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			20,433,753		20,433,753	1 09 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	478,180,970	303,413,841	174,767,129	9 32 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,595,417		2,595,417	0 14 %
f Health professions education (from Worksheet 5)			5,161,197		5,161,197	0 28 %
g Subsidized health services (from Worksheet 6)			650,879		650,879	0 03 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			407,496		407,496	0 02 %
j Total. Other Benefits	0	0	8,814,989	0	8,814,989	0 47 %
k Total. Add lines 7d and 7j	0	0	486,995,959	303,413,841	183,582,118	9 79 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support					0	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building					0	0 %
<b>7</b> Community health improvement advocacy					0	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	0	0	0	0	0	0 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	110,720,970	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	603,999,883
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	871,264,154
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-267,264,271
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> ORTHOCOLORADO LLC	HOSPITAL	60 %	0 %	40 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

**9**

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

See Additional Data Table										
---------------------------	--	--	--	--	--	--	--	--	--	--

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

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

A

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.CENTURA.ORG/COMMUNITY-PROGRAMS/COMMUNITY-BENEFIT</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW.CENTURA.ORG/COMMUNITY-PROGRAMS/COMMUNITY-BENEFIT</u>	<b>10</b>	Yes
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

A

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.CENTURA.ORG/PATIENTS-AND-FAMILIES/BILLING-AND-FINANCIAL-SERVICES/FINANCIAL-HELP</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.CENTURA.ORG/PATIENTS-AND-FAMILIES/BILLING-AND-FINANCIAL-SERVICES/FINANCIAL-HELP</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.CENTURA.ORG/PATIENTS-AND-FAMILIES/BILLING-AND-FINANCIAL-SERVICES/FINANCIAL-HELP</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

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

A

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

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

**Policy Relating to Emergency Medical Care**

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

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

A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 72

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 COMMUNITY INFORMATION (CONTINUED)	<p>ST ANTHONY SUMMIT MEDICAL CENTER To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that account for 75% of a hospital's inpatient admissions These ZIP codes have a combined population of 43,982 Race White 89 6%, Black 1 2%, Asian 0 9%, Native American/Alaskan Native 1 0%, Native Hawaiian/Pacific Islander 0 2%, some other race 6 1%, Multiple races 1 1% Ethnicity 16 11% of the population in our service area reports as Hispanic or Latino Education Level In our community, 49 0% of the population has an Associate's Degree or higher, CO average is 44 7% Unemployment Rate 2 9%, CO average is 4 0% Population with Limited English Proficiency 7 1%, CO average is 6 7% High School Graduation Rate 82 6%, CO average is 77 6% Population Living in Households with Income Below 200% of Federal Poverty level 30 0%, CO average is 29 6% ST THOMAS MORE HOSPITAL To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that account for 75% of a hospital's inpatient admissions These ZIP codes have a combined population of 43,982 Race 85 6% White, 5 8% Black, 1% Asian, 1 9% Native American/Alaska Native, 0 1% Native Hawaiian/Pacific Islander, 3 9% some other race, and 1 7% multiple races Ethnicity 12 3% Hispanic/Latino, Non-Hispanic 87 7% Education Level In our community, 23 1% of the population has an Associate's Degree or higher CO average is 44 7% Unemployment Rate 5 5%, CO average is 4 0% Population with Limited English Proficiency 5 6%, CO average is 6 7% High School Graduation Rate 74 8%, CO average is 77 6% Population Living in Households with Income Below 200% of Federal Poverty level 36 5%, CO average is 29 6% ORTHOCOLORADO HOSPITAL To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions These ZIP codes have a combined population of 1,143,793 Race and Ethnicity The population is 85 3% white, 1 38% black, 3 11% Asian, 0 99% Native American/Alaskan Native, 0 06% native Hawaiian/Pacific Islander, 6 17% some other race, and 2 99% multiple races Additionally, 33 1% are Hispanic or Latino Education Level In our communities, 48 5% of the population has an Associate's Degree or higher CO average is 44 7% Unemployment Rate 3 8%, CO average is 4 0% Population with Limited English Proficiency 8 3%, CO average is 6 7% High School Graduation Rate 67 6%, CO average is 77 6% Population Living in Households with Income Below 200% of Federal Poverty level 28 2%, CO average is 29 6%</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Centura Health Corporation

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	THERE ARE NO PHYSICIAN CLINICS INCLUDED IN SUBSIDIZED HEALTH SERVICES

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	110720970

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	A COST ACCOUNTING SYSTEM WAS NOT USED TO COMPUTE AMOUNTS IN THE TABLE, RATHER COSTS IN THE TABLE WERE COMPUTED USING THE ORGANIZATION'S COST-TO-CHARGE RATIO. THE COST-TO-CHARGE RATIO COVERS ALL PATIENT SEGMENTS. THE COST-TO-CHARGE RATIO FOR THE YEAR ENDED 6/30/2019 WAS COMPUTED USING THE FOLLOWING FORMULA: OPERATING EXPENSE (BEFORE RESTRUCTURING, IMPAIRMENT AND OTHER LOSSES) DIVIDED BY GROSS PATIENT REVENUE.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	GROSS CHARGES, AS RECORDED IN THE AUDITED FINANCIAL STATEMENTS, ARE REPORTED AS BAD DEBT

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	CATHOLIC HEALTH INITIATIVES COLORADO DOES NOT INCLUDE ANY PORTION OF BAD DEBT AS COMMUNITY BENEFIT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	CATHOLIC HEALTH INITIATIVES COLORADO (CHIC) DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE UPDATES TO THE HINDSIGHT ANALYSIS IS PERFORMED AT LEAST QUARTERLY USING PRIMARILY A ROLLING EIGHTEENMONTH COLLECTION HISTORY AND WRITE-OFF DATA SUBSEQUENT CHANGES TO ESTIMATES OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT REVENUE IN THE PERIOD OF CHANGE SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN A THIRDPARTY PAYOR'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE IN PURCHASED SERVICES AND OTHER IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGE IN NET ASSETS BAD DEBT EXPENSE FOR 2019 WAS NOT SIGNIFICANT

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The organization applies the cost to charge ratio calculated in IRS Worksheet 2 to determine the cost of care provided to Medicare patients THE COST IS THEN EVALUATED AND ALL NON-ALLOWABLE COST IS REMOVED VIA ADJUSTMENTS THE REMAINING ALLOWABLE COST IS THEN ALLOCATED TO APPROPRIATE PATIENT CARE AND NON-PATIENT CARE COST CENTERS BASED ON MEDICARE ALLOCATION PRINCIPLES CATHOLIC HEALTH INITIATIVES COLORADO (CHIC) DOES NOT TREAT MEDICARE SHORTFALLS AS COMMUNITY BENEFIT CHIC'S POSITION IS CONSISTENT WITH THAT OF COMMONSPIRIT HEALTH, ITS SPONSOR MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS, FOR-PROFIT HOSPITALS TREAT AND ATTEMPT TO ATTRACT MEDICARE BENEFICIARIES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	CATHOLIC HEALTH INITIATIVES COLORADO'S DEBT COLLECTION POLICY PROVIDES FOR THE PERFORMANCE OF A REASONABLE REVIEW OF EACH PATIENT'S ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT THE REVIEW OF PATIENT ACCOUNTS IS DONE TO ASSURE THAT THE PATIENT OR THEIR GUARANTOR IS NOT ELIGIBLE FOR ASSISTANCE THROUGH CATHOLIC HEALTH INITIATIVES COLORADO'S CHARITY CARE POLICY, UNINSURED DISCOUNT POLICY, OR ANOTHER FINANCIAL ASSISTANCE PROGRAM (I E MEDICAID) CATHOLIC HEALTH INITIATIVES COLORADO REQUIRES THE FOLLOWING OF ITS THIRD-PARTY COLLECTION AGENCIES * NEITHER CATHOLIC HEALTH INITIATIVES COLORADO HOSPITALS OR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR ARREST WARRANTS AS A RESULT OF NON-PAYMENT, * NEITHER CATHOLIC HEALTH INITIATIVES COLORADO HOSPITALS OR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND * NO CATHOLIC HEALTH INITIATIVES COLORADO COLLECTION AGENCY MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL ONCE A PATIENT IS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, COLLECTION ACTIONS ARE THEN SUSPENDED

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - PENROSE-ST FRANCIS HEALTH SERVICES Line 16a URL WWW CENTURA ORG/PATIENTS-AND-FAMILIES/BILLING-AND-FINANCIAL-SERVICES/FINANCIAL-HELP,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - PENROSE-ST FRANCIS HEALTH SERVICES Line 16b URL WWW CENTURA ORG/PATIENTS-AND-FAMILIES/BILLING-AND-FINANCIAL-SERVICES/FINANCIAL-HELP,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - PENROSE-ST FRANCIS HEALTH SERVICES Line 16c URL WWW CENTURA ORG/PATIENTS-AND-FAMILIES/BILLING-AND-FINANCIAL-SERVICES/FINANCIAL-HELP,

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	THE CATHOLIC HEALTH INITIATIVES COLORADO RELATED HOSPITALS PROVIDE SEVERAL SERVICES AND RESOURCES TO THE COMMUNITIES IT SERVES BEYOND THE PRIORITIZED NEEDS SPECIFICALLY IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT THEY SPONSOR WELLNESS EVENTS SUCH AS BREAST FEEDING EDUCATION, ASTHMA SCREENINGS, AND FINANCIALLY SUPPORTS WELLNESS INITIATIVES OF CITIES AND PUBLIC SCHOOLS THEY ALSO PROVIDES TRANSPORTATION FOR LOW INCOME PATIENTS AND HOUSING AT NO COST OR VERY LOW COST FOR THE FAMILIES OF LOW INCOME PATIENTS OF THE HOSPITAL THAT ARE FAR FROM THEIR RESIDENCE THEY ALSO SUPPORTS, FINANCIALLY AND THROUGH VOLUNTEERISM, INITIATIVES SUCH AS SOUP KITCHENS AND MEALS ON WHEELS TO PROVIDE FOOD AND NUTRITION EDUCATION TO ADDRESS HUNGER ISSUES HOSPITAL STAFF ALSO VOLUNTEER TO SERVE AS PRECEPTORS FOR STUDENTS OF LOCAL HEALTH PROFESSIONAL PROGRAMS AND SERVE ON BOARDS OF LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE SOCIAL SERVICES TO POPULATIONS IN NEED

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	CATHOLIC HEALTH INITIATIVES COLORADO (CHIC) IS OPERATED AS PART OF CENTURA HEALTH CORPORATION (CENTURA) INFORMATION CONCERNING FINANCIAL ASSISTANCE IS INCLUDED ON CENTURA'S WEBSITE THE WEBSITE NOT ONLY LISTS PHONE NUMBERS FOR PATIENTS TO CALL TO DISCUSS FINANCIAL ASSISTANCE, BUT ALSO INCLUDES CENTURA'S POLICY FOR CHARITY CARE AND ITS POLICIES RELATED TO UNINSURED PATIENTS IN ADDITION, AT THE TIME OF REGISTRATION, UNINSURED PATIENTS ARE SCREENED TO DETERMINE IF THE PATIENTS QUALIFY FOR ANY FEDERAL, STATE OR COUNTY PROGRAMS UNINSURED PATIENTS ARE ALSO SENT A LETTER REQUESTING THAT THE PATIENT CALL TO DETERMINE ELIGIBILITY FOR VARIOUS ASSISTANCE PROGRAMS, INCLUDING CHARITY

