

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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 Foundation
% ANGELA FULLER
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2525 S Downing St-Mason Suite FLR 3

City or town, state or province, country, and ZIP or foreign postal code
Denver, CO 802105817

D Employer identification number
84-0902211

E Telephone number
(303) 715-7144

G Gross receipts \$ 29,395,116

F Name and address of principal officer
Josh Bailey
2222 N Nevada
Colorado Springs, CO 80907

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 ▶ 0928

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

J Website: ▶ [HTTPS //WWW CENTURA ORG/](https://www.centura.org/)

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1982 **M** State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

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) | 14 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 14 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 20 |
| 6 Total number of volunteers (estimate if necessary) | 18 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 12,862 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7,993 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 19,431,319 | 19,615,407 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,083,235 | 4,351,722 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -327,816 | -415,111 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 25,186,738 | 23,552,018 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 20,160,109 | 14,890,434 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,539,503 | 2,550,549 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 212,325 | 62,589 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,958,726 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,689,634 | 1,075,659 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 24,601,571 | 18,579,231 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 585,167 | 4,972,787 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 83,875,390 | 81,077,349 |
| 21 Total liabilities (Part X, line 26) | 27,321,271 | 20,008,673 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 56,554,119 | 61,068,676 |

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
Date 2019-05-15
JOSH BAILEY Interim President
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Adam R Smith CPA
Preparer's signature Adam R Smith CPA
Date
Check if self-employed PTIN P00958966
Firm's name ▶ BKD LLP Firm's EIN ▶
Firm's address ▶ 111 South Tejon Suite 800 Phone no (719) 471-4290
Colorado Springs, CO 809039848

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER 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

4a (Code) (Expenses \$ 14,890,434 including grants of \$ 14,890,434) (Revenue \$ 434)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 14,890,434

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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, [X] 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: ANGELA FULLER 2525 S DOWNING ST-MASON HALL FLR 3 Denver, CO 802105817 (303) 715-7144

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) Kate Curtis Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (2) David Lawrence Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (3) David Lord Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (4) Richard Miller Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (5) Frank Miller Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (6) Don Parsons Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (7) Dick Pearson Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (8) JW Stamison Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (9) Michael Till Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (10) Karen White Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (11) Gary Whitlock Board Member | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (12) Ramy Hanna At large Board member | 1 0 45 0 | X | | | | | | 0 | 0 | 0 |
| (13) THomas Gessel - through 1217 Office of the CEO - MRMCC | 1 0 45 0 | X | | | | | | 0 | 0 | 0 |
| (14) Margaret Sabin - Through 118 Office of the CEO - Penrose | 1 0 45 0 | X | | | | | | 0 | 0 | 0 |
| (15) Edward Sim - Through 1217 Office of the CEO - St Anthony | 1 0 45 0 | X | | | | | | 0 | 0 | 0 |
| (16) Jim Johnson Board Chair | 1 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| (17) Daniel Reeves Treasurer - Through 12/17 | 1 0 0 0 | X | | X | | | | 0 | 0 | 0 |

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) Matt Leary Treasurer | 1 0 45 0 | X | | X | | | | 0 | 0 | 0 |
| (19) Josh Bailey Chief Development officer | 45 0 0 0 | | | | X | | | 206,448 | 0 | 33,901 |
| (20) Karen Midkiff Chief Development Officer | 45 0 0 0 | | | | X | | | 188,586 | 0 | 14,537 |
| (21) Shelley Thompson Chief Development Officer | 45 0 0 0 | | | | X | | | 178,770 | 0 | 36,051 |
| (22) Carrie Bach Director Development Team Grp | 40 0 0 0 | | | | | X | | 126,732 | 0 | 29,876 |
| (23) Elizabeth Boudreau Development Officer | 40 0 0 0 | | | | | X | | 111,503 | 0 | 28,654 |
| (24) Christi-Marie Butler Director Development Team Grp | 40 0 0 0 | | | | | X | | 106,881 | 0 | 18,014 |
| (25) Jayne Mazur Director of Development | 40 0 0 0 | | | | | X | | 129,793 | 0 | 10,018 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 1,048,713 | 0 | 171,051 |

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 **7**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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 **0**

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 | |
|--|--|---|----------------------|--|---|--|-----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | | |
| | b Membership dues . . . | 1b | | | | | |
| | c Fundraising events . . . | 1c | 767,246 | | | | |
| | d Related organizations | 1d | 4,506,143 | | | | |
| | e Government grants (contributions) | 1e | 3,496,699 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 10,845,319 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ <u>982,895</u> | | | | | | |
| | h Total. Add lines 1a-1f | | 19,615,407 | | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | 0 | | | | |
| | g Total. Add lines 2a-2f | | 0 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,953,196 | | 12,862 | 1,940,334 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | | |
| | 5 Royalties | | 0 | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | 0 | 0 | | | |
| | | d Net rental income or (loss) | | 0 | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | 2,398,526 | | | | |
| | | d Net gain or (loss) | | 2,398,526 | | | 2,398,526 |
| | 8a Gross income from fundraising events (not including \$ <u>767,246</u> of contributions reported on line 1c) See Part IV, line 18 | a | 198,677 | | | | |
| | | b Less direct expenses | b | 614,222 | | | |
| | | c Net income or (loss) from fundraising events | | -415,545 | | | -415,545 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | 0 | | | | |
| | | b Less direct expenses | b | 0 | | | |
| | | c Net income or (loss) from gaming activities | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 0 | | | | | |
| | b Less cost of goods sold | b | 0 | | | | |
| | c Net income or (loss) from sales of inventory | | 0 | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a MISCELLANEOUS | | 434 | 434 | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 434 | | | | | |
| 12 Total revenue. See Instructions | | 23,552,018 | 434 | 12,862 | 3,923,315 | | |

Part IX Statement of Functional Expenses

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

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 14,531,091 | 14,531,091 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 296,908 | 296,908 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | 62,435 | 62,435 | | |
| 4 Benefits paid to or for members. | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 621,166 | | 246,076 | 375,090 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0 | | | |
| 7 Other salaries and wages. | 1,605,714 | | 799,070 | 806,644 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 77,612 | | 17,202 | 60,410 |
| 9 Other employee benefits. | 115,969 | | 48,282 | 67,687 |
| 10 Payroll taxes. | 130,088 | | 60,105 | 69,983 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | 0 | | | |
| b Legal. | 0 | | | |
| c Accounting. | 64,300 | | 64,300 | |
| d Lobbying. | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 62,589 | | | 62,589 |
| f Investment management fees. | 0 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 109,032 | | 97,693 | 11,339 |
| 12 Advertising and promotion. | 0 | | | |
| 13 Office expenses. | 249,431 | | 91,446 | 157,985 |
| 14 Information technology. | 0 | | | |
| 15 Royalties. | 0 | | | |
| 16 Occupancy. | 3,462 | | 3,462 | |
| 17 Travel. | 44,987 | | 20,670 | 24,317 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 Conferences, conventions, and meetings. | 0 | | | |
| 20 Interest. | 0 | | | |
| 21 Payments to affiliates. | 461,712 | | 222,862 | 238,850 |
| 22 Depreciation, depletion, and amortization. | 4,645 | | 4,645 | |
| 23 Insurance. | 0 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a EDUCATION | 1,776 | | 1,356 | 420 |
| b OTHER EXPENSES | 136,314 | | 52,902 | 83,412 |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 18,579,231 | 14,890,434 | 1,730,071 | 1,958,726 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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 |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | 0 |
| | 2 Savings and temporary cash investments | 5,725,498 | 2 | 7,070,757 |
| | 3 Pledges and grants receivable, net | 2,004,808 | 3 | 2,367,610 |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 48,014 | 7 | 40,059 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 67,250 | 9 | 39,740 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 624,624 | | |
| | b Less accumulated depreciation | 456,658 | | |
| | 11 Investments—publicly traded securities | 4,019,672 | 11 | 3,926,962 |
| | 12 Investments—other securities See Part IV, line 11 | 71,769,126 | 12 | 67,317,106 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets See Part IV, line 11 | 178,911 | 15 | 147,149 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 83,875,390 | 16 | 81,077,349 | |
| Liabilities | 17 Accounts payable and accrued expenses | 3,818,975 | 17 | 4,334,119 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 75,097 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 23,427,199 | 25 | 15,674,554 |
| | 26 Total liabilities. Add lines 17 through 25 | 27,321,271 | 26 | 20,008,673 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 17,411,734 | 27 | 19,908,919 |
| | 28 Temporarily restricted net assets | 28,874,227 | 28 | 30,266,457 |
| | 29 Permanently restricted net assets | 10,268,158 | 29 | 10,893,300 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 56,554,119 | 33 | 61,068,676 |
| | 34 Total liabilities and net assets/fund balances | 83,875,390 | 34 | 81,077,349 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 23,552,018 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,579,231 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4,972,787 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 56,554,119 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,954 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -463,184 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 61,068,676 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes | |
| <p>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?</p> | 3a | | No |
| <p>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</p> | 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 84-0902211

