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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CHILDREN'S HOSPITAL COLORADO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
13123 E 16TH AVENUE

City or town, state or country, and ZIP + 4
AURORA, CO 80045

D Employer identification number
84-0166760

E Telephone number
(720)777-1234

G Gross receipts $ 663,248,713

F Name and address of principal officer
JAMES E SHMERLING
13123 E 16TH AVENUE
AURORA,CO 80045

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHILDRENSCOLORADO ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1908 | **M** State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH- QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY

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)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	4,992
6	Total number of volunteers (estimate if necessary)	**6**	1,920
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,111,662
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	731,386

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	19,651,007	22,635,860
9	Program service revenue (Part VIII, line 2g)	631,280,882	626,051,296
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,305,784	12,529,186
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	510,970	558,979
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	656,748,643	661,775,321
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,317,533	391,592
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)	300,124,999	324,881,451
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	280,293,775	275,396,623
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	581,736,307	600,669,666
19	Revenue less expenses Subtract line 18 from line 12	75,012,336	61,105,655
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,473,383,057	1,522,794,877
21	Total liabilities (Part X, line 26)	488,758,866	525,206,058
22	Net assets or fund balances Subtract line 21 from line 20	984,624,191	997,588,819

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 — 2012-11-09 Date

LEONARD J DRYER JR SR VP, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
2 NORTH CENTRAL AVE SUITE 2300
PHOENIX, AZ 85004

EIN ▶

Phone no ▶ (602) 322-3000

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 429,695,490 including grants of $ 391,592) (Revenue $ 626,051,296)

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

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** ▶ $ 429,695,490

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	502		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	4,992			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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 to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CARLO ROTOLA CONTROLLER
13123 E 16TH AVENUE
AURORA,CO 80045
(720)777-2788

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 organizations compensated any current or former officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								9,043,205	0	783,334

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 ▶ 319

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY PHYSICIANS INC 13611 E COLFAX AURORA, CO 80045	PHYSICIAN SERVICES	41,398,169
UCDHSC 4200 E 9TH AVENUE AURORA, CO 80045	EDUCATIONAL SERVICES	13,175,821
CROTHALL HEALTHCARE 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	ENVIRONMENTAL SVCS	5,702,631
HOSPITAL SHARED SERVICES PO BOX 17033 DENVER, CO 80217	COURIER AND SECURITY	2,788,947
STERLING RICE GROUP INC 1801 13TH STREET BOULDER, CO 80302	MARKETING SERVICES	2,714,389

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 ▶ 116

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 16,252,350				
	e	Government grants (contributions) 1e 5,890,412				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 493,098				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	22,635,860			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE	622110	599,607,105	599,607,105	
	b	RESEARCH FUNDING	541900	10,974,785	10,654,891	319,894
	c	CAFETERIA	722210	3,613,204	3,613,204	
	d	LAB BILLING	561000	1,475,989		1,475,989
	e	ALL OTHER REVENUE	900099	10,380,213	9,064,434	1,315,779
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	626,051,296			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	6,997,762			6,997,762
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 558,979				
	b	Less rental expenses				
	c	Rental income or (loss) 558,979				
	d	Net rental income or (loss) . . . . . ▶	558,979			558,979
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7,002,515 / 2,300				
	b	Less cost or other basis and sales expenses 1,473,392				
	c	Gain or (loss) 7,002,515 / -1,471,092				
	d	Net gain or (loss) . . . . . ▶	5,531,424			5,531,424
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . ▶	661,775,321	622,939,634	3,111,662	13,088,165