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>PENROSE-ST FRANCIS HEALTH SERVICES TO DEFINE OUR COMMUNITY FOR THE CHNA AND TO ANALYZE DEMOGRAPHIC AND HEALTH INDICATOR DATA, WE USED THE STARK-LAW SERVICE AREAS THE STARK-LAW SERVICE AREA IS DEFINED AS THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES THAT ACCOUNTS FOR 75% OF A HOSPITAL'S INPATIENT ADMISSIONS THESE ZIP CODES HAVE A COMBINED POPULATION OF 527,449 RACE AND ETHNICITY NATIVE AMERICAN/ALASKAN NATIVE 77%, ASIAN 5 54%, BLACK 6 34%, HISPANIC OR LATINO 15 07%, WHITE 81 11%, NATIVE HAWAIIAN/PACIFIC ISLANDER 32%, SOME OTHER RACE 4 99%, MULTIPLE RACES 5 18% EDUCATION LEVEL THE PERCENTAGE OF THE POPULATION IN THE PIKES PEAK REGION WITH AN ASSOCIATE DEGREE OR HIGHER IS 45 5% THIS IS COMPARABLE TO THE COLORADO STATE AVERAGE OF 44 7% UNEMPLOYMENT RATE THE 5 1% UNEMPLOYMENT RATE IN OUR AREA IS HIGHER THAN THE STATE AVERAGE OF 4 0% POPULATION WITH LIMITED ENGLISH PROFICIENCY EL PASO COUNTY HAS A LOWER LEVEL OF RESIDENTS WITH A LIMITED ENGLISH PROFICIENCY THAN THE STATE AVERAGE OUR SERVICE AREA IS AT 4 2% AND THE STATE AVERAGE OF 6 7% HIGH SCHOOL GRADUATION RATE 78 4% OF ADOLESCENTS ARE GRADUATING FROM HIGH SCHOOL WHICH IS A SLIGHTLY HIGHER RATE THAN THE COLORADO STATE AVERAGE OF 77 6% POPULATION LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF FEDERAL POVERTY LEVEL 29% OF OUR OVERALL POPULATION IS LIVING AT OR BELOW THIS POVERTY LEVEL, WHICH IS CONSISTENT WITH THE STATE AVERAGE OF 29 5% ONE OF THE ZIP-CODES IN OUR AREA HAS A POVERTY LEVEL OF 50% AND IS TARGETED WITH COMMUNITY INITIATIVES INCLUDED IN THE PSF CHIP ST ANTHONY HOSPITAL AND ORTHOCOLORADO TO DEFINE OUR COMMUNITY FOR THE CHNA AND TO ANALYZE DEMOGRAPHIC AND HEALTH INDICATOR DATA, WE USED THE STARK-LAW SERVICE AREAS THE STARK-LAW SERVICE AREA IS DEFINED AS THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES THAT ACCOUNTS FOR 75% OF A HOSPITAL'S INPATIENT ADMISSIONS THESE ZIP CODES HAVE A COMBINED POPULATION OF 1,143,793 RACE AND ETHNICITY THE POPULATION IS 85 3% WHITE, 1 38% BLACK, 3 11% ASIAN, 0 99% NATIVE AMERICAN/ALASKAN NATIVE, 0 06% NATIVE HAWAIIAN/PACIFIC ISLANDER, 6 17% SOME OTHER RACE, AND 2 99% MULTIPLE RACES ADDITIONALLY, 33 1% ARE HISPANIC OR LATINO EDUCATION LEVEL IN OUR COMMUNITIES, 48 5% OF THE POPULATION HAS AN ASSOCIATE'S DEGREE OR HIGHER CO AVERAGE IS 44 7% UNEMPLOYMENT RATE 3 8%, CO AVERAGE IS 4 0% POPULATION WITH LIMITED ENGLISH PROFICIENCY 8 3%, CO AVERAGE IS 6 7% HIGH SCHOOL GRADUATION RATE 67 6%, CO AVERAGE IS 77 6% POPULATION LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF FEDERAL POVERTY LEVEL 28 2%, CO AVERAGE IS 29 6% MERCY REGIONAL MEDICAL CENTER TO DEFINE OUR COMMUNITY FOR THE CHNA AND TO ANALYZE DEMOGRAPHIC AND HEALTH INDICATOR DATA, WE USED THE STARK-LAW SERVICE AREAS THE STARK-LAW SERVICE AREA IS DEFINED AS THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES THAT ACCOUNTS FOR 75% OF A HOSPITAL'S INPATIENT ADMISSIONS THESE ZIP CODES HAVE A COMBINED POPULATION OF 197,281 RACE AND ETHNICITY NATIVE AMERICAN/ALASKAN NATIVE 15 68%, ASIAN 61%, BLACK 6%, HISPANIC OR LATINO 13 02%, WHITE 75 63%, NATIVE HAWAIIAN/PACIFIC ISLANDER 1%, SOME OTHER RACE 4 26%, MULTIPLE RACES 3 03% EDUCATION LEVEL POPULATION WITH ASSOCIATE'S DEGREE OR HIGHER 47 6% UNEMPLOYMENT RATE 4 0% POPULATION WITH LIMITED ENGLISH PROFICIENCY 3 7% HIGH SCHOOL GRADUATION RATE 75 6% POPULATION LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF FEDERAL POVERTY LEVEL 34 1% ST MARY-CORWIN MEDICAL CENTER TO DEFINE OUR COMMUNITY FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AND TO ANALYZE DEMOGRAPHIC AND HEALTH INDICATOR DATA, WE USED THE STARK-LAW SERVICE AREAS THE STARK-LAW SERVICE AREA IS DEFINED AS THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES THAT ACCOUNTS FOR 75% OF A HOSPITAL'S INPATIENT ADMISSIONS THESE ZIP CODES HAVE A COMBINED POPULATION OF 188,587 RACE 82 85% WHITE, 2 67% BLACK, 0 7% ASIAN, 1 87% NATIVE AMERICAN ETHNICITY 36 84% HISPANIC/LATINO, NON-HISPANIC 63 16% EDUCATION LEVEL IN OUR COMMUNITY, 30 5% OF THE POPULATION HAS AN ASSOCIATE'S DEGREE OR HIGHER CO AVERAGE IS 44 7% UNEMPLOYMENT RATE 5 6%, CO AVERAGE IS 4 0% POPULATION WITH LIMITED ENGLISH PROFICIENCY 4 5%, CO AVERAGE IS 6 7% HIGH SCHOOL GRADUATION RATE 71 4%, CO AVERAGE IS 77 6% POPULATION LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF FEDERAL POVERTY LEVEL 40 2%, CO AVERAGE IS 29 6% ST FRANCIS MEDICAL CENTER TO DEFINE OUR COMMUNITY FOR THE CHNA AND TO ANALYZE DEMOGRAPHIC AND HEALTH INDICATOR DATA, WE USED THE STARK-LAW SERVICE AREAS THE STARK-LAW SERVICE AREA IS DEFINED AS THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES THAT ACCOUNTS FOR 75% OF A HOSPITAL'S INPATIENT ADMISSIONS THESE ZIP CODES HAVE A COMBINED POPULATION OF 527,449 RACE AND ETHNICITY NATIVE AMERICAN/ALASKAN NATIVE 77%, ASIAN 5 54%, BLACK 6 34%, HISPANIC OR LATINO 15 07%, WHITE 81 11%, NATIVE HAWAIIAN/PACIFIC ISLANDER 32%, SOME OTHER RACE 4 99%, MULTIPLE RACES 5 18% EDUCATION LEVEL THE PERCENTAGE OF THE POPULATION IN THE PIKES PEAK REGION WITH AN ASSOCIATE DEGREE OR HIGHER IS 45 5% THIS IS COMPARABLE TO THE CO</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>LORADO STATE AVERAGE OF 44.7% UNEMPLOYMENT RATE THE 5.1% UNEMPLOYMENT RATE IN OUR AREA IS HIGHER THAN THE STATE AVERAGE OF 4.0% POPULATION WITH LIMITED ENGLISH PROFICIENCY EL PASO COUNTY HAS A LOWER LEVEL OF RESIDENTS WITH A LIMITED ENGLISH PROFICIENCY THAN THE STATE AVERAGE OUR SERVICE AREA IS AT 4.2% AND THE STATE AVERAGE OF 6.7% HIGH SCHOOL GRADUATION RATE 78.4% OF ADOLESCENTS ARE GRADUATING FROM HIGH SCHOOL WHICH IS A SLIGHTLY HIGHER RATE THAN THE COLORADO STATE AVERAGE OF 77.6% POPULATION LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF FEDERAL POVERTY LEVEL 29% OF OUR OVERALL POPULATION IS LIVING AT OR BELOW THIS POVERTY LEVEL, WHICH IS CONSISTENT WITH THE STATE AVERAGE OF 29.5% ONE OF THE ZIP-CODES IN OUR AREA HAS A POVERTY LEVEL OF 50% AND IS TARGETED WITH COMMUNITY INITIATIVES INCLUDED IN THE PSF CHIP ST ANTHONY NORTH HOSPITAL TO DEFINE OUR COMMUNITY FOR THE CHNA AND TO ANALYZE DEMOGRAPHIC AND HEALTH INDICATOR DATA, WE USED THE STARK-LAW SERVICE AREAS THE STARK-LAW SERVICE AREA IS DEFINED AS THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES THAT ACCOUNTS FOR 75% OF A HOSPITAL'S INPATIENT ADMISSIONS THESE ZIP CODES HAVE A COMBINED POPULATION OF 218,151 RACE AND ETHNICITY WHITE=85.8%, BLACK=1.4%, ASIAN=5.3%, NATIVE AMERICAN/ALASKAN NATIVE=0.5%, NATIVE HAWAIIAN/PACIFIC ISLANDER= &lt;0.1%, SOME OTHER RACE=3.2%, MULTIPLE RACES=3.7% 16.9% OF OUR COMMUNITY IDENTIFIES AS HISPANIC OR LATINO EDUCATION LEVEL POPULATION WITH ASSOCIATES LEVEL DEGREE OR HIGHER=46.4%, CO AVERAGE IS 44.7% UNEMPLOYMENT RATE 6.7%, CO AVERAGE IS 4.0% POPULATION WITH LIMITED ENGLISH PROFICIENCY 5.2%, CO AVERAGE IS 6.7% HIGH SCHOOL GRADUATION RATE 72.7%, CO AVERAGE IS 77.6% POPULATION LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF FEDERAL POVERTY LEVEL 18.3%, CO AVERAGE IS 29.6%</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	THE ORGANIZATION'S HOSPITAL FACILITIES PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES THE ORGANIZATION'S HOSPITAL FACILITIES HAVE AN OPEN MEDICAL STAFF ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT IN PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH THE FACILITIES TREAT PERSONS PAYING THEIR BILLS WITH THE AID OF PUBLIC PROGRAMS LIKE MEDICARE AND MEDICAID ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>CATHOLIC HEALTH INITIATIVES COLORADO (CHIC) IS OPERATED AS PART OF CENTURA HEALTH CORPORATION (CENTURA) CENTURA AND ITS AFFILIATED ORGANIZATIONS ARE DEDICATED TO EXTENDING THE HEALING MINISTRY OF CHRIST BY CARING FOR THOSE WHO ARE ILL AND BY NURTURING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES SPECIFICALLY, CENTURA HAS LAUNCHED A SYSTEM WIDE STRATEGIC PLAN TO IMPROVE THE QUALITY, CONSISTENCY, AVAILABILITY, AND AFFORDABILITY OF HEALTHCARE TO COMMUNITIES THROUGHOUT COLORADO THE THREE MAIN COMPONENTS OF THIS STRATEGY ARE (1) TO CONTINUE INVESTING IN TECHNOLOGY ADVANCEMENTS THAT IMPROVE THE QUALITY, COSTS, AND COORDINATION OF CARE INCLUDING THE ESTABLISHMENT OF ELECTRONIC HEALTH RECORDS LINKING OUR PHYSICIANS, CLINICS, HOSPITALS, LONG-TERM FACILITIES AND HOME CARE SERVICES, (2) PROVIDING WELLNESS CARE, THEREBY POTENTIALLY REDUCING HEALTH CARE COSTS BY HELPING PATIENTS TO MAINTAIN GOOD HEALTH, GROWING THE LEVEL OF SUPPORT AND OUTREACH PROVIDED TO RURAL COMMUNITIES, AND INCREASING ACCESS, AFFORDABILITY AND QUALITY OF HEALTH CARE, AND (3) COORDINATE AND DEVELOP SYSTEMS OF CARE, LOOKING TO EACH FACILITY AND ENTITY IN CENTURA TO SHARE BEST PRACTICES AND IMPROVE OVERALL EFFICIENCY AND COMMUNICATION SYSTEM-WIDE FROM BIRTH TO HOME CARE</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	CO, KS

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 84-0405257  
Name: Catholic Health Initiatives Colorado

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

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>9</u>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	PENROSE-ST FRANCIS HEALTH SERVICES 2222 N NEVADA AVE COLORADO SPRINGS, CO 80907 WWW.CENTURA.ORG/LOCATIONS/PENROSE-ST-FRANCIS-HEALTH-SERVICES 010543	X	X		X	X	X	X		ICU & CCU, CANCER CENTER, IP REHAB	A
2	ST ANTHONY HOSPITAL 11600 WEST 2ND PLACE LAKEWOOD, CO 80228 WWW.CENTURA.ORG/LOCATIONS/ST-ANTHONY-HOSPITAL 010429	X	X		X			X			A
3	MERCY REGIONAL MEDICAL CENTER 1010 THREE SPRINGS BLVD DURANGO, CO 81301 WWW.CENTURA.ORG/LOCATIONS/MERCY-REGIONAL-MEDICAL-CENTER 011213	X	X					X			A
4	ST MARY-CORWIN MEDICAL CENTER 1008 MINNEQUA AVE Pueblo, CO 81004 WWW.CENTURA.ORG/LOCATIONS/ST-MARY-CORWIN-MEDICAL-CENTER 010650	X	X					X			A
5	ST FRANCIS MEDICAL CENTER 6001 E WOODMAN RD COLORADO SPRINGS, CO 80923 WWW.CENTURA.ORG/LOCATIONS/PENROSE-ST-FRANCIS-HEALTH-SERVICES 01H523	X	X					X		BIRTH CENTER, NICU - IIIA, ICU	a

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>9</u>											
Name, address, primary website address, and state license number											
6	ST ANTHONY NORTH HOSPITAL 2551 W 84TH AVE WESTMINSTER, CO 80031 WWW.CENTURA.ORG/LOCATIONS/ST-ANTHONY-NORTH-HEALTH-CAMPUS 010402	X	X		X			X			A
7	ST ANTHONY SUMMIT MEDICAL CENTER 340 PEAK ONE DRIVE FRISCO, CO 80443 WWW.CENTURA.ORG/LOCATIONS/ST-ANTHONY-SUMMIT-MEDICAL-CENTER 011155	X	X					X			A
8	ST THOMAS MORE HOSPITAL 1338 PHAY AVENUE CANON CITY, CO 81212 WWW.CENTURA.ORG/LOCATIONS/ST-THOMAS-MORE-HOSPITAL 010623	X	X					X			A
9	ORTHOCOLORADO HOSPITAL 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 WWW.CENTURA.ORG/LOCATIONS/ORTHOCOLORADO-HOSPITAL 01U246	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SEE THE NARRATIVE FOR LINE 11 FOR A DESCRIPTION OF THE NEEDS AND HOW THEY ARE ADDRESSED

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - ALL FACILITIES In order to assess the needs of our community, we created a hospital subcommittee to solicit and take into account input from individuals representing the broad interest of our community Our hospital subcommittee was made up of key stakeholder and individuals who represented the broader interests of our community Public Health representatives attended every meeting and provided input into the process of narrowing the selection of health issues Once health needs were prioritized, we determined groups and individuals appropriate for focus groups, being sure to solicit input from underserved or minority groups within the communities we serve These focus groups helped identify particularly important needs as seen by our communities, help us identify gaps in knowledge, and understand current external efforts around health needs that could be improved by healthcare participation