Name: Catholic Health Initiatives Colorado
Foundation

Form 990 (2017)

Form 990, Part III, Line 4a:

See Schedule O

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado
Foundation

Employer identification number

84-0902211

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 18,874,741 | 18,836,801 | 17,421,269 | 19,431,319 | 19,615,407 | 94,179,537 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 18,874,741 | 18,836,801 | 17,421,269 | 19,431,319 | 19,615,407 | 94,179,537 |
| 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) | | | | | | 0 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 94,179,537 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 18,874,741 | 18,836,801 | 17,421,269 | 19,431,319 | 19,615,407 | 94,179,537 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,321,060 | 1,373,808 | 1,616,884 | 1,527,368 | 1,940,334 | 7,779,454 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 7,993 | 7,993 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | 109 | | 434 | 543 |
| 11 Total support. Add lines 7 through 10 | | | | | | 101,967,527 |

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 92.362% |
| 15 Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | 91.744% |

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 84-0902211

Name: Catholic Health Initiatives Colorado
Foundation

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 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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Catholic Health Initiatives Colorado Foundation

Employer identification number
84-0902211

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 8/17/06, 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 | 7,392,285 | 5,503,337 | 4,641,636 | 4,468,488 | 4,530,762 |
| b Contributions | 713,900 | 1,227,639 | 896,171 | 88,487 | 8,717 |
| c Net investment earnings, gains, and losses | 11,701 | 748,516 | 295,826 | 203,622 | 292,583 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 401,073 | 87,207 | 330,296 | 118,961 | 363,574 |
| f Administrative expenses | | | | | |
| g End of year balance | 7,716,813 | 7,392,285 | 5,503,337 | 4,641,636 | 4,468,488 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 010 %
 - b** Permanent endowment ▶ 79 540 %
 - c** Temporarily restricted endowment ▶ 20 450 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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 | 33,140 | | | 33,140 |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 591,484 | 456,658 | 134,826 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 167,966 |

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) BENEFICIAL INTERESTS IN TRUSTS | 3,585,193 | F |
| (B) CHI OIP | 63,731,913 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | 67,317,106 | |

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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | |

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.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | 0 |
| PAYABLES TO AFFILIATES | 15,643,751 |
| GIFT ANNUITY PAYABLE | 30,803 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 15,674,554 |

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

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

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

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 23,910,213 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | 4,954 | |
| b | Donated services and use of facilities | 2b | 816,425 | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | -463,184 | |
| e | Add lines 2a through 2d | | 2e | 358,195 |
| 3 | Subtract line 2e from line 1 | | 3 | 23,552,018 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 23,552,018 |

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

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

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 19,395,656 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | 816,425 | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 816,425 |
| 3 | Subtract line 2e from line 1 | | 3 | 18,579,231 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 18,579,231 |

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

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 84-0902211

Name: Catholic Health Initiatives Colorado
Foundation

Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| Schedule D, Part V, Line 4 | INTENDED USES OF ENDOWMENT FUNDS THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS I S TO GENERATE INCOME TO SUPPORT THE ORGANIZATION'S MISSION AND TAX-EXEMPT PURPOSE |

Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| Schedule D, Part X, Line 2 | <p>FIN 48 (ASC 740) FOOTNOTE CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2017, READS AS FOLLOWS "CHI IS a TAX-EXEMPT Colorado Corporation and has been granted an EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN The Accompanying Consolidated Financial statements " CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION ALSO RECEIVES A SEPARATE SET OF FINANCIAL STATEMENTS THE FOUNDATION'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2018, READS AS FOLLOWS "The foundation is exempt from Federal Income taxes under section 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW THE FOUNDATION IS CLASSIFIED AS A PUBLIC CHARITY (NOT A PRIVATE FOUNDATION) UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE HOWEVER, THE FOUNDATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME THE FOUNDATION FILES TAX RETURNS IN THE U S FEDERAL JURISDICTION WITH A FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U S FEDERAL Examinations by the TAX Authorities for years Before 2014 "</p> |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------|---|
| Schedule D, Part XI, Line 2(d) | Other Revenues in Audited Financial Statements Not in Form 990 (463,184) Change in value of split interest Agreements |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado
Foundation

Employer identification number

84-0902211

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | | | | | 173,260 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 173,260 |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | South America | Healthcare services | 39,502 | WIRE | | | |
| (2) | | Sub-Saharan Africa | Healthcare Services | 11,210 | Wire | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

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

3 Enter total number of other organizations or entities ▶ 2

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) Scholarships | Sub-Saharan Africa | 54 | 5,536 | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Part V Supplemental Information

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

| Return Reference | Explanation |
|----------------------------|---|
| Schedule F, Part I, Line 2 | PROCEDURES FOR MONITORING USE OF GRANT FUNDS THE ORGANIZATION RECEIVES REPORTS FROM THE DONEES THAT ARE REVIEWED BY THE DISTRIBUTION COMMITTEE BEFORE TRANSFER OF FUNDS TAKES PLACE THE DISBURSEMENT OF GRANT FUNDS ARE MADE BASED ON DISBURSEMENT REQUESTS FROM THE PERSON IN CHARGE OF THE GRANT PROJECT AND ARE APPROVED WITHIN THE ESTABLISHED DISBURSEMENT POLICIES AND PROCEDURES OF CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (I E CFO APPROVAL, ADEQUATE SUPPORTING DOCUMENTATION FOR THE DISBURSEMENT) PROGRAM MANAGERS MAKE PERIODIC PROGRESS REPORTS TO LOCAL BOARDS SUPPORTING THE PROJECTS IN ORDER TO MONITOR THE PROGRESS BEING MADE |

| Return Reference | Explanation |
|----------------------------|---|
| Schedule F, Part I, Line 3 | Method to Account for expenditures on Org's Financial Statements CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL SOUTH AMERICA ACCRUAL SUB-SAHARAN AFRICA ACCRUAL |

Additional Data

Software ID:

Software Version:

EIN: 84-0902211

Name: Catholic Health Initiatives Colorado
Foundation

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| South America | | | Program Services | Training Health Svcs | 76,477 |
| Central America and the Caribbean | | | Program Services | Training Health SVCS | 23,456 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | | | Program Services | Health services | 10,892 |
| Sub-Saharan Africa | | | Grantmaking | Scholarships | 5,536 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | | | Grantmaking | Health Services | 6,073 |
| South America | | | Grantmaking | Health Services | 42,712 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | | | Grantmaking | Health Services | 8,114 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Catholic Health Initiatives Colorado Foundation

Employer identification number
84-0902211

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 For Impact The Suddes Grp 100 East St Vrain Street Ste 205 Colorado Springs, CO 80903 | Sales Coaching | | No | | 47,500 | -47,500 |
| 2 Elizabeth Henry 1415 S Bellaire St Denver, CO 80222 | Grant Writing | | No | | 6,834 | -6,834 |
| 3 Outside the Box LLC 46680 Cade Court Colorado Springs, CO 80922 | grant Writing | | No | | 8,255 | -8,255 |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | 62,589 | -62,589 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CO

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|--|------------------------------------|-----------------------------|---|
| | | <u>St Anthony Golf</u> (event type) | <u>Summit Gala</u> (event type) | <u>22</u> (total number) | Total events (add col (a) through col (c)) |
| 1 | Gross receipts | 347,913 | 188,085 | 429,925 | 965,923 |
| 2 | Less Contributions | 291,197 | 145,107 | 330,942 | 767,246 |
| 3 | Gross income (line 1 minus line 2) | 56,716 | 42,978 | 98,983 | 198,677 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 87,610 | 5,284 | 35,873 | 128,767 |
| | 6 Rent/facility costs | 96,000 | 12,039 | 93,537 | 201,576 |
| | 7 Food and beverages | | 87,018 | 21,764 | 108,782 |
| | 8 Entertainment | | 46,117 | 8,789 | 54,906 |
| | 9 Other direct expenses | 3,454 | 69,274 | 47,463 | 120,191 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -415,545 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---------------------------|--|--|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No |
| 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 | Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Catholic Health Initiatives Colorado Foundation

Employer identification number 84-0902211

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Row 1: Catholic Health Initiatives Colorado, EIN 84-0405257, 501(c)(3), 14,531,091, Hospital Support.