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - PENROSE-ST FRANCIS HEALTH SERVICES, St Anthony Hospital and OrthoColorado Hospital St Anthony Hospital and OrthoColorado Hospital conducted a joint CHNA In addition, St Francis Medical Center and Penrose Hospital conducted a joint 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - PENROSE-ST FRANCIS PENROSE-ST FRANCIS AND COMMUNITY STAKEHOLDERS IDENTIFIED THREE SIGNIFICANT NEEDS IN THEIR COMMUNITY WHICH THEY PRIORITIZED AND FOCUSED ON THE NEEDS WERE OBESITY, INTENTIONAL INJURY-YOUTH SUICIDE AND ACCESS TO CARE FOR OBESITY, THREE GOALS WERE UTILIZED AND THEN IMPLEMENTED TO USE EVIDENCE-BASED PRACTICE APPROACHES OF BREASTFEEDING AND THE INCORPORATION OF EDUCATION AND ACCESS FOR DISPARATE COMMUNITIES TO HEALTHY EATING ACTIVE LIVING TO ACHIEVE THESE GOALS, FOUR ACTIVITIES WERE INITIATED REGARDING BREASTFEEDING, AND THREE ACTIVITIES FOR EDUCATION AND EACH HEALTHY EATING ACTIVE LIVING THE NEED OF INTENTIONAL INJURY-YOUTH SUICIDE HAD TWO GOALS TO DEVELOP COORDINATED EFFORTS TO PROMOTE AND IMPLEMENT PROGRAMS TO IDENTIFY RISK AND EARLY INDICATORS OF MENTAL, EMOTIONAL AND BEHAVIORAL PROBLEMS AMONG YOUTH AND ENSURE REFERRAL TO APPROPRIATE RESOURCES THE SECOND GOAL WAS TO DEVELOP COORDINATED EFFORT TO IMPLEMENT AND PROMOTE PENROSE-ST FRANCIS INTERNAL AND EXTERNAL COMMUNITY TRAININGS IN ADVERSE CHILDHOOD EXPERIENCES (A C E), MENTAL HEALTH FIRST AID (MHFA) AND YOUTH MHFA TRAININGS TO IDENTIFY SIGNS OF DEPRESSION AND SUICIDE FOR EARLY INTERVENTION AND STIGMA REDUCTION MULTIPLE ACTIVITIES WERE CREATED AND MEASURED THE PROGRESS THE LAST PRIORITIZED NEED, ACCESS TO CARE HAD TWO GOALS OF INCREASING THE NUMBER OF EL PASO COUNTY RESIDENTS WHO RECEIVE ASSISTANCE IN THE ENROLLMENT PROCESS LEADING TO AN INSURANCE PRODUCT, AND INCREASE HEALTH INSURANCE AND HEALTH CARE LITERACY FOR NEWLY ENROLLED RESIDENTS NEEDING ASSISTANCE NAVIGATING THE HEALTH CARE SYSTEM TWO ACTIVITIES FOR EACH GOAL WERE USED TO IMPLEMENT CHANGES TOWARD ACCESS TO CARE ALL THREE PRIORITIZED NEEDS WERE ADDRESSED BY PENROSE-ST FRANCIS PROVIDED BENEFITS RELATED TO IMPROVING THE HEALTH OF OUR COMMUNITY THROUGH MULTIPLE PROGRAMS PENROSE PROVIDED MEDICAL EDUCATION WHICH EQUATES TO OVER 30,000 ASSOCIATE HOURS AND \$1.3 MILLION INTO EDUCATION FOR NURSES, MEDICAL STUDENTS, PT, PHARMACY, ETC THE PFS PHARMACY DISCOUNTED AND PROVIDED PRESCRIPTION ASSISTANCE FOR MORE THAN 920 UNINSURED AND UNDERINSURED THROUGH WORKING RELATIONSHIPS IN OUR COMMUNITY PROVIDED OVER 900 STAFF HOURS FOR COMMUNITY SCREENINGS, CLASSES AND SERVICES FOR THE COMMUNITY FOR A VALUE OF OVER \$42,000 OF UNCOMPENSATED CARE SPSF COMMITTED STAFF AND GRANTS TO TWO LOW INCOME ZIP-CODES TO FUND VARIOUS PROGRAMS MORE THAN 920 AND RESOURCES TO THE COMMUNITY FOR \$1,303,808 AND 817 PEOPLE CANCER PROGRAMS ALSO SUPPORTED THE COMMUNITY VIA COMMUNITY OUTREACH PROGRAMS SUCH AS EDUCATION AND COUNSELING, SCREENING EVENTS, SELF HELP CLASSES, WOMEN'S SERVICES, AND SUPPORT GROUPS, PROVIDED OVER 2,555 FAMILIES WITH ROOM NIGHTS AND SERVICES EQUATING TO \$262,988 AT THE JOHN ZAY GUEST HOUSE FOR PATIENT'S FAMILIES REGARDLESS OF THE ABILITY TO PAY, DEDICATED OVER \$89,000 IN THE AREAS OF NUTRITION SERVICES, PRESCRIPTION PRICING, AND WELLNESS ACTIVITIES ALL NEEDS HAVE BEEN ADDRESSED

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - ST ANTHONY HOSPITAL St Anthony Hospital (SAH) and community stakeholders identified four significant needs in their community which they prioritized and focused on The prioritized needs were Behavioral Health, Healthy Eating Active Living (HEAL), Access to Care and Injury Prevention The process followed to address the needs, was to create several goals for each need, and then implementing specific activities and metrics to measure progress of address the need Specifically, SAH's goal for Behavioral Health were to decrease rate of Mental Health Hospitalizations by 3% and percentage of adults with a lack of social or emotional support from 18% to 17% among people living in St Anthony Hospital service area This was to be done by building community and organizational capacity and care team skills to promote mental wellbeing, improving utilization of evidence-based practices in mental health screening, promote care team training, and increase awareness and referrals to appropriate mental health resources in partnership with the community Three of the five goals were improve the detection and treatment of mental health needs through the utilization of evidence based screening tools in our SAH service area, increase awareness of and improve referral to mental health resources (leverage/ implement relationships with care systems can work with community partners), and build primary prevention strategies through providing positive protective factors for youth in partnership with community organization HEAL's need was targeting to increase the percent of population at a healthy BMI and decrease incidence of Type 2 Diabetes by building community and organizational capacity and care team skills to promote healthy weight and lifestyles Reduce obesity and improve utilization of evidence-based practices in screening, promote care team training, and increase awareness and referrals to appropriate resources in partnership with the community Two of the five goals for HEAL were to increase utilization of evidence-based practices to screen for health factors and indicators for obesity and related conditions, and increase awareness of and improve referral to healthy eating active living resources at points of service Access to Care need was to increase the percentage of adults with a regular doctor and percent people who are insured One of the goals of the three created was to increase the number of people enrolled into Medicaid or Commercial Coverage Injury Prevention need was addressed by decreasing the number of preventable injuries in the community and those which come into St Anthony Hospital The related goals to address were decrease the number of hospitalizations due to a preventable fall by increasing the number of people reached through evidence-based programming by 20% And decrease the number of recreation/leisure activity-related traumatic brain injuries through safe biking practices Two goals were created and the first one was

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	as to decrease the number of recreation/leisure activity-related traumatic brain injuries through safe biking practices All needs were addressed SAH partnered with Mental Health First Aid Jeffco Coalition to provide 1,200 people with mental health first aid training, provided 1,618 staff hours to address community health needs through direct support and partnerships, provided weight loss programming to community 275 community members, who lost 1,041 pounds collectively All needs have been addressed

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - MERCY REGIONAL MEDICAL CENTER MERCY REGIONAL MEDICAL CENTER (MRMC) AND COMMUNITY STAKEHOLDERS IDENTIFIED THREE SIGNIFICANT NEEDS IN THEIR COMMUNITY WHICH THEY PRIORITIZED AND FOCUSED ON THE PRIORITIZED NEEDS WERE OBESITY, MENTAL HEALTH/SUBSTANCE ABUSE AND ACCESS TO CARE THE PROCESS FOLLOWED TO ADDRESS THE NEEDS, WAS TO CREATE SEVERAL GOALS FOR EACH NEED, AND THEN IMPLEMENTING SPECIFIC ACTIVITIES AND METRICS TO MEASURE PROGRESS OF ADDRESS THE NEED OBESITY ALTHOUGH OUR OBESITY RATES ARE NOT WORSE THAN THE STATE AVERAGE, WE KNOW THE TRENDS ARE GOING IN THE WRONG DIRECTION IN OUR COMMUNITY, 16 5% OF ADULTS ARE OBESE AND 31% ARE OVERWEIGHT WE ALSO KNOW THAT IF WE CAN REDUCE OBESITY RATES, IT WILL HAVE A POSITIVE EFFECT ON SOME OF THE DISEASE PREVALENCE, SUCH AS HEART DISEASE, DIABETES AND CANCER TWO GOALS OF THE FOUR CREATED WERE TO INCREASE SCREENING OF PATIENTS AND ASSOCIATES FOR HEALTH FACTORS AND INDICATORS FOR OBESITY AND RELATED CONDITIONS, AND TO IMPLEMENT CONTINUING EDUCATION FOR ASSOCIATES TO INCREASE KNOWLEDGE OF CLINICAL TOOLS, METHODS, AND COMMUNICATION STRATEGIES FOR OBESE OR AT-RISK PATIENTS MENTAL HEALTH AND SUBSTANCE ABUSE WE HAVE SEEN A DRAMATIC INCREASE IN THE NUMBER OF PATIENTS WITH MENTAL HEALTH AND SUBSTANCE USE DIAGNOSES IN OUR EMERGENCY ROOM ADDITIONALLY, THE SUICIDE RATE IN OUR COMMUNITY IS 18 3 PER 100,000, WHICH IS HIGHER THAN THE STATE AVERAGE OF 17 2 PER 100,000, AND MUCH HIGHER THAN THE HEALTHY PEOPLE 2020 GOAL OF 10 2 PER 100,000 ROUGHLY 14% OF ADULTS IN OUR COMMUNITY REPORT THEY DO NOT GET THE SOCIAL AND EMOTIONAL SUPPORT THEY NEED THREE GOALS TO ADDRESS THIS NEED WAS TO IMPROVE THE UTILIZATION OF MENTAL/BEHAVIORAL HEALTH SCREENING TOOLS THROUGH SCREENING MERCY FAMILY MEDICINE (MFM) PATIENTS FOR DEPRESSION AND SUBSTANCE USE ALSO, MRMC PROMOTED CARE TEAM TRAINING AND EDUCATION OF ASSOCIATES IN EVIDENCE-BASED PRACTICES, AND SUPPORTED PARTNERS IN MENTAL HEALTH BY BUILDING PROTECTIVE FACTORS WITHIN THE COMMUNITY ACCESS TO CARE IN ADDITION TO THE ABOVE PRIORITIZED HEALTH NEEDS, CENTURA HEALTH AND MERCY RECOGNIZE THAT ACCESS TO CARE IS A CRITICAL FACTOR FOR ASSESSING, SCREENING, AND PROVIDING TREATMENT THAT IMPROVES AND MAINTAINS HEALTH WE HAVE A PRIMARY DUTY TO ENSURE WE ADDRESS BARRIERS TO ACCESS, AND LINK OUR COMMUNITIES TO THE CARE THEY NEED MERCY'S SERVICE AREA SHOWS A 28% UNINSURED RATE FOR RESIDENTS BETWEEN THE AGE OF 18-64 AND 12% UNINSURED FOR CHILDREN UNDER THE AGE OF 19 THERE ARE 99 PRIMARY CARE PHYSICIANS PER 100,000 AND 29% OF ADULTS REPORT THEY DO NOT HAVE A REGULAR DOCTOR ALL NEEDS HAVE BEEN ADDRESSED

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Facility A, 4 - ST MARY-CORWIN MEDICAL CENTER St Mary-Corwin Medical Center (SMC) and c ommunity stakeholders identified three significant needs in their community which they pri oritized and focused on The prioritized needs were Obesity/Diabetes, Chronic Lung/Respira tory Disease and Behavioral Health The process followed to address the needs, was to crea te several goals for each need, and then implementing specific activities and metrics to m easure progress of address the need Obesity This is a priority because of the prevalence of direct effects and indirect effects of obesity and diabetes on commodities such as car diovascular, hypertension, and would care among the population in Pueblo The CHNA sub-com mittee unanimously found that we have the capacity to effect change in the current adult p opulation and upstream with resources currently available in the community Addressing foo d insecurity by developing multiple sources of access to healthy food, particularly in zip codes 81004 and 81003, two local food deserts/swamps, along with an aggressive food presc ription program supported and tracked by local providers, plus upstream education of schoo l-aged children will be the primary initiatives for the next three years Two of the goals , of four total, are to work upstream to prevent diabetes through expansion of existing co mmunity programs, and to provide short- and long- term education in best organic gardening practices and food safety protocols for the emerging interest groups who are organizing ne ighborhood, agency, school and church community gardens Chronic Lung/Respiratory Disease This is a new priority because the CHNA sub-committee determined that Pueblo has particul ar environmental factors emanating from the local steel mill and low health literacy regar ding home hygiene related to healthy air throughout the community The resources are readi ly available to influence a downward trend in COPD and asthma related illness among adults and children Hospital initiatives will include foci on testing for the genetic Alpha mar ker that predetermines COPD and partnering with the local DOTS program sponsored by the Fi re Department, EMS, police and code enforcement to help families find resources to make th eir home air quality safer Two goals implemented are to identify older adolescents and yo ung adults at genetic risk of COPD and to increase healthy home hygiene for individuals at risk for lung disease Behavioral Health This need is a priority because the prevalence of mental health issues due to generational poverty and increasing unemployment and disabi lity rates The CHNA sub-committee discerned that positively impacting mental health will satisfy the increasingly vocal demand for these services in the community and will also im pact the work force and therefore economic development positively in the long-run There a re no legal barriers to providing better mental health options in Pueblo To address this need, St Mary- Corwin Medical

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Center will, over the next three years, work with local partners to bolster protective elements in our community awareness of health consequences of early childhood trauma, provision of Mental Health First-Aid training throughout the community, and expanding a continuum of care consisting of complementary therapies that empower citizens to manage their own conditions through better coping mechanisms Goals implemented were to use programs developed in the past three-year CHNA cycle to continue supporting mental resilience in adults with compromised health issues and resultant anxiety and stress levels, and to offer Mental Health Certification Courses and continue Adverse Childhood Experiences (ACES) screening and training All needs have been addressed

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	<p>Facility A, 5 - ST FRANCIS MEDICAL CENTER Penrose-St Francis and community stakeholders identified three significant needs in their community which they prioritized and focused on The needs were Obesity, Intentional Injury-Youth Suicide and Access to Care For Obesity, three goals were utilized and then implemented to use evidence-based practice approaches of breastfeeding and the incorporation of education and access for disparate communities to healthy eating active living To achieve these goals, four activities were initiated regarding breastfeeding, and three activities for education and each healthy eating active living The need of Intentional Injury-Youth Suicide had two goals to develop coordinated efforts to promote and implement programs to identify risk and early indicators of mental, emotional and behavioral problems among youth and ensure referral to appropriate resources The second goal was to develop coordinated effort to implement and promote Penrose-St Francis internal and external community trainings in Adverse Childhood Experiences (A C E), Mental Health First Aid (MHFA) and Youth MHFA trainings to identify signs of depression and suicide for early intervention and stigma reduction Multiple activities were created and measured the progress The last prioritized need, Access to Care had two goals of increasing the number of El Paso County residents who receive assistance in the enrollment process leading to an insurance product, and increase health insurance and health care literacy for newly enrolled residents needing assistance navigating the health care system Two activities for each goal were used to implement changes toward Access to Care All three prioritized needs were addressed by Penrose-St Francis provided benefits related to improving the health of our community through multiple programs Penrose provided medical education which equates to over 30,000 associate hours and \$1.3 Million into education for nurses, medical students, PT, pharmacy, etc The PFS pharmacy discounted and provided prescription assistance for more than 920 uninsured and underinsured through working relationships in our community Provided over 900 staff hours for community screenings, classes and services for the community for a value of over \$42,000 of uncompensated care SPSF committed staff and grants to two low income zip-codes to fund various programs more than 920 and resources to the community for \$1,303,808 and 817 people Cancer programs also supported the community via community outreach programs such as education and counseling, screening events, self-help classes, women's services, and support groups, provided over 2,555 families with room nights and services equating to \$262,988 at the John Zayn Guest House for patient's families regardless of the ability to pay, dedicated over \$89,000 in the areas of nutrition services, prescription pricing, and wellness activities All needs have been addressed</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	Facility A, 6 - ST ANTHONY SUMMIT MEDICAL CENTER St Anthony Summit Medical Center (SUM) and community stakeholders identified two significant needs in their community which they prioritized and focused on The prioritized needs were Behavioral Health and Intentional Injury Prevention The process followed to address the needs, was to create several goals for each need, and then implementing specific activities and metrics to measure progress of address the need Behavioral Health Three of the goals were to increase people who are able to identify, understand and respond to those in mental health and substance abuse crisis through training about identification and resources through Mental Health First Aid (MHFA) and other resources, increase the percent of people screened for substance abuse and mental health issues in healthcare and other related community settings, and to increase the number of appropriate referrals to available resources within the community Intentional Injury Prevention The three goals for this need were to provide injury prevention education to 120 people Decrease long-term effects of TBI and increase older adult independence and physical activities, to decrease long-term effects of Traumatic Brain Injuries (TBI's), and to increase older adult independence and physical activity/wellness through injury prevention strategies All needs have been addressed

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	Facility A, 7 - ST THOMAS MORE HOSPITAL St Thomas More (STM) and community stakeholders identified three significant needs in their community which they prioritized and focused on The prioritized needs were Heart Disease, Lung Disease and Obesity/Diabetes physical a ctivity and nutrition The process followed to address the needs, was to create several go als for each need, and then implementing specific activities and metrics to measure progre ss of address the need Heart Disease STM prioritized Heart Disease because in Fremont Co unty, 5 1% of adults have heart disease, compared to 2 7% of adults in the state This is roughly twice the percentage of adults with Heart Disease compared to the Colorado State a verage One of our goals is to increase the amount of cardiology services not only at St Thomas More but also throughout Fremont County We have the cardiology clinic here at St Thomas More, and we frequently refer patients to this program Additionally, we provide fr ee cardiovascular education at community events and health fairs throughout the year, and are recruiting for a full-time, non-invasive cardiologist Lung Disease St Thomas More H ospital also prioritized lung disease Lung Disease is a priority for St Thomas More beca use Fremont County has almost double the amount of tobacco users than the Colorado State a verage, with almost half of our 25 to 34 year olds using tobacco products regularly In ou r community, 29 1% of adults report that they currently smoke The Colorado percentage of smokers is much lower, at 16 8% The mortality rate for lung disease in our community is 6 0 5 per 100,000, higher than Colorado's rate of 49 8 This is likely due to the higher rat es of smoking in our community The goal was to decrease tobacco use in Fremont County by providing education regarding tobacco cessation and tobacco health risks at community even ts such as health fairs and partner with local businesses to make their facilities tobacco free Obesity/Diabetes physical activity and nutrition St Thomas More also prioritized Obesity/Overweight, Physical Activity and Nutrition In our community 23 1% of adults are obese and 41 8% are overweight Together, almost 2/3 of our population is above a healthy weight In the state, 20 2% of adults are obese and 35 3% are overweight St Thomas More is excited to lead the community by example Through the Partnership for a Healthier Ameri ca and the Colorado Healthy Hospital Compact, we will make sustainable environmental chang es that models healthy lifestyles and provides our St Thomas More associates and hospital visitors with the tools and resources to make healthy decisions while at work or visiting the hospital We know that in our community, 18 7% of adults get no leisure time physical activity (15 2% in Colorado) and 79% of adults eat less than 5 fruits and vegetables per day (75% in Colorado) We recognize the importance of eating well and exercising, and we p lan to educate the community o

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	n fitness and nutrition as a way to impact the overall health of Fremont County One goal implemented is to provide support and education regarding obesity prevention and weight ma nagement to the St Thomas More community in partnership with local organizations All nee ds have been addressed

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	<p>Facility A, 8 - OrthoColorado Hospital Due to the close proximity of OrthoColorado Hospital to St Anthony Hospital (SAH), both hospitals combined their resources and worked together and community stakeholders who identified four significant needs in their community which they prioritized and focused on. The prioritized needs were Behavioral Health, Healthy Eating Active Living (HEAL), Access to Care and Injury Prevention. The process followed to address the needs, was to create several goals for each need, and then implementing specific activities and metrics to measure progress of address the need. Specifically, SAH's goal for Behavioral Health were to decrease rate of Mental Health Hospitalizations by 3% and percentage of adults with a lack of social or emotional support from 18% to 17% among people living in St. Anthony Hospital service area. This was to be done by building community and organizational capacity and care team skills to promote mental wellbeing, improving utilization of evidence-based practices in mental health screening, promote care team training, and increase awareness and referrals to appropriate mental health resources in partnership with the community. Three of the five goals were improve the detection and treatment of mental health needs through the utilization of evidence based screening tools in our SAH service area, increase awareness of and improve referral to mental health resources (leverage/ implement relationships so care systems can work with community partners), and build primary prevention strategies through providing positive protective factors for youth in partnership with community organization. HEAL's need was targeting to increase the percentage of population at a healthy BMI and decrease incidence of Type 2 Diabetes by building community and organizational capacity and care team skills to promote healthy weight and lifestyles. Reduce obesity and improve utilization of evidence-based practices in screening, promote care team training, and increase awareness and referrals to appropriate resources in partnership with the community. Two of the five goals for HEAL were to increase utilization of evidence-based practices to screen for health factors and indicators for obesity and related conditions, and increase awareness of and improve referral to healthy eating active living resources at points of service. Access to Care need was to increase the percentage of adults with a regular doctor and percent people who are insured. One of the goals of the three created was to increase the number of people enrolled into Medicaid or Commercial Coverage. Injury Prevention need was addressed by decreasing the number of preventable injuries in the community and those which come into St Anthony Hospital. The related goals to address were decrease the number of hospitalizations due to a preventable fall by increasing the number of people reached through evidence-based programming by 20%. And decrease the number of recreation/</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	leisure activity-related traumatic brain injuries through safe biking practices Two goals were created and the first one was to decrease the number of recreation/leisure activity- related traumatic brain injuries through safe biking practices All needs were addressed SAH partnered with Mental Health First Aid Jeffco Coalition to provide 1,200 people with m ental health first aid training, provided 1,618 staff hours to address community health ne eds through direct support and partnerships, provided weight loss programming to community 275 community members, who lost 1,041 pounds collectively All needs have been addressed

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

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

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

Name and address	Type of Facility (describe)
1 MERCY HOME HEALTH ONE MERCADO STREET suite 270 DURANGO, CO 81301	HEMECARE
1 SENIOR HEALTH CENTER WEST 11700 W 2nd Place Lakewood, CO 80228	PRIMARY CARE GERIATRICS
2 Endocrinology Diabetes & Thyroid Specialists of Colorado 11700 W 2nd Place Suite 210 Lakewood, CO 80228	physician clinic
3 PHYSICIAN PARTNERS ORTHOPAEDIC SURGERY 4112 OUTLOOK BLVD PUEBLO, CO 81008	ORTHOPAEDIC SURGERY
4 ASSOCIATED SURGEONS 11700 W 2nd Place Suite 210 Lakewood, CO 80228	GENERAL SURGERY
5 Southern Colorado Gynecology Oncology 2222 N Nevada Ave Suite 2025 Colorado Springs, CO 80907	physician office
6 PENROSE URGENT CARE AT CRIPPLE CREEK 1101 TELLER COUNTY ROAD 1 CRIPPLE CREEK, CO 80813	URGENT CARE
7 MERCY DIAGNOSTIC LAB 2577 N MAIN AVE DURANGO, CO 81301	MDS SERVICES
8 CENTURA HOME OXYGEN-PUEBLO 4025 CLUB MANOR DRIVE PUEBLO, CO 81008	HOME MEDICAL EQUIP
9 PSF Primary Care Health Care Services 6011 E Woodmen Suite 100 Colorado Springs, CO 80923	Physician office
10 Southern Colorado Breast Care Specialists 2312 N Nevada Ave Suite 235 Colorado Springs, CO 80907	physician office
11 PROGRESSIVE CARE CENTER 1338 PHAY AVE CANON CITY, CO 81212	SKILLED NURSING RESPITE CARE
12 ST ANTHONY HOSPICE 1391 SPEER BLVD Suite 600 DENVER, CO 80204	HOME HOSPICE
13 SENIOR HEALTH CENTER NORTH 8510 BRYANT ST SUITE 250 WESTMINSTER, CO 80031	PRIMARY CARE GERIATRICS
14 Cardiac and Thoracic Surgery Associates PC 2222 N Nevada Ave Suite 5011 Colorado Springs, CO 80907	Physicians

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 CHAMBERS SPECIALTY SURGICAL CARE 11700 W 2nd Place Suite 210 Lakewood, CO 80228	GENERAL SURGERY
1 ST ANTHONY KEYSTONE MEDICAL CLINIC 1252 COUNTY ROAD 8 KEYSTONE, CO 80435	PRIMARY CARE/URGENT CARE/ER
2 NORTH RIDGE MEDICAL PRACTICE 13691 COLORADO BLVD SUITE 106 THORNTON, CO 80602	PRIMARY CARE
3 CENTURA HOME OXYGEN-COLORADO SPRINGS 4260 BUCKINGHAM DR suite 100 COLORADO SPRINGS, CO 80907	HOME MEDICAL EQUIP
4 TOUCHSTONE 1925 E ORMAN PUEBLO, CO 81004	FAMILY PRACTICE
5 INTERNAL MEDICINE 614 YALE CANON CITY, CO 81212	INTERNAL MEDICINE
6 Southern Colorado Vascular Surgery 2222 N Nevada Ave Suite 5011 Colorado Springs, CO 80907	Physician office
7 INTERMOUNTAIN NEURO PHYSICIANS 11750 W 2nd Place Suite 255 Lakewood, CO 80228	OUTPATIENT NEURO
8 REHABILITATIONCCOM 1338 PHAY AVE CANON CITY, CO 81212	REHAB CLINIC ORTHOPAEDIC CLINIC CCOM
9 FAMILY MEDICINE CLINIC NORTH 8510 BRYANT ST SUITE 210 WESTMINSTER, CO 80031	PRIMARY CARE CLINIC RESIDENCY FACILITY
10 Centura Family Care Center 916 Indiana Ave Pueblo, CO 81004	Physician clinic
11 PENROSE MOUNTAIN URGENT CARE CLINIC 41 STATE HIGHWAY 67 WOODLAND PARK, CO 80863	URGENT CARE OP REHAB
12 Advanced Care in Endocrinology and Diabetes 3207 North Academy Blvd Suite 1300 Colorado Springs, CO 80917	Physician Practice
13 SOUTHERN COLORADO FAMILY MEDICINE 1008 MINNEQUA AVE PUEBLO, CO 81004	FAMILY PRACTICE
14 HOSPICE OF MERCY ONE MERCADO STREET suite 270 DURANGO, CO 81301	HEMOCARE