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

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) EMPLOYEE FINANCIAL ASSISTANCE | 245 | 200,484 | 5,638 | FMV | Gift Cards |
| (2) PATIENT FINANCIAL ASSISTANCE | 231 | 90,785 | | FMV | |
| (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 THE ORGANIZATION RECEIVES REPORTS FROM THE DONEES THAT ARE REVIEWED BY THE DISTRIBUTION COMMITTEE BEFORE TRANSFER OF THE FUNDS TAKES PLACE THE DISBURSEMENT OF GRANT FUNDS ARE MADE BASED ON DISBURSEMENT REQUESTS FROM THE PERSON IN CHARGE OF THE GRANT PROJECT AND ARE APPROVED WITHIN THE ESTABLISHED DISBURSEMENT POLICIES AND PROCEDURES OF CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (I E CFO APPROVAL, ADEQUATE SUPPORTING DOCUMENTATION FOR THE DISBURSEMENT) PROGRAM MANAGERS MAKE PERIODIC PROGRESS REPORTS TO LOCAL BOARDS SUPPORTING THE PROJECTS IN ORDER TO MONITOR THE PROGRESS BEING MADE |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado
Foundation

Employer identification number
84-0902211

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | | |
| <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) | | |
| 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 | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | |
| a Receive a severance payment or change-of-control payment? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4c | No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a The organization? | 5a | No |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III | 5b | No |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a The organization? | 6a | No |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III | 6b | No |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

| (A) Name and Title | | (B) 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 | | | | |
| 1 Josh Bailey Chief Development officer | (i) | 169,623 | 35,522 | 1,303 | 7,497 | 26,404 | 240,349 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 2 Karen Midkiff Chief Development Officer | (i) | 159,303 | 26,498 | 2,785 | 6,592 | 7,945 | 203,123 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 3 Shelley Thompson Chief Development Officer | (i) | 143,208 | 34,998 | 564 | 5,575 | 30,476 | 214,821 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| 4 Carrie Bach Director Development Team Grp | (i) | 109,030 | 17,584 | 118 | 4,743 | 25,133 | 156,608 | |
| | (ii) | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
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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. COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY AN AFFILIATED ORGANIZATION, centura, which PERFORMS AN ANNUAL ANALYSIS OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION EMPLOYEES. These ranges are REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP. |
| Schedule J, Part I, Line 4b | Supplemental Nonqualified Retirement Plan. CENTURA HEALTH CORPORATION (CENTURA) OFFERS A NON-QUALIFIED RETIREMENT PLAN IN WHICH SENIOR EXECUTIVES (SENIOR VPS AND ABOVE) ARE PROVIDED A 10% OF SALARY ALLOWANCE TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTE INTO THE DEFERRED COMPENSATION PLAN. IN ADDITION, A PENSION RESTORATION BENEFIT IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT WHICH 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. THIS DEFERRED COMPENSATION PLAN HAS A SUBSTANTIAL RISK OF FORFEITURE PROVISION AND AN ELECTED VESTING SCHEDULE. NO REPORTABLE INDIVIDUALS PARTICIPATED IN THE PLAN DURING CALENDAR YEAR 2017. REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS. THIS DEFERRED COMPENSATION PLAN HAS A SUBSTANTIAL RISK OF FORFEITURE PROVISION AND AN ELECTED VESTING SCHEDULE. NO REPORTABLE INDIVIDUALS PARTICIPATED IN THE PLAN DURING CALENDAR YEAR 2017. |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2017
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado
Foundation

Employer identification number
84-0902211

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | X | 5 | 5,171 | FMV |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 132,903 | FMV |
| 6 Cars and other vehicles | X | 1 | 15,000 | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 3 | 13,396 | FMV |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------------------|--|
| Schedule M, Part I, Column B | Number of Contributions The numbers of contributions reported on Schedule M, Part I, in column B are the number of individual contributions received, and not the number of contributed items received |

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.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Catholic Health Initiatives Colorado
Foundation

Employer identification number

84-0902211

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------|--|
| Form 990, Part I, Line 1 | Organization's Mission Catholic Health Initiatives Colorado Foundation solicits and administers donations that benefits the charitable, health care, and retirement home services provided by Catholic Health Initiatives facilities in Colorado |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| FORM 990, part III, Line 4a | <p>Program Service Accomplishments CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (FOUNDATION) SOLICITS AND ADMINISTERS DONATIONS THAT BENEFIT THE CHARITABLE, HEALTH CARE, AND RETIREMENT HOME SERVICES PROVIDED BY CATHOLIC HEALTH INITIATIVES FACILITIES LOCATED IN THE STATE OF COLORADO - IN COLORADO SPRINGS, FACILITIES SERVED INCLUDE PENROSE-ST FRANCIS HEALTH SERVICES, MEDALLION RETIREMENT RESIDENCE, AND NAMASTE ALZHEIMER CENTER - IN DENVER, FACILITIES SERVED INCLUDE ST ANTHONY HOSPITAL, GARDENS AT ST ELIZABETH RETIREMENT RESIDENCE, VILLAS ATSUNNY ACRES RETIREMENT RESIDENCE, AND ST ANTHONY HOSPICE - IN PUEBLO, FACILITIES SERVED INCLUDE ST MARY-CORWIN MEDICAL CENTER AND VILLA PUEBLO RETIREMENT RESIDENCE - IN CANON CITY, FACILITIES SERVED INCLUDE ST THOMAS MOORE HOSPITAL AND THE PROGRESSIVE CARE CENTER - IN DURANGO, FACILITIES SERVED INCLUDE MERCY REGIONAL MEDICAL CENTER - IN FRISCO AND THE SURROUNDING AREA, FACILITIES SERVED INCLUDE SUMMIT MEDICAL CENTER, BRISTLECONE, GRANBY MEDICAL CENTER, AND 7 MILE CLINIC ALL DONATIONS AND GRANTS MADE TO THE FOUNDATION ARE ADMINISTERED UNDER THE AUTHORITY OF THE LOCAL FOUNDATION BOARDS EACH LOCAL FOUNDATION BOARD IS COMPRISED OF REPRESENTATIVES FROM LOCAL COMMUNITIES, AS SELECTED BY REPRESENTATIVES FROM EACH COMMUNITY QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT THE FOUNDATION RAISED \$13 MILLION DURING THE YEAR ENDED JUNE 30, 2016, THROUGH FUNDRAISING CAMPAIGNS, ANNUAL GIVING, MAJOR GIFTS, CORPORATE AND FOUNDATION GRANTS, AND PLANNED GIVING THE FOUNDATION HAS RAISED OVER \$85 MILLION OVER THE LAST 5 YEARS IN SUPPORT OF THE CATHOLIC HEALTH INITIATIVES FACILITIES IN THE STATE OF COLORADO OVER THE LAST 5 YEARS IN SUPPORT OF THE CATHOLIC HEALTH INITIATIVES FACILITIES IN THE STATE OF COLORADO</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section A, Line 1A | <p>Delegate Broad Authority to a Committee PURSUANT TO SECTION 6.1 OF THE ORGANIZATION'S BYLAWS, THE BOARD MAY, BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS THEN IN OFFICE, ESTABLISH ONE OR MORE COMMITTEES, AS NEEDED OR REQUIRED TO CONDUCT AND TRANSACT THE BUSINESS OF THE CORPORATION EXCEPT AS OTHERWISE PROVIDED IN THE ORGANIZATION'S BYLAWS, THE BOARD MAY SET THE QUALIFICATIONS FOR MEMBERSHIP ON ANY COMMITTEE IT MAY ESTABLISH, PROVIDED THAT EACH COMMITTEE SHALL CONSIST OF AT LEAST THREE (3) DIRECTORS OF THE CORPORATION COMMITTEES MAY INCLUDE PERSONS OTHER THAN DIRECTORS, EXCEPT THAT A COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MUST INCLUDE ONLY DIRECTORS OF THE CORPORATION MINUTES OF ALL COMMITTEE MEETINGS SHALL BE RECORDED AND COPIES OF SUCH MINUTES SHALL BE PROVIDED TO THE BOARD OF DIRECTORS ACTIONS OF COMMITTEES SHALL BE REPORTED TO THE FULL BOARD OF DIRECTORS, BUT ACTIONS OF COMMITTEES WHICH INCLUDE PERSONS OTHER THAN DIRECTORS, SHALL BE SUBJECT TO RATIFICATION BY THE FULL BOARD OF DIRECTORS NO COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD IN REFERENCE TO ELECTING, APPOINTING, OR REMOVING ANY MEMBER OF ANY BOARD COMMITTEE OR OFFICER OF THE CORPORATION, REMOVING A DIRECTOR, AMENDING OR RESTATING THE BYLAWS OR ARTICLES OF INCORPORATION, ADOPTING A PLAN OF MERGER OR ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION, AUTHORIZING THE SALE, LEASE, EXCHANGE, OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION, AUTHORIZING THE DISSOLUTION OF THE CORPORATION OR REVOKING PROCEEDING THEREFORE, ADOPTING A PLAN FOR THE DISTRIBUTION OF ASSETS OF THE CORPORATION, OR AMENDING, ALTERING, OR REPEALING ANY RESOLUTION OF THE BOARD THE DESIGNATION AND APPOINTMENT OF AN EXECUTIVE COMMITTEE AND THE DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS OR ANY INDIVIDUAL DIRECTOR OF ANY RESPONSIBILITY IMPOSED UPON IT OR HIM BY LAW</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| Form 990, Part VI, Section A, Line 3 | Delegation to a management company Centura Health is an affiliated company which provides certain management services to Catholic Health Initiatives Colorado Foundation No persons listed on 990 Part VII, Section A, are directly compensated by Centura health for performing these management services |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| Form 990, Part VI, Section A, Line 6 | CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATIONS SOLE CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES - COLORADO, A COLORADO NONPROFIT CORPORATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section A, Line 7a | MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY PURSUANT TO SECTION 4 1 3 OF THE FOUNDATION'S BYLAWS, EACH HOSPITAL FOUNDATION (THE LOCAL FOUNDATION) THAT IS OPERATED AS A PART OF THE CORPORATION SHALL NOMINATE TWO INDIVIDUALS TO SERVE AS DIRECTORS OF THE CORPORATION SUCH NOMINATIONS SHALL BE SUBMITTED TO THE MEMBER FOR ELECTION TO THE BOARD PURSUANT TO SECTION 4 2 OF THE FOUNDATION'S BYLAWS, THE DIRECTORS SHALL BE ELECTED BY THE CORPORATE MEMBER VACANCIES DUE TO DEATH, RESIGNATION, REMOVAL OR OTHERWISE SHALL BE FILLED IN THE SAME MANNER A DIRECTOR ELECTED TO FILL A VACANCY SHALL BE ELECTED FOR THE UNEXPIRED TERM OF HIS OR HER PREDECESSOR IN OFFICE IN ADDITION, PURSUANT TO SECTION 4 3 OF THE FOUNDATION'S BYLAWS, DIRECTORS MAY BE REMOVED FROM THE BOARD, WITH OR WITHOUT CAUSE, AT ANY TIME BY THE CORPORATE MEMBER IN ADDITION, A DIRECTOR MAY ALSO BE REMOVED FROM THE BOARD WITH OR WITHOUT CAUSE BY THE AFFIRMATIVE VOTE OF TWO THIRDS (2/3) OF THE MEMBERS OF THE BOARD PRESENT AT A MEETING DULY CALLED FOR SUCH PURPOSE WITH THE APPROVAL OF THE MEMBER |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, Line 7b | DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION'S (CHICF) SOLE CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES COLORADO (CHIC) PURSUANT TO SECTION 3 2 OF THE ORGANIZATION'S BYLAWS, CHIC SHALL (A) APPOINT AND REMOVE THE BOARD OF DIRECTORS OF CHICF, (B) APPROVE THE APPOINTMENT OF THE PRESIDENT OF CHICF, (C) APPROVE ANY PROMISSORY NOTE