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> Mercy Cardiology Associates 1 Mercado Street Durango, CO 81301	outpatient care clinic
<b>1</b> CHPG Westminster Internal & Family Medicine 400 W 144th Suite 260A Westminster, CO 80023	PHYSICIAN PRACTICE
<b>2</b> Aspen Ridge ENT 11700 2nd Place Suite 210 Lakewood, CO 80228	outpatient clinic
<b>3</b> ST MARY CORWIN HOME SERVICES 4025 CLUB MANOR DRIVE PUEBLO, CO 81003	HEMOCARE
<b>4</b> PRIMARY CARE SERVICES 4231 W 16TH AVE DENVER, CO 80204	PRIMARY CARE CLINIC
<b>5</b> CENTURA HOME OXYGEN-DENVER 2590 W 2ND AVE SUITE 5 DENVER, CO 80219	HOME MEDICAL EQUIP
<b>6</b> ST ANTHONY COPPER MOUNTAIN CLINIC 860 COPPER RD COPPER MOUNTAIN, CO 80443	PRIMARY CARE URGENT CARE
<b>7</b> Urgent Care of Golden 1030 Johnson Rd Suite 200 Golden, CO 80401	OP Urgent care
<b>8</b> OBGYN SERVICES 1335 PHAY AVE SUITE B CANON CITY, CO 81212	OB/GYN
<b>9</b> SASMC AMBULATORY SURGERY CENTER 340 PEAK ONE DRIVE FRISCO, CO 80443	AMBULATORY SURGERY CENTER
<b>10</b> Durango Cancer Center 1 Mercado Street Suite 100 Durango, CO 81301	radiation and follow up care for cancer patients
<b>11</b> The Vascular Center of Colorado LLC 2222 N Nevada Ave Ste 3000 Colorado Springs, CO 80907	Medical facility
<b>12</b> Audubon Ambulatory Surgery Center LLC 3030 North Circle Drive Colorado Springs, CO 80909	Surgery Medical facility
<b>13</b> CHICUSP Surgery Center LLC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001	Surgery Medical facility
<b>14</b> Colorado Springs CK Leasing LLC 630 Southpointe Court Ste 200 Colorado Springs, CO 80906	Medical 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)
<b>46</b> CHIC-AMSurg Surgery Center LLC 1A Burton Hills Blvd Nashville, TN 37215	Medical facility
<b>1</b> Three Springs Imaging LLC 1Mercado Street Ste 200A Durango, CO 81301	Imaging Medical facility
<b>2</b> Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003	Surgery Medical facility
<b>3</b> Penrad Imaging LLC 1390 Kelly Johnson Blvd Colorado Springs, CO 80920	Imaging Medical facility
<b>4</b> Vibra Hospital of Denver LLC 4600 Lena Drive Mechanicsburg, PA 17055	Medical facility
<b>5</b> Synergy Orthopedics 8510 Bryant St Suite 320 Westminster, CO 80031	Physician clinic
<b>6</b> SMC GASTROENTEROLOGY 1925 E ORMAN PUEBLO, CO 81004	GASTROENTEROLOGY PRACTICE
<b>7</b> WOMEN'S HEALTH SPECIALISTS 13691 Colorado Blvd Suite 106 thornton, CO 80602	WOMEN'S CARE CLINIC
<b>8</b> DURANGO URGENT CARE AT DMR 1 SKIER PLACE DURANGO, CO 81301	URGENT CARE
<b>9</b> PSF Primary Care Health Care Services 2960 N Circle Dr Suite 100 Colorado Springs, CO 80909	Physcian office
<b>10</b> North Metro Internal Medicine 8300 Alcott St Suite 302 Westminster, CO 80031	outpatient clinic
<b>11</b> SUMMIT CARDIOLOGY 360 PEAK ONE DR Suite 390 FRISCO, CO 80443	CARDIOLOGY PRACTICE
<b>12</b> PENROSE HOME CARE 7015 TALL OAKS DRIVE COLORADO SPRINGS, CO 80919	HOME HOSPICE
<b>13</b> SMC SURGICAL PHYSICIANS 1925 E ORMAN PUEBLO, CO 81004	GENERAL SURGERY
<b>14</b> Dimension Pain Management 400 W 144th Suite 240 Westminster, CO 80031	Physician Practice

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

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

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

Name and address	Type of Facility (describe)
<b>61</b> PENROSE COMMUNITY HOSPITAL 3205 N CASCADE AVE COLORADO SPRINGS, CO 80917	OP CLINIC URGENT CARE NO IP SERVICES
<b>1</b> SURGERY SERVICES & THE MEDICAL HOME 1339 PHAY AVE CANON CITY, CO 81212	SURGERY PRACTICE FAMILY PRACTICE
<b>2</b> Vascular & Endovascular Specialist of Colorado 11700 W 2nd Place Suite 210 Lakewood, CO 80228	SPECIALTY SURGERY
<b>3</b> SMC Physician Partners-Rehab 1925 E ORMAN PUEBLO, CO 81004	REHAB PHYSICIAN
<b>4</b> BRECKENRIDGE MEDICAL CLINIC 555 S PARK AVE PLAZA II PO BOX 6909 BRECKENRIDGE, CO 80424	PRIMARY CARE/URGENT CARE/ER
<b>5</b> TOUCHSTONE PUEBLO WEST CLINIC 141 S PURCELL BLVD Suite 106 PUEBLO WEST, CO 81007	FAMILY PRACTICE
<b>6</b> PSYCHIATRIC SERVICES 11600 W 2nd Place Lakewood, CO 80228	OUTPATIENT CLINIC
<b>7</b> ST ANTHONY HEALTH CENTER EVERGREEN 1520 EVERGREEN PKWY EVERGREEN, CO 80439	PHYSICIAN PRACTICE
<b>8</b> MERCY HEALTH SERVICES CLINIC 1800 E THIRD AVE DURANGO, CO 81301	HEALTH SERVICES
<b>9</b> Centura Health Urgent Care Canon City 3245 E US Hwy 50 Canon City, CO 81212	urgent care clinic
<b>10</b> Rocky Mountain Sports and Family Medicine 1315 Fortino Blvd W Pueblo, CO 81008	physician clinic
<b>11</b> AZTEC DIAGNOSTIC LAB 604 S RIO GRANDE AZTEC, NM 87410	MDS SERVICES

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

Schedule I  
(Form 990)

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

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
Catholic Health Initiatives Colorado

Employer identification number

84-0405257

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 21

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

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANTS ARE GIVEN AT THE DISCRETION OF THE CATHOLIC HEALTH INITIATIVES COLORADO CEO THE CEO MAKES REQUESTS FOR FUNDING, WHICH IS PAID OUT IN THE FORM OF A DONATION TO THE ENTITY OR USED TO REIMBURSE AN INVOICE SUBMITTED FOR AN EXPENSE FOR A SPECIFIC PURPOSE THE MAJORITY OF THE DONEES ARE 501(C)(3) ORGANIZATIONS THAT ASSUME RESPONSIBILITY FOR ENSURING THAT THE FUNDS ARE USED IN FURTHERANCE OF THE PURPOSE OF THE GRANT

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 84-0405257  
Name: Catholic Health Initiatives Colorado

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINNEY COUNTY COMMUNITY HEALTH Coalition Inc 310 E Walnut St Garden City, KS 67846	27-5247081	501(c)(3)	71,167				General Operating Support
ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION 2525 S Downing St Denver, CO 80210	84-0745018	501(c)(3)	29,071				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARRUPE JESUIT HIGH SCHOOL 4343 Utica St Denver, CO 80210	02-0628872	501(c)(3)	28,000				General Operating Support
CROSSROADS MANAGED CARE 4 Montebello Rd Pueblo, CO 81001	84-0810723	501(c)(3)	26,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE FOUNDATION OF CO SPRINGS 10 Lake Cir Colorado Springs, CO 80906	27-0926740	501(c)(3)	23,787				General Operating Support
COLORADO SPRINGS CONSERVATORY FD 415 Sahwatch St Colorado Springs, CO 80903	84-1502211	501(c)(3)	16,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SPRINGS CHAMBER OF CO 102 S Tejon St Colorado Springs, CO 80903	84-0174910	501(c)(6)	10,950				General Operating Support
RED ROCKS COMMUNITY COLLEGE FD 13300 W 6th Ave Lakewood, CO 80228	84-1139105	501(c)(3)	10,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIKES PEAK HOSPICE AND FOUNDATION 2550 Tenderfoot Hill St Colorado Springs, CO 80906	84-1453050	501(c)(3)	10,000				General Operating Support
PEAK VISTA COMMUNITY HEALTH CENTERS FD 3205 N Academy Blvd Colorado Springs, CO 80917	20-3640104	501(c)(3)	10,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SPRINGS FINE ARTS CENTER FD 10 Lake Cir Colorado Springs, CO 80906	84-1303516	501(c)(3)	10,000				General Operating Support
DRIVE SMART EVERGREEN CONIFER INC PO Box 2012 Evergreen, CO 80437	84-1298999	501(c)(3)	10,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME FRONT CARES 1120 N Circle Dr Colorado Springs, CO 80909	20-0564493	501(c)(3)	10,000				General Operating Support
NEWBORN HOPE INC PO Box 2515 Colorado Springs, CO 80901	84-1093905	501(c)(3)	10,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRE FOUNDATION OF CO SPRINGS PO Box 8051 Colorado Springs, CO 80933	81-3734979	501(c)(3)	10,000				General Operating Support
SUSAN G KOMEN BREAST CANCER FD 5005 LBJ Freeway Dallas, TX 75244	75-1835298	501(c)(3)	8,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF COLORADO INC 228 N Cascade Ave Colorado Springs, CO 80903	84-0586169	501(c)(3)	7,500				General Operating Support
CRAIG HOSPITAL FD 3425 S Clarkson St Englewood, CO 80113	23-7352287	501(c)(3)	6,000				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT CARMEL VETERANS SERVICE CENTER 530 Communication Circle Colorado Springs, CO 80905	81-1652178	501(c)(3)	6,000				General Operating Support
MERCY HEALTH FOUNDATION 198 Inverness Dr W Englewood, CO 80012	43-1308084	501(c)(3)	5,720				General Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1550 Crystal Dr Arlington, VA 22202	13-1846366	501(c)(3)	5,313				General Operating Support
COLORADO HEALTH INSTITUTE 303 E 17th Ave Denver, CO 80203	74-3082235	501(c)(3)	5,250				General Operating Support

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> <b>Open to Public Inspection</b> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">                         Name of the organization                          Catholic Health Initiatives Colorado                     </div> <div style="width: 30%;">                         Employer identification number                           84-0405257                     </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <b>Part I    Questions Regarding Compensation</b> </div> </div>	

		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                                 </div> <div style="width: 45%;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)                                 </div> </div>			
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain <div style="text-align: right; margin-top: -20px;"><b>1b</b></div>			
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? <div style="text-align: right; margin-top: -20px;"><b>2</b></div>			
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                                 </div> <div style="width: 45%;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                                 </div> </div>			
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization <div style="margin-top: 10px;"> <b>a</b> Receive a severance payment or change-of-control payment?                                 <div style="text-align: right; margin-top: -20px;"><b>4a</b></div> </div> <div style="margin-top: 10px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                 <div style="text-align: right; margin-top: -20px;"><b>4b</b></div> </div> <div style="margin-top: 10px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                                 <div style="text-align: right; margin-top: -20px;"><b>4c</b></div> </div> <div style="margin-top: 10px;">                                 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                             </div>		Yes	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div style="margin-top: 10px;"> <b>a</b> The organization?                                 <div style="text-align: right; margin-top: -20px;"><b>5a</b></div> </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?                                 <div style="text-align: right; margin-top: -20px;"><b>5b</b></div> </div> <div style="margin-top: 10px;">                                 If "Yes," on line 5a or 5b, describe in Part III                             </div>			No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div style="margin-top: 10px;"> <b>a</b> The organization?                                 <div style="text-align: right; margin-top: -20px;"><b>6a</b></div> </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?                                 <div style="text-align: right; margin-top: -20px;"><b>6b</b></div> </div> <div style="margin-top: 10px;">                                 If "Yes," on line 6a or 6b, describe in Part III                             </div>			No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III <div style="text-align: right; margin-top: -20px;"><b>7</b></div>	Yes		
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <div style="text-align: right; margin-top: -20px;"><b>8</b></div>			No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <div style="text-align: right; margin-top: -20px;"><b>9</b></div>			

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.

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

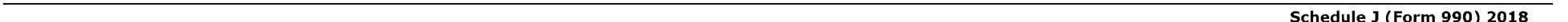
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	CATHOLIC HEALTH INITIATIVES-COLORADO'S PRESIDENT IS PAID BY CENTURA HEALTH CORPORATION (CENTURA), A RELATED TAX EXEMPT ORGANIZATION. OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE. THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	IN CALENDAR YEAR 2018 THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE BRIAN MOORE - \$353,246 MARGARET SABIN - \$1,578,805 DANIEL REEVES - \$157,082

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>DURING THE 2018 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN PATRICIA WEBB DEAN SWINDLE MITCH MELFI DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS TERMINATION, AGE, YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION WERE ELIGIBLE TO RECEIVE THEIR 2018 CONTRIBUTIONS IN CASH THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (B)(III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II DURING 2018, THE FOLLOWING CONTRIBUTIONS AND ASSOCIATED GAINS OR LOSSES THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH MITCH MELFI - \$137,143 DEAN SWINDLE - \$310,177 PATRICIA WEBB - \$139,242 IN ADDITION, CENTURA HEALTH CORPORATION, A RELATED TAX EXEMPT ORGANIZATION, PROVIDES SENIOR EXECUTIVES OF THE FILING ORGANIZATION'S MANAGEMENT TEAM THAT HOLD THE POSITION OF VICE-PRESIDENT OR ABOVE AN ALLOWANCE EQUIVALENT TO 10% OF BASE SALARY TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTE INTO A DEFERRED NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN ADDITION, A PENSION RESTORATION BENEFIT (PRB) IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT THAT IS CALCULATED BASED ON THE EXCESS OF THE PARTICIPANT'S COMPENSATION OVER THE MAXIMUM ALLOWED FOR PENSION CONTRIBUTIONS AMOUNTS DEFERRED ARE NOT REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS THESE DEFERRED COMPENSATION PLANS HAVE A SUBSTANTIAL RISK OF FOREFEITURE PROVISIONS AND AN ELECTED VESTING SCHEDULE DURING THE CALENDAR YEAR 2018, THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED THE FOLLOWING AMOUNTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLANS SERP &amp; PENSION RESTORATION CREDIT KENNETH BACON - \$52,500 PETER BANKO - \$328,170 MICHAEL CAFASSO - \$27,187 GARY CAMPBELL - \$226,696 DANIEL ENDERSON - \$163,802 BRIAN ERLING - \$98,370 THOMAS GESSEL - \$134,116 CHARLES MCCONNELL - \$38, 415 KRIS ORDELHEIDE - \$116,166 EDWARD SIM - \$114,582 MARGARET SABIN - \$96,690 SERP &amp; PENSION RESTORATON LIQUIDATIONS KRIS ORDELHEIDE - \$430,756 MARGARET SABIN - \$618,240</p>