OR DEBT INSTRUMENT OR GUARANTY ANY INDEBTEDNESS BY OR ON BEHALF OF CHICF IN EXCESS OF \$250,000 OR ANY CAPITAL LEASE WITH FUTURE PAYMENTS IN EXCESS OF \$250,000, (D) ALTER, AMEND, RESTATE OR REPEAL THE ARTICLES OF INCORPORATION, BYLAWS OR MISSION STATEMENT OF CHICF, (E) APPROVE A PLAN OF MERGER, DISSOLUTION, CONSOLIDATION OR CORPORATE REORGANIZATION INVOLVING CHICF, (F) APPROVE THE TRANSFER OF ASSETS TO ENTITIES OTHER THAN CHIC OR AN ENTITY CONTROLLED BY, CONTROLLING, OR UNDER COMMON CONTROL WITH CHIC, EXCEPT FOR TRANSFERS OF ASSETS OF CHICF PREVIOUSLY APPROVED BY CHIC,AND (G) CARRY OUT ALL RIGHTS CONFERRED BY LAW UPON THE MEMBER OF A NONPROFIT CORPORATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, Line 11b | Review of Form 990 by governing body ONCE THE RETURN IS PREPARED, THE STEWARDSHIP COMMITTEE OVERSEES THE REVIEW OF THE FORM 990, after which it is THEN PRESENTED TO THE BOARD FOR APPROVAL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, Line 12C | <p>CONFLICT OF INTEREST POLICY CENTURA'S LEGAL/COMPLIANCE TEAM SENDS OUT A QUESTIONNAIRE YEAR LY AND MONITORS COMPLIANCE 1 CONFLICT OF INTEREST POLICY 1 1 CONSISTENT WITH CENTURA'S I NTEGRITY STANDARDS, IT IS POLICY THAT EACH BOARD OF TRUSTEE MEMBER, CORPORATE OFFICER, AND KEY EMPLOYEE ACT AT ALL TIMES IN A MANNER THAT IS CONSISTENT WITH CENTURA'S MISSION AND V ALUES BASED SERVICE TO THE COMMUNITY AND EXERCISE CARE THAT HE OR SHE DOES NOT HAVE ANY PE RSONAL INTEREST WHICH MIGHT CONFLICT WITH OR APPEAR TO CONFLICT WITH THE INTEREST OF CENTU RA OR WHICH MIGHT INFLUENCE THEIR JUDGMENT OR ACTIONS IN PERFORMING THEIR DUTIES 1 1 1 IN CONNECTION WITH AN ACTUAL OR POSSIBLE TRANSACTION OR ARRANGEMENT INVOLVING CENTURA, ANY B OARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE WHO HAS A DIRECT OR INDIRECT FINANCIAL INT EREST MUST DISCLOSE AND BE GIVEN THE OPPORTUNITY TO SHARE ALL MATERIAL FACTS WITH THE BOAR D CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT 1 1 2 BOARD MEMBERS, CORPORATE OFFI CERS, AND KEY EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS ON AN ANNUAL BASIS THROUGH THE CONFLICT OF INTEREST QUESTIONNAIRE 2 PROCEDURE FOR DISCLOSING AND REVI EWING TRANSACTION OR ARRANGEMENT CONFLICT OF INTERESTS 2 1 BOARD MEMBERS, CORPORATE OFFIC ERS, AND KEY EMPLOYEES THAT HAVE A FINANCIAL INTEREST IN ANY ACTUAL OR POSSIBLE TRANSACTIO N INVOLVING CENTURA ARE REQUIRED TO DISCLOSE THE FINANCIAL INTEREST 2 1 1 IN ORDER TO DET ERMINE IF A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WHO IS CONSIDERED TO HAVE A FINANC IAL INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING AFTER SUCH P RESENTATION, THE INDIVIDUAL SHALL LEAVE THE MEETING FOR DISCUSSION AND A VOTE ON THE ISSUE 2 1 2 AFTER EXERCISING DUE DILIGENCE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE WHETH ER CENTURA CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM ANOTHER PERSON OR ENTITY IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE, THE BO ARD OR BOARD COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHE THER THE TRANSACTION IS IN CENTURA'S BEST INTEREST AND IS FAIR 3 PROCEDURE FOR DISCLOSIN G AND REVIEWING OTHER CONFLICT OF INTERESTS 3 1 BOARD MEMBERS, CORPORATE OFFICERS, AND KE Y EMPLOYEES SHALL ALSO DISCLOSE IN ADVANCE TO CENTURA LEADERS ANY NONTRANSACTIONAL ACTIONS OR RELATIONSHIPS THAT HAVE THE POTENTIAL TO CREATE A CONFLICT OF INTEREST 3 1 1 THE BOAR D OR BOARD COMMITTEE SHALL CAREFULLY REVIEW AND SCRUTINIZE ANY CONFLICT OF INTEREST BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, THE BOARD SHALL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE BOARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE UNDER TH E CIRCUMSTANCES, INCLUDING POSSIBLE CORRECTIVE ACTION, IN ORDER TO BEST PROTECT THE INTERE STS OF CENTURA 3 1 2 ON AN ANNUAL BASIS, BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLO YEES WILL ALSO BE SENT AN EMAIL REQUESTING THEY COMPLETE THE BOARD MEMBER AND CORPORATE OF FICER CONFLICT OF INTEREST QUE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, Line 12C | <p>STIONNAIRE BY THE SPECIFIED DUE DATE IN THE EMAIL 3 1 3 THE CORPORATE RESPONSIBILITY DEPARTMENT SHALL NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY POTENTIAL CONFLICTS AND THE CHAIRPERSON, OR DESIGNEE, SHALL PERFORM FURTHER INVESTIGATION AS HE OR SHE DEEMS APPROPRIATE 4 RECORD OF PROCEEDINGS 4 1 THE MINUTES OF THE BOARD AND BOARD COMMITTEE SHALL CONTAIN 4 1 1 THE NAMES OF PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST AND THE NATURE OF THE FINANCIAL INTEREST 4 1 2 THE NAMES OF PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO ANY FINANCIAL INTEREST, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES, AND A RECORD OF THE BOARD OR BOARD COMMITTEE DECISION 5 VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 5 VIOLATIONS OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY 5 1 IF THE BOARD OR BOARD COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INDIVIDUAL HAS FAILED TO DISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF Interest, or all Material facts surrounding an actual or possible conflict, the individual will be given a chance to explain 5 1 1 After hearing the response, the board will conduct such a dditional investigation as appropriate If the board determines that the individual has in fact failed to disclose as required by the conflict of interest policy, the board shall t ake appropriate disciplinary or corrective action</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, part VI, Section b, Lines 15a and 15b | PROCESS USED TO ESTABLISH COMPENSATION of officers COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY AN AFFILIATED ORGANIZATION, centura health corporation, which PERFORMS AN ANNUAL ANALYSIS OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION EMPLOYEES These ranges are REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, part VI, Section C, Line 19 | REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATIONS FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINITIATIVES ORG OR AT WWW DACBOND ORG IN ADDITION, THE ORGANIZATION HAD A SEPARATE INDEPENDENT FINANCIAL STATEMENT AUDIT, THESE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| Form 990, Part XI, Line 9 | Other Changes in Net Assets or Fund Balances CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT (463,184) |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado
Foundation

Employer identification number

84-0902211

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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| | | | | | |

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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

| | | Yes | No |
|--|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b | Gift, grant, or capital contribution to related organization(s) | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | | No |
| d | Loans or loan guarantees to or for related organization(s) | | No |
| e | Loans or loan guarantees by related organization(s) | | No |
| f | Dividends from related organization(s) | | No |
| g | Sale of assets to related organization(s) | | No |
| h | Purchase of assets from related organization(s) | | No |
| i | Exchange of assets with related organization(s) | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o | Sharing of paid employees with related organization(s) | | No |
| p | Reimbursement paid to related organization(s) for expenses | Yes | |
| q | Reimbursement paid by related organization(s) for expenses | | No |
| r | Other transfer of cash or property to related organization(s) | | No |
| s | Other transfer of cash or property from related organization(s) | | 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 |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
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| | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (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 | | Yes | No | |
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Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 84-0902211
Name: Catholic Health Initiatives Colorado
 Foundation

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 | HEALTHCARE | NE | 501(c)(3) | 3 | ACH | | No |
| 12809 W DODGE RD OMAHA, NE 68154 47-0765154 | HEALTHCARE | NE | 501(C)(3) | 3 | ACH | | No |
| 12809 W DODGE RD OMAHA, NE 68154 47-0757164 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | No |
| 12809 W DODGE RD OMAHA, NE 68154 47-0648586 | FUNDRAISING | NE | 501(C)(3) | 7 | ACH | | No |
| 7500 MERCY RD OMAHA, NE 68124 47-0484764 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | No |
| 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI NEBRASKA | | No |
| 6901 N 72ND ST OMAHA, NE 68122 47-0376615 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | No |
| 104 W 17TH ST SCHUYLER, NE 68661 47-0399853 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | No |
| PO BOX 368 CORNING, IA 50841 42-0782518 | HEALTHCARE | 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 | CHI | | No |
| 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500 | SENIOR LIVING | MN | 501(C)(3) | 10 | SFH | | No |
| 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340 | PHYSICIANS | TX | 501(C)(3) | LN12 TYPE 1 | SLCHS | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511 | HEALTHCARE | TX | 501(C)(3) | 3 | SHSC | | No |
| 1111 6TH AVE DES MOINES, IA 50314 42-0725196 | LTERM CARE | IA | 501(C)(3) | 10 | CHI-IA CORP | | No |
| 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242 | HEALTHCARE | PA | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 129 CIRCLE WAY STE 102 LAKE JACKSON, TX 77566 76-0080110 | FUNDRAISING | TX | 501(C)(3) | LN12 TYPE 1 | BRHS | | No |
| 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261 | HEALTHCARE | TX | 501(C)(3) | 3 | BRHS | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890 | HEALTHCARE | TX | 501(C)(3) | 3 | SJSC | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931 | HEALTHCARE | TX | 501(C)(3) | 10 | SJSC | | No |
| 800 N 4TH ST CARRINGTON, ND 58421 45-0227311 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | 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 |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373 | HEALTHCARE | CO | 501(C)(3) | LN12 TYPE 1 | NA | | No |
| 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257 | HEALTHCARE | CO | 501(C)(3) | 3 | CHI | | No |
| 1111 6TH AVE DES MOINES, IA 50314 42-0680448 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI | | No |
| 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211 | FUNDRAISING | CO | 501(C)(3) | 7 | CHIC | | No |
| 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004 | FUNDRAISING | CO | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796 | HEALTHCARE | CO | 501(C)(3) | LN12 TYPE 1 | CHINS | | No |
| 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191 | PHYSICIANS | OR | 501(C)(3) | 10 | MMC | | No |
| 3515 BROADWAY GREAT BEND, KS 67530 48-0543724 | SURGERY CENTE | KS | 501(C)(3) | 3 | CHI | | No |
| 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847 | HEALTHCARE | MN | 501(C)(3) | 10 | CHI | | No |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565 | HEALTHCARE | CO | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651 | HEALTHCARE | KY | 501(C)(3) | LN12 TYPE 1 | CHI | | 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) | LN12 TYPE 1 | CHI | | No |
| 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121 | HEALTHCARE | NE | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997 | HEALTHCARE | PA | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107 | COMMUNITY | NM | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 6624 FANNIN ST 1100 HOUSTON, TX 77030 74-1161938 | HEALTHCARE | TX | 501(C)(3) | 3 | SLHS | | No |
| 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913 | HEALTHCARE | AR | 501(C)(3) | 3 | CHISVHS | | No |
| 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064 | HOLDING CO | AR | 501(C)(3) | LN12 TYPE 2 | SVIMC | | No |
| 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131 | HEALTHCARE | AR | 501(C)(3) | 3 | CHISVHS | | 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 |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853 | HOLDING CO | OH | 501(C)(2) | Ln12 Type 1 | GSH | | No |
| 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399 | FUNDRAISING | IA | 501(C)(3) | LN12 TYPE 1 | AH-CMHMV | | No |
| 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619 | LT ACH | KY | 501(C)(3) | 3 | SJHS | | No |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429 | HOME HEALTH | PA | 501(C)(3) | LN12 TYPE 1 | CHI NHC | | No |
| 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | | No |
| 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | | No |
| 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341 | FUNDRAISING | KY | 501(C)(3) | LN12 TYPE 1 | 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 | WA | 501(C)(3) | 10 | FHS | | No |
| 1717 SOUTH J ST TACOMA, WA 98405 91-0564491 | HEALTHCARE | WA | 501(C)(3) | 3 | CHI | | No |
| TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377 | PHYSICIANS | MO | 501(C)(3) | 10 | CHI | | No |
| 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096 | HEALTHCARE | OH | 501(C)(3) | LN12 TYPE 1 | SFH | | 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 | CHI | | No |
| 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752 | HEALTHCARE | ND | 501(C)(3) | 3 | SAMC | | No |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108 | MINISTRIES | CO | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403 | EDUCATION | OH | 501(C)(3) | LN12 TYPE 1 | GSH | | No |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047 | FUNDRAISING | OH | 501(C)(3) | 2 | GSH | | No |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 31-0536981 | HEALTHCARE | OH | 501(C)(3) | 3 | SHP | | No |
| PO BOX 1990 KEARNEY, NE 68848 47-0379755 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | 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 |
| 111 W 31ST ST KEARNEY, NE 68847 47-0659443 | FUNDRAISING | NE | 501(C)(3) | 7 | GSH | | No |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923 | FUNDRAISING | OH | 501(C)(3) | 7 | SHP | | No |
| 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | | No |
| 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626 | FUNDRAISING | WA | 501(C)(3) | 7 | HMC | | No |
| 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782 | FUNDRAISING | MN | 501(C)(3) | LN12 TYPE 1 | SFMC | | No |
| 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166 | HEALTHCARE | 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 |
| 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | | No |
| 200 ABRAHAM FLEXNER WAY 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) | LN12 TYPE 1 | CHI | | No |
| 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | | No |
| 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795 | FUNDRAISING | 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 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | No |
| PO BOX 1447 LUFKIN, TX 75901 82-0563768 | PROPERTY MGMT | TX | 501(C)(3) | LN12 TYPE 1 | MHSET | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145 | HEALTHCARE | 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 |
| 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548 | FUNDRAISING | TN | 501(C)(3) | 7 | MHCS | | No |
| 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345 | HEALTHCARE | TN | 501(C)(3) | 3 | CHI | | No |
| 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 30-0417049 | HEALTHCARE | TN | 501(C)(3) | 10 | MHCS | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
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| | | | | | | Yes | No |
| PO BOX 1447 LUFKIN, TX 75902 75-0755367 | HEALTHCARE | TX | 501(C)(3) | 3 | CHI | | No |
| PO BOX 1447 LUFKIN, TX 75902 76-0436439 | HEALTHCARE | TX | 501(C)(3) | 3 | MHSET | | No |
| PO BOX 1447 LUFKIN, TX 75902 75-2663904 | HEALTHCARE | TX | 501(C)(3) | 3 | MHSET | | No |
| 1201 FRANK AVE LUFKIN, TX 95904 75-2721155 | PHYSICIANS | TX | 501(C)(3) | LN12 TYPE 1 | MHSET | | No |
| PO BOX 1447 LUFKIN, TX 95902 75-2492741 | HEALTHCARE | TX | 501(C)(3) | 3 | MHSET | | No |
| 1111 6TH AVE DES MOINES, IA 50314 42-6076069 | AUXILIARY | IA | 501(C)(3) | LN12 TYPE 1 | 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 |
| 1111 6TH AVE DES MOINES, IA 50314 23-7358794 | FUNDRAISING | IA | 501(C)(3) | 7 | CHI-IA CORP | | No |
| 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946 | FUNDRAISING | OR | 501(C)(3) | 7 | MMC | | No |
| PO BOX 368 CORNING, IA 50841 42-1461064 | FUNDRAISING | IA | 501(C)(3) | LN12 TYPE 1 | AHMH-CORNING | | No |
| 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338 | FUNDRAISING | ND | 501(C)(3) | LN12 TYPE 1 | MHVC | | No |
| 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204 | FUNDRAISING | IA | 501(C)(3) | LN12 TYPE 1 | AHBMHS | | No |
| 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | No |
| 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360 | FUNDRAISING | ND | 501(C)(3) | 7 | MHDL | | No |
| 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | No |
| 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | No |
| ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308 | HEALTHCARE | IA | 501(C)(3) | 3 | CHI-IA CORP | | No |
| 1111 6TH AVE DES MOINES, IA 50314 42-1470935 | PHYSICIANS | IA | 501(C)(3) | 3 | CHI-IA CORP | | No |
| 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | | No |