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	PARTICIPANTS IN CENTURA'S INCENTIVE COMPENSATION PLANS INCLUDE DIRECTORS AND ABOVE PAYOUTS ARE BASED ON METRICS ESTABLISHED AND APPROVED BY CENTURA'S COMPENSATION COMMITTEE THE METRICS INCLUDE QUANTIFIABLE MEASURES PERTAINING TO FINANCIAL PERFORMANCE, SAFETY AND QUALITY AND ASSOCIATE SATISFACTION WITH EACH METRIC WEIGHTED IN DETERMINING THE OVERALL SCORE THE INCENTIVE COMPENSATION PAYOUT IS CALCULATED BASED ON THE CUMULATIVE SCORE FOR ALL METRICS AND THE PAYOUT IS BASED ON A COMBINATION OF THE SCORE, THE INDIVIDUAL'S BASE COMPENSATION AMOUNT AND POSITION (E G DIRECTOR, VICE PRESIDENT)



Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 84-0405257  
Name: Catholic Health Initiatives Colorado

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICIA WEBB FACHE	(i)	0	0	0	0	0	0	0
CHAIR	(ii)	696,477	504,348	171,113	16,540	18,016	1,406,494	0
DEAN SWINDLE CPA	(i)	0	0	0	0	0	0	0
VICE CHAIR (Partial Year)	(ii)	1,239,990	976,270	335,189	12,353	25,636	2,589,438	0
Mitch H Melfi ESQ	(i)	0	0	0	0	0	0	0
BOARD MEMBER	(ii)	696,951	506,377	164,086	16,375	26,070	1,409,859	0
PETER BANKO	(i)	0	0	0	0	0	0	0
President	(ii)	1,155,354	947,993	12,398	337,795	36,410	2,489,950	0
Dan Enderson	(i)	0	0	0	0	0	0	0
TREASURER	(ii)	598,776	350,098	12,143	172,818	38,852	1,172,688	0
Kris Ordelheide	(i)	0	0	0	0	0	0	0
SECRETARY	(ii)	1,030,738	233,673	13,221	124,849	29,473	1,431,954	430,756
Brian Moore	(i)	0	0	0	0	0	0	0
Former -CEO St Mary-Corwin Medical Center	(ii)	197,907	0	353,246	0	24,911	576,064	0
Margaret Sabin	(i)	0	0	0	0	0	0	0
Former - Group CEO & CEO - Penrose St Francis Health Services	(ii)	137,616	0	1,633,472	121,190	30,069	1,922,347	0
Daniel Reeves	(i)	0	0	0	0	0	0	0
Former -Group CFO & CEO - Penrose St Francis Health Services	(ii)	0	0	176,355	423	12,371	189,149	0
Kenneth Bacon	(i)	0	0	0	0	0	0	0
Group President & CEO of St Anthony Hospital	(ii)	504,014	238,812	232,990	62,125	23,757	1,061,698	0
Mike Cafasso	(i)	0	0	0	0	0	0	0
CEO - St Mary-Corwin Medical Center	(ii)	284,541	64,052	12,284	36,812	29,939	427,627	0
Brian Erling	(i)	0	0	0	0	0	0	0
CEO - Penrose St Francis Health Services	(ii)	553,967	230,890	25,995	107,995	37,275	956,122	0
Thomas Gessel	(i)	0	0	0	0	0	0	0
CEO MERCY REGIONAL MEDICAL CENTER	(ii)	694,604	473,129	46,613	143,741	38,341	1,396,428	0
Steven Hannah	(i)	0	0	0	0	0	0	0
CFO St Mary-Corwin Medical Center	(ii)	247,726	25,484	1,295	2,835	19,258	296,598	0
MATTHEW Leary	(i)	0	0	0	0	0	0	0
CFO - St Anthony Hospital	(ii)	366,504	90,989	1,726	9,625	39,925	508,769	0
CHARLES MCCONNELL	(i)	0	0	0	0	0	0	0
CEO Mercy Regional Medical Center	(ii)	324,253	121,500	9,181	46,509	36,291	537,735	0
PETER POWERS	(i)	0	0	0	0	0	0	0
CEO - St Anthony Hospital	(ii)	300,850	61,815	5,090	34,679	32,210	434,643	0
Tadd Richert	(i)	0	0	0	0	0	0	0
Group CFO & CFO - Penrose St Francis Health Services	(ii)	371,405	0	123,702	3,722	32,855	531,683	0
Edward Sim	(i)	0	0	0	0	0	0	0
EVP & COO - ST ANTHONY HOSPITAL	(ii)	719,236	385,590	11,372	124,207	31,698	1,272,102	0
Jane Strobel	(i)	0	0	0	0	0	0	0
CFO Mercy Regional Medical Center	(ii)	247,517	71,858	2,498	5,717	7,848	335,437	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Camille Azar	(i)	705,356	152,724	22,735	9,418	31,958	922,191	0
Physician	(ii)	0	0	0	0	0	0	0
Christopher Mawn	(i)	527,104	102,688	80,894	9,625	32,945	753,256	0
Physician	(ii)	0	0	0	0	0	0	0
Raymond Mencini	(i)	415,969	391,678	21,033	9,625	24,238	862,543	0
Physician	(ii)	0	0	0	0	0	0	0
Taj Kattapuram	(i)	332,961	359,263	8,567	9,006	5,532	715,329	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
Khan Usman	(i)	687,286	15,000	20,338	9,625	12,729	744,978	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0

# SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

# 2018

**Open to Public  
Inspection**

Department of the Treasury

Name of the organization

Catholic Health Initiatives Colorado

Employer identification number

84-0405257

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 16b EVAL OF PARTICIPATION IN JV ARRANGEMENTS	CATHOLIC HEALTH INITIATIVES-COLORADO HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, COMMONSPIRIT HEALTHS' ("CSH") SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15 PROCESS USED TO ESTABLISH COMPENSATION	THE ORGANIZATION'S PRESIDENT, TREASURER, SECRETARY AND KEY EMPLOYEES ARE EMPLOYED BY CENTURA HEALTH CORPORATION ("CENTURA"), A RELATED TAX EXEMPT ORGANIZATION OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEO'S AND CENTURA SENIOR EXECUTIVES THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE CENTURA'S HUMAN RESOURCES DEPARTMENT PERFORMS ANALYSES OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE REMAINDER OF CENTURA EXECUTIVES WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP FOR THOSE REPORTABLE INDIVIDUALS (I E BOARD MEMBERS AND BOARD OFFICERS) WHOSE COMPENSATION IS PAID BY COMMONSPIRIT HEALTH ("CSH"), THEIR COMPENSATION WAS SET BY A COMPENSATION COMMITTEE UTILIZING AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION AMOUNTS THAT WERE BOARD APPROVED AND PAID TO THEM IN ACCORDANCE WITH A WRITTEN CONTRACT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	ACCORDING TO THE BYLAWS OF CATHOLIC HEALTH INITIATIVES-COLORADO, THE ENTITY'S SOLE MEMBER IS COMMONSPIRIT HEALTH, A COLORADO NONPROFIT CORPORATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE SOLE CORPORATE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, THE SOLE MEMBER SHALL FILL ALL VACANCIES ON THE BOARD OF TRUSTEES CREATED BY REMOVAL, RESIGNATION, OR DEATH

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>CATHOLIC HEALTH INITIATIVES-COLORADO'S ("CHIC") CORPORATE MEMBER IS COMMONSPIRIT HEALTH ("CSH") PURSUANT TO SECTION 5 4 1 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX EXCEPT TO THE EXTENT OTHERWISE PROVIDED IN ORGANIZATION'S ARTICLES AND BYLAWS PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE CHIC BOARD - APPROVE MEMBERS OF THE CHIC BOARD - AMENDMENT OF THE CORPORATE DOCUMENTS OF CHIC - APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHIC - ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR CHIC THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CSH CHIEF EXECUTIVE OFFICER - SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF CHIC - REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHIC - APPROVAL OF ISSUANCE OF DEBT BY CHIC - APPROVAL OF PARTICIPATION OF CHIC IN A JOINT VENTURE - APPROVAL OF FORMATION OF A NEW CORPORATION BY CHIC - APPROVAL OF A MERGER INVOLVING CHIC - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF CHIC - TO REQUIRE THE TRANSFER OF ASSETS BY CHIC TO CSH TO ACCOMPLISH CSH'S GOALS AND OBJECTIVES, AND TO SATISFY CSH DEBTS PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BYLAWS, CSH MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE IN ADDITION, PURSUANT TO THE AFFILIATION AGREEMENT BETWEEN CSH, CHIC, CENTURA HEALTH CORPORATION, AND ADVENTHEALTH, CERTAIN MATTERS AFFECTING CHIC MUST BE APPROVED BY BOTH PORTERCARE AND CSH THOSE ITEMS INCLUDE - THE TRANSFER OF ASSETS VALUED AT OVER \$3000,000 - THE ISSUANCE OF A DEBT INSTRUMENT IN EXCESS OF \$250,000 - THE AMENDMENT OF THE ORGANIZING DOCUMENTS - THE ADMISSION OF A NEW SPONSOR - A MERGER OR DISSOLUTION OR REORGANIZATION - SETTLEMENT OF LEGAL PROCEEDINGS IN EXCESS OF \$5,000,000 - CAPITAL EXPENDITURES IN EXCESS OF \$2,000,000</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A DRAFT OF THE FORM 990 IS REVIEWED BY MANAGEMENT AND MADE AVAILABLE TO THE TOP FINANCIAL OFFICIAL FOR CONSIDERATION AND REVIEW PRIOR TO FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>PROCEDURE 1 PROCEDURE FOR CONFLICT OF INTEREST DISCLOSURE 1 1 ALL BOARD MEMBERS, AND REL ATED BOARD COMMITTEE MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLO SE IN ADVANCE OF APPOINTMENT OR EMPLOYMENT ANY TRANSACTIONS, ARRANGEMENTS, ACTIONS, OR REL ATIONSHIPS THAT HAVE THE POTENTIAL TO CREATE A CONFLICT OF INTEREST THE CATHOLIC HEALTH I NITIATIVES-COLORADO ("CHIC") COMPLIANCE DEPARTMENT ADMINISTERS AN ANNUAL CONFLICT OF INTEREST PROCESS COLLECTING AND ASSESSING ANY POTENTIAL CONFLICTS BOARD MEMBERS AND RELATED BOA RD, COMMITTEE MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES MAY HAVE THE FOLLOWING PROCE SS IS FOLLOWED 1 1 1 A COVER LETTER ALONG WITH THE CONFLICTS OF INTEREST POLICY AND THE C ONFLICTS OF INTEREST QUESTIONNAIRE ARE DISTRIBUTED VIA EMAIL UTILIZING A WEB-BASED SURVEY MANAGER TOOL 1 1 2 A REPORT IS COMPILED IDENTIFYING ALL REPORTED POTENTIAL CONFLICTS, NO NOTED CONFLICTS, AND NO RESPONSES 2 PROCEDURE FOR POTENTIAL CONFLICTS THAT REQUIRE EXAMI NATION AND POSSIBLE ACTION 2 1 THE COMPLIANCE DEPARTMENT PROVIDES TO THE BOARD CHAIRPERSON , OR RELATED BOARD COMMITTEE CHAIRPERSON, ANY POTENTIAL CONFLICTS THAT REQUIRE EXAMINATION AND POSSIBLE ACTION 2 1 1 THE CHAIRPERSON OF THE BOARD OR DESIGNEE WILL PERFORM SUCH FU RTHER INVESTIGATION AS THEY MAY DEEM APPROPRIATE THE BOARD OR BOARD COMMITTEE WILL CAREFU LLY REVIEW AND SCRUTINIZE ANY CONFLICT OF INTEREST BY A MAJORITY VOTE OF THE DISINTERESTE D BOARD MEMBERS, THE BOARD WILL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE 2 1 2 IF A BOA RD MEMBER, BOARD COMMITTEE MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE HAS A FINANCIAL INTE REST IN ANY ACTUAL OR POSSIBLE TRANSACTION OR ARRANGEMENT INVOLVING CHIC, IN ORDER TO DETE RMINE WHETHER A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING BUT AFTER SUCH PRESENTATION, THEY SHALL LEAVE THE MEETIN G FOR THE DISCUSSION, AND VOTE ON THE TRANSACTION OR ARRANGEMENT 2 1 3 THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT 2 1 4 AFTER EXERC ISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER CHIC CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY T HAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST 2 1 5 IF A MORE ADVANTAGEOUS TRANSACTIO N OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE, BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, WHETHER THE TRANSACTION OR ARRANGEMENT IS IN CHIC'S BEST INTERE ST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO CHIC AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONF ORMITY WITH SUCH DETERMINATION 3 VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 3 1 IF THE BOARD, COMMITTEE OR CHIC M</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>ANAGEMENT HAS REASONABLE CAUSE TO BELIEVE THAT A BOARD MEMBER, COMMITTEE MEMBER, CORPORATE OFFICER OR KEY EMPLOYEE HAS FAILED TO DISCLOSE EITHER AN ACTUAL CONFLICT OF INTEREST OR A LL MATERIAL FACTS, THEY WILL BE GIVEN THE OPPORTUNITY TO EXPLAIN 3 2 IF, AFTER HEARING TH E RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD, COMMITTEE OR CHIC MANAGEMENT DETERMINES THAT THE INTE RESTED PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, I T SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION 4 RECORDS OF PROCEEDINGS 4 1 THE MINUTES OF THE BOARD AND ANY COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN 4 1 1 THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR P OSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT, ANY ACTION TAKEN TO DETERMINE WH ETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OR COMMITTEE'S DECISION AS TO WHET HER A CONFLICT OF INTEREST, IN FACT, EXISTED 4 1 2 THE NAMES OF THE PERSONS WHO WERE PRES ENT FOR DISCUSSIONS RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSS ION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, A RECORD OF AN Y VOTES TAKEN IN CONNECTION THEREWITH AND A RECORD THAT THE PERSON(S) WITH A CONFLICT OF I NTEREST DID NOT PARTICIPATE IN THE VOTE 4 1 3 FOR BUSINESS TRANSACTIONS BEING NEGOTIATED OUTSIDE OF THOSE REQUIRED TO BE REPORTED TO THE BOARD AND ANY COMMITTEES, THE COMPLIANCE D EPARTMENT SHALL MAINTAIN DOCUMENTATION AS TO THE RESOLUTION AND APPROPRIATENESS OF ANY POT ENTIAL CONFLICT RELATIVE CONDUCTING BUSINESS ON BEHALF OF CHIC 5 COMPENSATION 5 1 A VOT ING MEMBER OF A BOARD OR A BOARD COMMITTEE WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECT LY, FROM CHIC FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION 5 2 A PHYSICIAN WHO IS A VOTING MEMBER OF A BOARD OR BOARD COMMITTEE AND RE CEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM DISC USSING AND VOTING ON MATTERS PERTAINING TO THAT MEMBER AND OTHER PHYSICIANS' COMPENSATION NO PHYSICIAN OR PHYSICIAN BOARD MEMBER OR COMMITTEE MEMBER, EITHER INDIVIDUALLY OR COLLEC TIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO THE BOARD OR BOARD COMMITTEE REGARDING PHYSICIAN COMPENSATION 6 PERIODIC REVIEWS 6 1 ANNUALLY, INTERNAL AUDIT WILL REVIEW COM PENSATION AND FINANCIAL ARRANGEMENTS FOR POTENTIAL CONFLICTS OF INTEREST</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN Commonsprit health's' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT commonsprithealth org