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|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (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 |
| 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803 | FUNDRAISING | ND | 501(C)(3) | LN12 TYPE 1 | MMC | | No |
| 7500 S 91ST ST LINCOLN, NE 68526 39-2031968 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | No |
| 401 N 9TH ST BISMARCK, ND 585014507 45-0439894 | HEALTHCARE | ND | 501(C)(3) | 10 | NHCA | | No |
| 1200 N 7TH ST OAKES, ND 58474 45-0231675 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | No |
| 1200 N 7TH ST OAKES, ND 58474 71-0966606 | FUNDRAISING | ND | 501(C)(3) | LN12 TYPE 1 | OCH | | No |
| PO BOX 1447 LUFKIN, TX 75902 75-2493116 | PROPERTY MGMT | TX | 501(C)(3) | LN12 TYPE 1 | MHSET | | 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) | LN12 TYPE 1 | 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 |
| 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040 | HEALTHCARE | WA | 501(C)(3) | 3 | FHS | | No |
| 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335 | LTERM CARE | 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 | NJ | 501(C)(3) | 7 | SCHS | | No |
| 25 POCONO RD DENVER, NJ 07834 22-3639733 | MANAGEMENT | NJ | 501(C)(3) | 10 | CHI | | No |
| 25 POCONO RD DENVER, NJ 07834 22-3319886 | HEALTHCARE | NJ | 501(C)(3) | 3 | SCHS | | No |
| 555 S 70TH ST LINCOLN, NE 68510 47-0625523 | FUNDRAISING | NE | 501(C)(3) | 7 | SERMC | | No |
| 555 S 70TH ST LINCOLN, NE 68510 36-3233120 | HEALTHCARE | NE | 501(C)(3) | 3 | SERMC | | No |
| 555 S 70TH ST LINCOLN, NE 68510 47-0379836 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | No |
| 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601 | HEALTHCARE | NE | 501(C)(3) | 3 | CHI NEBRASKA | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
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| | | | | | | Yes | No |
| PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267 | FUNDRAISING | NE | 501(C)(3) | 7 | SFMC | | No |
| 305 ESTILL ST BEREA, KY 40403 26-0152877 | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | | No |
| 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601 | HEALTHCARE | KY | 501(C)(3) | 3 | KOH | | No |
| ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649 | FUNDRAISING | KY | 501(C)(3) | LN12 TYPE 1 | SJHS | | No |
| 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748 | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | | No |
| 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584 | FUNDRAISING | KY | 501(C)(3) | 7 | SJHS | | No |
| 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207 | FUNDRAISING | ND | 501(C)(3) | LN12 TYPE 1 | SJHHC | | No |
| 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634 | HEALTHCARE | OH | 501(C)(3) | 7 | SHP | | No |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411 | HEALTHCARE | OH | 501(C)(3) | LN12 TYPE 1 | CHI | | No |
| 104 W 17TH ST SCHUYLER, NE 68661 36-3630014 | FUNDRAISING | NE | 501(C)(3) | LN12 TYPE 1 | AHMHS | | No |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809 | HEALTHCARE | MO | 501(C)(3) | 3 | CHI | | No |
| 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | No |
| 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614 | HEALTHCARE | OR | 501(C)(3) | 3 | CHI | | No |
| 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727 | FUNDRAISING | OR | 501(C)(3) | LN12 TYPE 1 | SAH | | No |
| FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507 | HEALTHCARE | AR | 501(C)(3) | 3 | SVIMC | | No |
| 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721 | HEALTHCARE | KS | 501(C)(3) | 3 | CHI | | No |
| 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702 | FUNDRAISING | KS | 501(C)(3) | LN12 TYPE 1 | SCH | | No |
| 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 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) | | CHI | | No |
| 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978 | LTERM CARE | MN | 501(C)(3) | 10 | CHI | | 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 |
| 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 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158 | FUNDRAISING | TX | 501(C)(3) | LN12 TYPE 1 | 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 | HEALTHCARE | MD | 501(C)(3) | 3 | CHI | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302 | HEALTHCARE | TX | 501(C)(3) | 3 | SJSC | | No |
| 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775 | PHYSICIANS | MD | 501(C)(3) | LN12 TYPE 1 | SJMC | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696 | HEALTHCARE | TX | 501(C)(3) | 3 | SJSC | | No |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170 | HEALTHCARE | 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) | LN12 TYPE 1 | SFH | | No |
| 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | | No |
| 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429 | HEALTHCARE | ND | 501(C)(3) | 3 | CHI | | 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 | HEALTHCARE | TX | 501(C)(3) | 3 | SLCDC | | No |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374 | HEALTHCARE | TX | 501(C)(3) | 3 | SLHS | | No |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902 | HEALTHCARE | TX | 501(C)(3) | 3 | SLCDC | | No |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234 | HEALTHCARE | TX | 501(C)(3) | 3 | SLHS | | No |
| 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485 | FUNDRAISING | TX | 501(C)(3) | 7 | SLHS | | No |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232 | MANAGEMENT | TX | 501(C)(3) | LN12 TYPE 1 | CHI | | 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 |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606 | HEALTHCARE | TX | 501(C)3 | 3 | SLHS | | No |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535 | PHYSICIANS | TX | 501(C)3 | 3 | SLHS | | No |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713 | PROPERTY MGMT | TX | 501(C)3 | LN12 TYPE 1 | CHI-SLH | | No |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716 | PROPERTY MGMT | TX | 501(C)3 | LN12 TYPE 1 | SLHS | | No |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549 | PROPERTY MGMT | TX | 501(C)3 | LN12 TYPE 1 | SLCDC-SL | | No |
| 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636 | HEALTHCARE | NE | 501(C)3 | 3 | CHI NEBRASKA | | No |
| 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604 | FUNDRAISING | NE | 501(C)3 | 7 | SMCH | | No |
| TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537 | FUNDRAISING | AR | 501(C)3 | LN12 TYPE 1 | SVIMC | | No |
| TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917 | HEALTHCARE | AR | 501(C)3 | 3 | CHI | | 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 | LN12 TYPE 1 | CHI | | No |
| 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161 | FUNDRAISING | OH | 501(C)3 | LN12 TYPE 1 | 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 | HEALTHCARE | TX | 501(C)3 | 3 | SLHS | | No |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486 | HEALTHCARE | OH | 501(C)3 | 3 | CHI | | No |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 30-0502367 | HEALTHCARE | OH | 501(C)3 | 10 | CHS | | No |
| 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857 | PHYSICIANS | NE | 501(C)3 | LN12 TYPE 1 | CHI NEBRASKA | | No |
| 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232 | HEALTHCARE | CO | 501(C)3 | 3 | CHIC | | No |
| 380 SUMMIT AVENUE STEBENVILLE, OH 43952 31-1329423 | FUNDRAISING | OH | 501(C)3 | LN12 TYPE 1 | THS | | No |
| 380 SUMMIT AVENUE STEBENVILLE, OH 43952 34-1818681 | HEALTHCARE | OH | 501(C)3 | LN12 TYPE 1 | SFH | | 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 |
| 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920 | HEALTHCARE | OH | 501(C)(3) | LN12 Type 2 | THS | | No |
| 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1842025 | HEALTHCARE | OH | 501(C)(3) | 3 | THS | | No |
| 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105 | HEALTHCARE | 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 | HEALTHCARE | MN | 501(C)(3) | 3 | CHI | | No |
| 801 PAGE DR FARGO, ND 58103 45-0226714 | LTERM CARE | ND | 501(C)(3) | 10 | CHI | | No |
| 191 WOODPORT RD SPARTA, NJ 07871 22-1768334 | HOME HEALTH | NJ | 501(C)(3) | 10 | SCHS | | 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 | |
| Alegent Health Northwest Imaging Center 3606 N 156th St OMAHA, NE 68116 06-1786985 | OP Diagnostic | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| ALEGENT HEALTH NORTHWEST IMAGING CENTER 3606 N 156TH ST OMAHA, NE 68116 06-1786985 | OP DIAGNOSTICS | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| AUDUBON LAND COMPANY LLC 630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 84-1513085 | REAL ESTATE | CO | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| AVON EMERGENCY AND URGENT CARE CENTER L 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 81-1727282 | HEALTHCARE SRVC | CO | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 47-2079184 | HEALTHCARE SRVC | TX | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| BERGAN MERCY SURGERY CENTER LLC 7710 MERCY RD STE 200 OMAHA, NE 68124 20-8671994 | AMBUL SURG CTR | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| BERYWOOD OFFICE PROPERTIES LLC 2501 CITICO AVENUE CHATTANOOGA, TN 37404 62-1875199 | PHYS OFFICE | TN | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736 | DIAGNOSTIC IMAGIN | KY | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| CATHOLIC HEALTH INITIATIVES PHYSICIAN SE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938 | PRACTICE MGMT SRV | DE | nA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| CENTRAL NEBRASKA REHABILITATION SERVICES 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461 | PHYSICAL THERAPY | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023 | OP SURGERY CENTER | AL | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942 | INVESTMENTS | CO | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| CHI ST LUKE'S HEALTH EMERGENCY CENTER 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 81-0743412 | URGENT CARE | TX | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| CHICAMSURG SURGERY CENTERS LLC 1A BURTON HILLS BLVD NASHVILLE, TN 37215 46-5683027 | SURGERY CENTER | CO | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| CHICLARKIN VENTURES LLC 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 47-4210888 | URGENT CARE | CO | na | n/a | 0 | 0 | | | 0 | | No | 0 % |

| (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 | |
| COLORADO SPRINGS CK LEASING LLC 630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 26-2982714 | REAL ESTATE | CO | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767 | PROPERTY HOLDING | WI | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196 | LAUNDRY | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| HEARTLAND ONCOLOGY LLC 2337 E CRAWFORD ST SALINA, KS 67401 46-4265403 | ONCOLOGY | KS | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| HIGHLINE IMAGING LLC PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005 | DIAGNOSTIC IMAGIN | WA | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902 | AMBUL SURG CTR | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496 | ENDOSCOPY SRVC | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET LINCOLN, NE 68510 26-2496856 | REAL ESTATE | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191 | SPINE HOSPITAL | NE | NA | N/a | 0 | 0 | | | 0 | | No | 0 % |
| NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771 | AMBUL SURG CTR | AR | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105 | ORTHO HOSPITAL | CO | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610 | HEALTHCARE SRVC | WA | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619 | MEDICAL IMAGING | CO | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598 | HOSPITAL | TX | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103 | TECH SRVC | NE | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |

| 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 | |
| PUEBLO AMBULATORY SURGERY CENTER LLC 25 MONTEBELLO RD PUEBLO, CO 81003 62-1488737 | SURGERY CENTER | CO | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| SAINT JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736 | MGMT SVCS | KY | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| SAINT JOSEPH - SCA HOLDINGS LLC 1451 HARRODSBURG RD LEXINGTON, KY 40503 45-3801157 | OP SURGERY | DE | Na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545 | HOME HEALTH | KY | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| SCA PREMIER SURGERY CENTER OF LOUISVILLE 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840 | SURGERY CENTER | KY | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100 | REAL ESTATE | CO | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J ST TACOMA, WA 98405 91-1352698 | MED OFFICE | WA | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365 | DIAGNOSTICS | TX | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437 | HOSPITAL | TX | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| ST LUKE'S THE WOODLANDS SLEEP CENTER L 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726 | DIAGNOSTICS | TX | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH ST LINCOLN, NE 68521 26-2884555 | OP DIAGNOSTICS | NE | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539 | SURGERY CENTER | KY | na | n/a | 0 | 0 | | | 0 | | No | 0 % |
| SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537 | SURGERY CENTER | KY | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123 | HEALTHCARE SRVC | WA | NA | N/A | 0 | 0 | | | 0 | | No | 0 % |
| THREE SPRING IMAGING LLC 1 MERCADO ST STE 200A DURANGO, CO 81301 81-1174301 | HEALTHCARE SRVC | CO | na | n/a | 0 | 0 | | | 0 | | No | 0 % |

| 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 |
| ALEAGENT HEALTHCARE 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396 | MANAGED CARE | NE | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ALLIANCE HEALTH PROVIDERS OF BRAZOS VALL 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914 | HEALTHCARE | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 84-1112049 | MANAGEMENT SERVIC | CO | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414 | HOME HEALTH | OH | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699 | HOME HEALTH | OH | nA | C CORPORATION | 0 | 0 | 0 % | | No |
| BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851 | FITNESS CLUB | KY | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| BRAZOSPORT HEALTH ALLIANCE 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376 | HEALTH CARE | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD STE 500 CHATTANOOGA, TN 37411 62-1570736 | HEALTHCARE | TN | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| CARMONA-DESOTO BUILDING HORIZONTAL PROPE 300 WERNER ST HOT SPRINGS, AR 71913 71-0771076 | HEALTHCARE | AR | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| CATHOLIC HEALTH INITIATIVES CENTER FOR T 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511 | RESEARCH | CO | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF 6624 FANNIN STE 1100 HOUSTON, TX 77030 46-5079545 | CONDO ASSOC | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960 | INSURANCE | TN | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| COMCARE SERVICES INC 5570 DTC PARKWAY ENGLEWOOD, CO 80111 84-0904813 | INACTIVE | CO | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212 | HOME HEALTH | OH | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382 | REAL ESTATE | IA | NA | C CORPORATION | 0 | 0 | 0 % | | 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 |
| DIVERSIFIED HEALTH RESOURCES INC 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679 | HEALTH CARE | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| EAST TEXAS CLINICAL SERVICES INC 2801 VIA FORTUNA 500 AUSTIN, TX 78746 45-4736213 | HEALTHCARE | TX | nA | C CORPORATION | 0 | 0 | 0 % | | No |
| FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967 | HEALTHCARE | CO | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440 | MEDICAL CLINIC | NE | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| HARVESTPLAINS HEALTH OF IOWA 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3451750 | INSURANCE | WA | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558 | MGMT | NE | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| HEALTHCARE MGMT SERVICES ORGANIZATION I 1149 MARKET ST TACOMA, WA 98402 91-1865474 | HEALTH ORG | WA | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223 | INSURANCE | NE | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| HIGHLINE MEDICAL GROUP 1717 S J STREET TACOMA, WA 98405 91-1407026 | MEDICAL SERVICES | WA | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137 | SALE OF DME | ND | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| MEMORIAL CV SERVICE LINE MANAGEMENT COMP 1201 W FRANK AVE LUFKIN, TX 75904 46-3622849 | HEATH CARE | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422 | HOUSING | IA | nA | C CORPORATION | 0 | 0 | 0 % | | No |
| MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308 | RETAIL SALES | OR | nA | C Corporation | 0 | 0 | 0 % | | No |
| MHI CLINICAL SERVICES 1201 W FRANK AVE LUFKIN, TX 75904 46-1967952 | HEALTHCARE | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 62-1570739 | MGMT SVC ORG | TN | NA | C CORPORATION | 0 | 0 | 0 % | | 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 |
| PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798 | HOME HEALTH | OH | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| PHYSICIANHEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721 | HEALTH ORG | WA | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| QCA HEALTH PLAN INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0794605 | INSURANCE | AR | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| QUALCHOICE ADVANTAGE 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912 | INSURANCE | WA | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| QUALCHOICE HEALTH PLAN SERVICES INC (F 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037 | ADMIN SERVICES | CO | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| QUALCHOICE HEALTH INC (FKA COLLABHEALT 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808 | HOLDING CO | CO | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| QUALCHOICE HOLDINGS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-4075520 | HOLDING CO | AR | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| QUALCHOICE LIFE AND HEALTH INSURANCE COM 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0386640 | INSURANCE | AR | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| QUALCHOICE OF NEBRASKA 2401 S 73RD ST OMAHA, NE 68124 81-0738827 | INSURANCE | NE | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824 | INSURANCE | OH | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332 | INSURANCE | KY | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ROSS PARK PHARMACY INC 380 SUMMIT AVE STEBENVILLE, OH 43952 34-1832654 | PHARMACY | OH | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| SAINT CLARE'S PRIMARY CARE INC 66 FORD RD DENVER, NJ 07834 22-2441202 | BILLING SERVICES | NJ | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 DAYTON, OH 45402 31-1299450 | HEALTHCARE | OH | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408 | HEALTHCARE | CO | NA | C CORPORATION | 0 | 0 | 0 % | | No |

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|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 LEXINGTON, KY 40503 27-0164198 | MGMT | KY | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| SLMT PARKING INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637140 | PARKING | TX | na | C CORPORATION | 0 | 0 | 0 % | | No |
| SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801 | INSURANCE | WA | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST ALEXIUS HEALTH SERVICES INC 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0402812 | HEALTHCARE | ND | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943 | ATHLETIC CLUB | OR | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569 | RENTAL | WA | na | C CORPORATION | 0 | 0 | 0 % | | No |
| ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIA 6624 FANNIN STE 1100 HOUSTON, TX 77030 30-0355517 | CONDO ASSOC | TX | na | C CORPORATION | 0 | 0 | 0 % | | No |
| ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN STE 1100 HOUSTON, TX 77030 46-1517163 | MEDICAL CLINIC | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN 6720 BERTNER MC4-262 HOUSTON, TX 77030 76-0377932 | PHO | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST LUKE'S HEALTH SYSTEM HOLDINGS INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138 | HOLDING CO | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST LUKE'S MEDICAL ARTS CENTER I CONDOMI 6624 FANNIN STE 1100 HOUSTON, TX 77030 30-0355518 | CONDO ASSOC | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST LUKE'S MEDICAL TOWER CONDOMINIUM ASS 6624 FANNIN STE 1100 HOUSTON, TX 77030 76-0298751 | CONDO ASSOC | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ST VINCENT COMMUNITY HEALTH SERVICES I TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785 | HEALTHCARE | AR | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| STABLEVIEW HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4373713 | INSURANCE | KY | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| SUGAR LAND DOCTOR GROUP 1317 LAKE POINT PARKWAY SUGAR LAND, TX 77478 45-4270163 | MEDICAL CLINIC | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |

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|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| THE TEXAS HEART INSTITUTE AT ST LUKE'S 6624 FANNIN STE 1100 HOUSTON, TX 77030 90-0064009 | CONDO ASSOC | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| TOWSON MANAGEMENT INC 7601 OSLER DR TOWSON, MD 21204 52-1710750 | MGMT SERVICES | MD | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026 | MGMT SERVICES | OH | na | C CORPORATION | 0 | 0 | 0 % | | No |
| VINTAGE DOCTOR GROUP 6624 FANNIN STE 1100 HOUSTON, TX 77030 98-0556913 | MEDICAL CLINIC | TX | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0556913 | INSURANCE | CJ | NA | C CORPORATION | 0 | 0 | 0 % | | No |
| CAPTIVE MANAGEMENT INITIATIVES LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0663022 | CAPTIVE MANAGEMEN | CJ | NA | C CORPORATION | 0 | 0 | | | No |
| FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO Georgetown, Grand Cayman KY1-1001 CJ 98-0203038 | INSURANCE | CJ | NA | C CORPORATION | 0 | 0 | 0 % | | No |