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Research Revenue - Total Revenue 12060, Related or Exempt Function Revenue 12060, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Drug Screen Revenue - Total Revenue 61036, Related or Exempt Function Revenue 61036, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Parking Lot Revenue - Total Revenue 330042, Related or Exempt Function Revenue 330042, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Education - Total Revenue -263065, Related or Exempt Function Revenue -263065, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other revenue - Total Revenue 687991, Related or Exempt Function Revenue 687991, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Consulting & Contract Labor - Total Expense 14522998, Program Service Expense 13201467, Management and General Expenses 1321531, Fundraising Expenses , Purchased Services - Total Expense 58328954, Program Service Expense 49579611, Management and General Expenses 8749343, Fundraising Expenses , Support Allocation - Total Expense 221531363, Program Service Expense 199378227, Management and General Expenses 22153136, Fundraising Expenses , Regional Pool - Total Expense 3147178, Program Service Expense 3147178, Management and General Expenses , Fundraising Expenses , Physician Remuneration - Total Expense 93087553, Program Service Expense 93087553, Management and General Expenses , Fundraising Expenses , Medical Services - Total Expense 38179052, Program Service Expense 38179052, Management and General Expenses , Fundraising Expenses , Lab Internal Purchase Services - Total Expense 37954523, Program Service Expense 37954523, Management and General Expenses , Fundraising Expenses , Works Comp Ins - Total Expense 8990106, Program Service Expense 7641590, Management and General Expenses 1348516, Fundraising Expenses , Other Purchase Services - Total Expense 21910861, Program Service Expense 18624232, Management and General Expenses 3286629, Fundraising Expenses ,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers to Affiliates - -51397516, Equity changes of unconsolidated orgs - 10707181,

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Catholic Health Initiatives Colorado

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
84-0405257

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	C	9,452,141	FMV



**Part VII**      **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 84-0405257  
Name: Catholic Health Initiatives Colorado

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HOSPITAL	NE	501(c)(3)	3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH		No
345 S Halcyon Rd Arroyo Grande, CA 93420 20-3256066	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
420 34TH Street Bakersfield, CA 93301 95-1802779	HOSPITAL	CA	501(c)(3)	3	DCC		No
350 West Thomas Road Phoenix, AZ 85013 86-0174371	FUNDRAISING	AZ	501(c)(3)	7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	Type I	SLCHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	HEALTHCARE	PA	501(c)(3)	Type I	CSH		No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING FOUNDATION	TX	501(c)(3)	Type I	BRHS		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(c)(3)	3	BRHS		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
1401 South Grand Avenue Los Angeles, CA 90015 95-4000909	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HOSPITAL	ND	501(c)(3)	3	CSH		No
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(c)(3)	3	CSH		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 84-0902211	FUNDRAISING FOUNDATION	CO	501(c)(3)	7	CHIC		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004	HEALTHCARE	CO	501(c)(3)	Type I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	PHYSICIANS	CO	501(c)(3)	Type I	CHINS		No
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CENTER	OR	501(c)(3)	10	MMC		No
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	HOSPITAL	KS	501(c)(3)	3	CSH		No
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	FUNDRAISING FOUNDATION	MN	501(c)(3)	10	CSH		No
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	ACH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	Type I	CSH		No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	Type I	CSH		No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	Type II	SFH		No
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(c)(3)	3	MHCS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	10	CHI NS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	Type I	CSH		No
12809 West Dodge Road Omaha, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	Type I	CSH		No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	Type I	CSH		No
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	Type I	CSH		No
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(c)(3)	3	CHISVHS		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type II	SVIMC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(c)(3)	3	CHISVHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	Type I	NA		No
1805 Medical Center Drive San Bernardino, CA 92411 95-1643373	HOSPITAL	CA	501(c)(3)	3	DCC		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)		GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AH-CMHMV		No
One Saint Joseph Drive LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(c)(3)	3	SJHS		No
185 Berry Street Suite 300 San Francisco, CA 94107 81-5009488	HOSPITAL	CO	501(c)(3)	3	NA		No
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(c)(3)	3	CSH		No
200 Mercy Oaks Drive Redding, CA 96003 23-7115371	Senior Center Services	CA	501(c)(3)	7	DH		No
185 Berry Street San Francisco, CA 94107 46-2037641	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
2101 N Waterman Avenue San Bernardino, CA 92404 23-7440086	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
475 South Dobson Road Chandler, AZ 85224 74-2418514	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No
185 Berry Street San Francisco, CA 94107 94-3006034	Self Insurance	CA	501(c)(3)	Type I	DH		No
185 Berry Street San Francisco, NV 94107 81-3800752	Self Insurance	NV	501(c)(3)	Type I	DH		No
3400 Data Drive Rancho Cordova, CA 95670 68-0220314	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(c)(3)	Type I	DCC		No
185 Berry Street San Francisco, CA 94107 94-6612446	Self Insurance	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0056778	Community Health System	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 94-2450442	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0127719	Operation and management of housing complex to elderly persons	CA	501(c)(3)	10	DHS		No
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	Type I	SLHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(c)(3)	3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(c)(3)	3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	FLC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING FOUNDATION	WA	501(c)(3)	10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(c)(3)	3	CSH		No
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	10	CSH		No
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CSH		No
1911 Johnson Avenue San Luis Obispo, CA 93401 20-3256125	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(c)(3)	3	SAMC		No
1420 South Central Avenue Glendale, CA 91204 95-3625651	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	Type I	CSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	GSH		No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(c)(3)	3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING FOUNDATION	WA	501(c)(3)	7	HMC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type II	KOH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING FOUNDATION	MN	501(c)(3)	Type I	SFMC		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(c)(3)	3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP		No
250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768	HOSPITAL	KY	501(c)(3)	3	KOH		No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	Type II	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(c)(3)	3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	LHC		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	10	MMC		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(c)(3)	3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	FLC		No
1400 E Church Street Santa Maria, CA 93454 95-3818027	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
768 Mountain Ranch Road San Andreas, CA 95249 68-0127677	HOSPITAL	CA	501(c)(3)	3	NA		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING FOUNDATION	TN	501(c)(3)	7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(c)(3)	3	CSH		No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS		No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(c)(3)	3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	Type I	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	Type I	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING FOUNDATION	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING FOUNDATION	OR	501(c)(3)	7	MMC		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(c)(3)	3	CSH		No
3865 J Street Sacramento, CA 95816 68-0117340	Senior Citizen's Housing/Retirement Communities	CA	501(c)(3)	10	DCC		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(c)(3)	3	CSH		No
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
204 N 4th Ave E Newton, IA 50314 42-1470935	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
301 E 13th Street Merced, CA 95340 77-0035928	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(c)(3)	3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MMC		No
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2223 East Rosser Avenue Bismarck, ND 58501 91-1845296	MANAGEMENT	ND	501(c)(3)	7	NCHA		No
18300 Roscoe Blvd Northridge, CA 91328 23-7444901	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(c)(3)	3	CSH		No
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	OCH		No
1400 E Church Street Santa Maria, CA 93454 77-0447575	Clinic	CA	501(c)(3)	3	DH		No
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No
3400 Data Drive Rancho Cordova, CA 95670 46-5322209	HOSPITAL	CA	501(c)(3)	3	DH		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	FLC		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	Type II	FLC		No
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	FLC		No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC		No
16251 Sylvester Road SW Burien, WA 98166 91-1170040	HOSPITAL	WA	501(c)(3)	3	FHS		No
9100 E Mineral Circle Centennial, CO 80112 84-1183335	Senior Center Services	CO	501(c)(3)	7	CHIC		No
25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS		No
25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING FOUNDATION	NJ	501(c)(3)	7	SCHS		No
25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CSH		No
25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	3	SCHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HOSPITAL	NE	501(c)(3)	3	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SFMC		No
900 Hyde Street San Francisco, CA 94109 94-1156295	HOSPITAL	CA	501(c)(3)	3	DCC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HOSPITAL	KY	501(c)(3)	3	KOH		No
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	SJHHC		No
438 West Las Tunas Drive San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	Type I	DH		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING FOUNDATION	NE	501(c)(3)	Type I	AHMHS		No
155 Glasson Way Grass Valley, CA 95945 94-1439787	HOSPITAL	CA	501(c)(3)	3	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(c)(3)	3	CSH		No
2323 De La Vina St Suite 104 Santa Barbara, CA 93105 23-7137119	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	Type I	DH		No
1600 North Rose Avenue Oxnard, CA 93030 20-2865781	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
350 West Thomas Road Phoenix, AZ 85013 94-2941245	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1800 N California Street Stockton, CA 95204 51-0432777	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1050 Linden Avenue Long Beach, CA 90813 23-7153876	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1050 Linden Avenue Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	Type I	DH		No
450 Stanyan Street San Francisco, CA 94117 94-3336143	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FUNDRAISING FOUNDATION	NV	501(c)(3)	Type I	DH		No
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUNDRAISING FOUNDATION	OR	501(c)(3)	Type I	SAH		No
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(c)(3)	3	SVIMC		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(c)(3)	3	CSH		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING FOUNDATION	KS	501(c)(3)	Type I	SCH		No
12469 Five Point Road TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	FLC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)		CSH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No
19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	10	SCHS		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(c)(3)	3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING FOUNDATION	TX	501(c)(3)	Type II	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HOSPITAL	MD	501(c)(3)	3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(c)(3)	3	SJSC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	Type I	SJMC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	Type I	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(c)(3)	3	CSH		No
2500 Fairway St DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(c)(3)	3	CSH		No
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	FLC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING FOUNDATION	TX	501(c)(3)	7	SLHS		No
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	Type I	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 Hermann Drive Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	Type I	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	Type I	SLCDC-SL		No
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SMCH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING FOUNDATION	AR	501(c)(3)	Type I	SVIMC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	Type I	CSH		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	FLC		No
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	FLC		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(c)(3)	3	SLHS		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HOSPITAL	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	Type I	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HOSPITAL	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	THS		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	Type I	NA		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(c)(3)	3	SFH		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No
191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	10	SCHS		No
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-1335382	HOLDING CO	CO	501(c)(3)	Type I	NA	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AGH Phoenix LLC  220 E Las Colinas Blvd Suite 1000 Irving, TX 75039 47-1584330	Holding Company	AZ	NA	N/A				No			No	
(1) American Mercy Home Care LLC  1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	NA	N/A				No			No	
(2) Arizona Care Network LLC (ACN LLC)  350 W Thomas Rd Phoenix, AZ 85013 45-4494682	Care Network	AZ	NA	N/A				No			No	
(3) Audubon Land Company LLC  630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	NA	N/A				No			No	
(4) AVON EMERGENCY AND URGENT CARE CENTER LLC  9100 E Mineral Circle Centennial, CO 80112 81-1727282	HEALTHCARE SRVC	CO	NA	N/A				No			No	
(5) BAYLOR CHI ST LUKES HEALTH SERVICES LLC  6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	NA	N/A				No			No	
(6) BERGAN MERCY SURGERY CENTER LLC  7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	NA	N/A				No			No	
(7) BERYWOOD OFFICE PROPERTIES LLC  2501 Citico Avenue CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	NA	N/A				No			No	
(8) BLUEGRASS REGIONAL IMAGING CENTER  1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	NA	N/A				No			No	
(9) CBCC Outsmarting Cancer LLC  6501 Truxtun Avenue Bakersfield, CA 93309 46-1602286	Radiation / Oncology including Cyberknife	CA	NA	N/A				No			No	
(10) CENTRAL NEBRASKA REHABILITATION SERVICES LLC  3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	NA	N/A				No			No	
(11) CENTURA-SCA HOLDINGS LLC  569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	NA	N/A				No			No	
(12) CHI OPERATING INVESTMENT PROGRAM LP  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	NA	N/A				No			No	
(13) CHICAMSURG Surgery Centers LLC  1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CENTER	CO	NA	N/A				No			No	
(14) CHICLARKIN VENTURES LLC  9100 E Mineral Circle Centennial, CO 80112 47-4210888	URGENT CARE	CO	NA	N/A				No			No	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) Colorado Springs CK Leasing LLC  630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	NA	N/A				No			No	
(1) Community Mercy Home Care Services of Springfield LLC  1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	NA	N/A				No			No	
(2) DE JV LLC  8686 New Trails Drive The Woodlands, TX 77381 32-0496548	Emergency Care	NV	NA	N/A				No			No	
(3) DHHP Surgery Centers LLC  1513 S Grand Avenue Ste 350 Los Angeles, CA 90015 83-1847466	SURGERY	CA	NA	N/A				No			No	
(4) DHRT Holdings LLC  185 Berry Street Suite 300 San Francisco, CA 94107 35-2484591	Holding Company	DE	NA	N/A				No			No	
(5) Dignity- GoHealthUrgent Care Management LLC  5555 Glenridge Connector Suite 700 Atlanta, GA 30342 35-2548698	Management Services	DE	NA	N/A				No			No	
(6) Dignity Health at Home LLC  1700 EDISON DR MILFORD, OH 45150 82-4674115	HEALTHCARE SRVC	DE	NA	N/A				No			No	
(7) Dignity Health Specialty Pharmacy LLC  185 Berry Street Suite 300 San Francisco, CA 94107 32-0589462	Specialty Pharmacy Services	DE	NA	N/A				No			No	
(8) DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC  15305 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-2999237	Surgery	TX	NA	N/A				No			No	
(9) DignityUSP NorCal Surgery Centers LLC  15306 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-2468509	SURGERY	TX	NA	N/A				No			No	
(10) DIGNITYUSP PHOENIX SURGERY CENTERS LLC  15307 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 13-4248908	Surgery	TX	NA	N/A				No			No	
(11) DignityUSPJohn Muir East Bay Surg Ctrs LLC  15308 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 35-2584991	SURGERY	TX	NA	N/A				No			No	
(12) Dignity-Abrazo Health Network LLC  3030 N Central Avenue Suite 1402 Phoenix, AZ 85012 46-5477985	Management Services	AZ	NA	N/A				No			No	
(13) Dominican Magnetic Resonance Imaging Center  1545 Soquel Drive Santa Cruz, CA 94065 77-0095477	Imaging Center	CA	NA	N/A				No			No	
(14) Folsom Sierra Endoscopy Center LP  1650 Creekside Drive 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	NA	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) Franciscan Medical Pavilion Bonney Lake LLC  6622 Wollochet Dr NW Gig Harbor, WA 98335 46-3494108	Real Estate	WA	NA	N/A				No			No	
(1) FRANCISCAN SPECIALTY CARE LLC  680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	NA	N/A				No			No	
(2) Good Samaritan Home Care Services of Vincenne IN LLC  1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	NA	N/A				No			No	
(3) HC SL VINTAGE I LLC  18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	NA	N/A				No			No	
(4) HEALTHCARE SUPPORT SERVICES LLC  PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	N/A				No			No	
(5) Heartland Oncology LLC  2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	NA	N/A				No			No	
(6) Highline Physical Therapy Group  181 S 333rd Street STE 250 Federal Way, WA 98003 91-1431904	Physical Therapy	WA	NA	N/A				No			No	
(7) LAKESIDE AMBULATORY SURGICAL CENTER LLC  17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	NA	N/A				No			No	
(8) LAKESIDE ENDOSCOPY CENTER LLC  17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	NA	N/A				No			No	
(9) LINCOLN CK LEASING LLC  555 SOUTH 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	NA	N/A				No			No	
(10) Mercy Davis Cancer Center Management Co LLC  2740 M Street Merced, CA 95340 94-3358445	Management of Cancer Center	CA	NA	N/A				No			No	
(11) Mercy Rehabilitation Hospital LLC  680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	TX	NA	N/A				No			No	
(12) Military Road Properties LLC  181 S 333rd Street STE 250 Federal Way, WA 98003 91-2067879	Real Estate	WA	NA	N/A				No			No	
(13) NEBRASKA SPINE HOSPITAL LLC  6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	NA	N/A				No			No	
(14) NICU Operating CO of Santa Cruz LLC  1555 Soquel Drive Santa Cruz, CA 95065 46-0502935	Neonatal Healthcare	CA	NA	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) NORTH RIVER SURGERY CENTER LLC  2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	NA	N/A				No			No	
(1) NSC Channel Islands LLC  3000 Riverchase Galleria Suite 500 Birmingham, AL 35244 77-0418197	Ambulatory surgical center	CA	NA	N/A				No			No	
(2) OMG Arizona LLC  130 Sutter Street 2nd Flr San Francisco, CA 94104 47-1708588	Medical Office	AZ	NA	N/A				No			No	
(3) ORTHOCOLORADO LLC  11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	NA	N/A				No			No	
(4) Park Rapids Area Health Care  600 Pleasant Avenue S Park Rapids, MN 56470 20-4926259	HEALTHCARE SRVC	MN	NA	N/A				No			No	
(5) Pasadena Urgency Center LLC  4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 81-2482854	URGENT CARE	TX	NA	N/A				No			No	
(6) Patient Transport Services of Columbus Inc  1700 EDISON DR MILFORD, OH 45150 26-4601285	Ambulance	OH	NA	N/A				No			No	
(7) PENINSULA RADIATION ONCOLOGY LLC  314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	NA	N/A				No			No	
(8) Penrad Imaging LLC  1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	NA	N/A				No			No	
(9) Performance Medical Equipment & Respiratory Svsc LLC  19625 62nd Avenue South STE 101 Kent, WA 98032 45-2901632	Holding Company	WA	NA	N/A				No			No	
(10) Plaza Surgery Center LP  525 E Plaza Drive Suite 100 Santa Maria, CA 93454 77-0573567	Surgery	CA	NA	N/A				No			No	
(11) PMC HOSPITAL LLC  3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	NA	N/A				No			No	
(12) Precision Medicine Alliance LLC  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 35-2569159	Diagnostic Services	CO	NA	N/A				No			No	
(13) Pueblo Ambulatory Surgery Center LLC  25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CENTER	CO	NA	N/A				No			No	
(14) Radiation Oncology Centers of Ventura County  1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	NA	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(61) RBR Management LLC  91 Corporate Park Drive Suite 120 Henderson, NV 89074 27-1466450	Ambulance	NV	NA	N/A				No			No	
(1) Reid-ANC Home Care Services LLC  1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	NA	N/A				No			No	
(2) SAINT JOSEPH - SCA HOLDINGS LLC  1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	NA	N/A				No			No	
(3) SAINT JOSEPH-ANC HOME CARE SERVICES  1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	NA	N/A				No			No	
(4) Santa Cruz Comprehensive Imaging LLC  1661 Soquel Drive Suite G Santa Cruz, CA 95065 01-0550623	Imaging	CA	NA	N/A				No			No	
(5) Santa Cruz Land & Building LP  1555 Soquel Drive Santa Cruz, CA 95065 77-0285236	REAL ESTATE	CA	NA	N/A				No			No	
(6) Santa Cruz Surgery Center LLC  3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	NA	N/A				No			No	
(7) SMI Imaging LLC  6740 E Camelback Road Suite 101 Scottsdale, AZ 85251 26-4000683	Imaging Center	CA	NA	N/A				No			No	
(8) Southeastern Home Care LLC  1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	NA	N/A				No			No	
(9) St Joseph's Surgery Center LP  15305 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-1019390	Surgery	TX	NA	N/A				No			No	
(10) St Elizabeth Home Care Services LLC  1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	NA	N/A				No			No	
(11) ST FRANCIS LAND COMPANY  5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	NA	N/A				No			No	
(12) ST LUKE'S DIAGNOSTIC CATH LAB LLP  6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	NA	N/A				No			No	
(13) ST LUKE'S LAKESIDE HOSPITAL LLC  6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	NA	N/A				No			No	
(14) ST LUKE'S THE WOODLANDS SLEEP CENTER LLC  6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	NA	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(76) Templeton Surgery Center LLC  1310 Las Tablas Road Suite 104 Templeton, CA 94365 20-2246616	Surgery	CA	NA	N/A				No			No	
(1) The Medical Pavilion at St John's  1700 Rose Avenue Oxnard, CA 93030 77-0332349	Real Estate	CA	NA	N/A				No			No	
(2) THREE SPRING IMAGING LLC  1 Mercado St STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	NA	N/A				No			No	
(3) Valley Physicians Surgery Center At Northridge LLC  18330 Roscoe Blvd Northridge, CA 91328 80-0864336	Surgery	CA	NA	N/A				No			No	
(4) WEST LAKES SURGERY CENTER LLC  12499 UNIVERSITY AVENUE STE 100 CLIVE, IA 50325 20-5345295	HEALTHCARE SRVC	IA	NA	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	NA	C Corporation					No
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	NA	C Corporation					No
(2) ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	NA	C Corporation					No
(3) Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	NA	C Corporation					No
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	NA	C Corporation					No
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	NA	C Corporation					No
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	NA	C Corporation					No
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	NA	C Corporation					No
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	NA	C Corporation					No
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	NA	C Corporation					No
(10) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	NA	C Corporation					No
(11) CHI St Luke's Health - Memorial Condominium Association Inc 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	NA	C Corporation					No
(12) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	NA	C Corporation					No
(13) Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Healthcare	CA	NA	S Corporation					No
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	NA	C Corporation					No
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	NA	C Corporation					No
(2) Dignity Health Holding Corporation 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371	Holding Co	NV	NA	C Corporation					No
(3) Dignity Health Insurance Ltd (Cayman Island corporation) PO Box 1051 KY1-1102 Grand Cayman Islands, GRAND CAYMAN KY11001 CJ 98-1065338	Insurance	CJ	NA	C Corporation					No
(4) Dignity Health Provider Resources Inc 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764	Health Plan	CA	NA	C Corporation					No
(5) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	NA	C Corporation					No
(6) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	NA	C Corporation					No
(7) Franciscan City Urgent Care Services PS dba City MD - Franciscan Urgent Car e C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	NA	C Corporation					No
(8) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	NA	C Corporation					No
(9) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	NA	C Corporation					No
(10) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	NA	C Corporation					No
(11) Health Services of the Pacific Central Coast Inc 1400 E Church Street Santa Maria, CA 93454 77-0074057	Healthcare	CA	NA	C Corporation					No
(12) Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	NA	C Corporation					No
(13) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	NA	C Corporation					No
(14) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical Services	WA	NA	C Corporation					No
(1) Integrated Medical Services 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	Multi-specialty physicians group	AZ	NA	C Corporation					No
(2) KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	NA	C Corporation					No
(3) Management Services Organization of Santa Maria Inc 1400 E Church Street Santa Maria, CA 93454 77-0318135	Health Care Mgmt	CA	NA	C Corporation					No
(4) Medical Office Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	NA	C Corporation					No
(5) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	NA	C Corporation					No
(6) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	NA	C Corporation					No
(7) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	NA	C Corporation					No
(8) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	NA	C Corporation					No
(9) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	NA	C Corporation					No
(10) Millenium Surgery Center Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	Healthcare	CA	NA	S Corporation					No
(11) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	NA	C Corporation					No
(12) North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	NA	C Corporation					No
(13) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	NA	C Corporation					No
(14) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(46) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	NA	C Corporation					No
(1) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	NA	C Corporation					No
(2) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	NA	C Corporation					No
(3) QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	NA	C Corporation					No
(4) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	NA	C Corporation					No
(5) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	NA	C Corporation					No
(6) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	NA	C Corporation					No
(7) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	NA	C Corporation					No
(8) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	NA	C Corporation					No
(9) RUSHWINC Properties Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 75-3160650	Lease negotiations	GA	NA	C Corporation					No
(10) Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing Services	NJ	NA	C Corporation					No
(11) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	NA	C Corporation					No
(12) SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	NA	C Corporation					No
(13) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	NA	C Corporation					No
(14) St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharmacy	CA	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	NA	C Corporation					No
(1) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	NA	C Corporation					No
(2) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	NA	C Corporation					No
(3) St Mary's Multi Specialty Clinic 1625 Prater Way Suite 102 Sparks, NV 89434 11-3763590	Healthcare	NV	NA	C Corporation					No
(4) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	NA	C Corporation					No
(5) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	NA	C Corporation					No
(6) STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	NA	C Corporation					No
(7) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	NA	C Corporation					No
(8) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	NA	C Corporation					No
(9) TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	NA	C Corporation					No
(10) US HealthWorks Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2420844	Occupational Medical Services	CA	NA	C Corporation					No
(11) US HealthWorks Medical Group of Alaska LLC 25124 Springfield Court Suite 200 Valencia, CA 91355 63-1219117	Occupational Medical Services	AK	NA	C Corporation					No
(12) US HealthWorks Medical Group of Arizona Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2625710	Occupational Medical Services	AZ	NA	C Corporation					No
(13) US HealthWorks Medical Group of Florida Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2654983	Occupational Medical Services	FL	NA	C Corporation					No
(14) US HealthWorks Medical Group of Georgia Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2625714	Occupational Medical Services	GA	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(76) US HealthWorks Medical Group of Kentucky Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 47-3277440	Occupational Medical Services	KY	NA	C Corporation					No
(1) US HealthWorks Medical Group of Maine Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2654976	Occupational Medical Services	ME	NA	C Corporation					No
(2) US HealthWorks Medical Group of Ohio Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 31-1540841	Occupational Medical Services	OH	NA	C Corporation					No
(3) US HealthWorks of Colorado Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 81-1053593	Occupational Medical Services	CO	NA	C Corporation					No
(4) US HealthWorks of Illinois Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-1384805	Occupational Medical Services	IL	NA	C Corporation					No
(5) US HealthWorks of Indiana Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 35-1991196	Occupational Medical Services	IN	NA	C Corporation					No
(6) US HealthWorks of Kansas City Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-2754415	Occupational Medical Services	KS	NA	C Corporation					No
(7) US HealthWorks of Minnesota Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 45-2494357	Occupational Medical Services	MN	NA	C Corporation					No
(8) US HealthWorks of New Jersey Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 04-3323869	Occupational Medical Services	NJ	NA	C Corporation					No
(9) US HealthWorks of North Carolina Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 56-2029468	Occupational Medical Services	NC	NA	C Corporation					No
(10) US HealthWorks of Pennsylvania Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2660955	Occupational Medical Services	PA	NA	C Corporation					No
(11) US HealthWorks of Tennessee Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 45-2697510	Occupational Medical Services	TN	NA	C Corporation					No
(12) US HealthWorks of Washington Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 91-1173613	Occupational Medical Services	WA	NA	C Corporation					No
(13) US HealthWorks of Wisconsin Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-1384564	Occupational Medical Services	WI	NA	C Corporation					No
(14) USHW Holding Corporation 25124 Springfield Court Suite 200 Valencia, CA 91355 20-8050895	Occupational Medical Services	DE	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(91) USHW of California Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 95-4585828	Occupational Medical Services	CA	NA	C Corporation					No
(1) USHW of Texas Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 74-2785392	Occupational Medical Services	TX	NA	C Corporation					No