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	391,592	391,592		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	8,324,170	0	8,324,170	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	254,574,796	186,565,066	68,009,730	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,307,202	8,024,105	3,283,097	0
9	Other employee benefits	32,244,390	22,882,086	9,362,304	0
10	Payroll taxes	18,430,893	13,079,400	5,351,493	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	754,635	535,523	219,112	0
c	Accounting	450,240	319,511	130,729	0
d	Lobbying	226,371	226,371	0	0
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	71,233,182	50,550,306	20,682,876	0
12	Advertising and promotion	3,425,921	2,431,189	994,732	0
13	Office expenses	6,988,364	4,959,261	2,029,103	0
14	Information technology	8,385,020	5,950,392	2,434,628	0
15	Royalties . .	0			
16	Occupancy	14,865,861	10,549,491	4,316,370	0
17	Travel	2,141,948	1,520,024	621,924	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	771,718	547,646	224,072	0
20	Interest	7,445,050	5,283,346	2,161,704	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	43,412,341	30,807,372	12,604,969	0
23	Insurance	2,760,236	1,958,789	801,447	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	HOSPITAL PROVIDER FEE	10,509,283	10,509,283	0	0
b	EQUIPMENT RENTAL & MAINT	11,108,775	7,883,292	3,225,483	0
c	MEDICAL SUPPLIES	70,430,749	49,980,864	20,449,885	0
d	ALL OTHER EXPENSES	20,486,929	14,740,581	5,746,348	0
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	600,669,666	429,695,490	170,974,176	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,976,751	1	17,028,690
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		6,311,905	3	7,929,264
	4	Accounts receivable, net		63,626,154	4	74,367,084
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,352,337	8	5,559,573
	9	Prepaid expenses and deferred charges		4,108,287	9	4,983,633
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 976,249,212			
	b	Less accumulated depreciation	10b 253,392,723	656,989,118	10c	722,856,489
	11	Investments—publicly traded securities		328,834,213	11	256,754,739
	12	Investments—other securities See Part IV, line 11		149,891,498	12	165,423,503
	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		256,292,794	15	267,891,902
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,473,383,057	16	1,522,794,877
Liabilities	17	Accounts payable and accrued expenses		90,142,909	17	100,805,633
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		367,500,092	20	360,298,473
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	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		31,115,865	25	64,101,952
	26	**Total liabilities.** Add lines 17 through 25		488,758,866	26	525,206,058
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		722,819,263	27	726,871,896
	28	Temporarily restricted net assets		164,571,388	28	163,961,629
	29	Permanently restricted net assets		97,233,540	29	106,755,294
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	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		984,624,191	33	997,588,819
	34	Total liabilities and net assets/fund balances		1,473,383,057	34	1,522,794,877

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	661,775,321
2	Total expenses (must equal Part IX, column (A), line 25)	2	600,669,666
3	Revenue less expenses Subtract line 2 from line 1	3	61,105,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	984,624,191
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-48,141,027
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	997,588,819

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** 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 IV 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CATHY M FINLON CHAIRMAN OF BOARD UNTIL 4/12	1 0	X		X				0	0	0
TERRANCE CARROLL BOARD MEMBER	1 0	X						0	0	0
KELLY KENNEDY CHCO FNDN BOARD OF TRUSTEES	1 0	X						0	0	0
RUSSELL DISPENSE BOARD MEMBER	1 0	X						0	0	0
DONALD M ELLIMAN BOARD MEMBER	1 0	X						0	0	0
MARY GITTINGS-CRONIN BOARD MEMBER	1 0	X						0	0	0
COLE FINEGAN SECRETARY	1 0	X		X				0	0	0
ERIC HARTMEISTER PRES OF THE ASSN OF VOLUNTEERS	1 0	X						0	0	0
MARIA GUAJARDO PHD BOARD MEMBER	1 0	X						0	0	0
WILLIAM LINDSAY BOARD MEMBER	1 0	X						0	0	0
RANDY HERTEL BOARD MEMBER	1 0	X						0	0	0
ROXANN HEADLEY MD BOARD MEMBER	1 0	X						0	0	0
ROBERT HOTTMAN CHAIRMAN/TREASURER	1 0	X		X				0	0	0
JOY JOHNSON VICE-CHAIRMAN OF BOARD	1 0	X		X				0	0	0
KEVIN REIDY BOARD MEMBER	1 0	X						0	0	0
BRADLEY SMITH DDS BOARD MEMBER	1 0	X						0	0	0
RICHARD KRUGMAN MD BOARD MEMBER, VICE CHANCELLOR	1 0	X						0	0	0
LILLY MARKS BOARD MEMBER, VP HLTH AFFAIRS	1 0	X						0	0	0
JODY MATHIE BOARD MEMBER	1 0	X						0	0	0
R SCOTT NYCUM BOARD MEMBER	1 0	X						0	0	0
JAMES E SHMERLING DHA PRESIDENT AND CEO	4 0 0	X		X				1,343,817	0	143,383
ANN SPERLING BOARD MEMBER	1 0	X						0	0	0
PAUL RADY BOARD MEMBER	1 0	X						0	0	0
THOMAS HONIG BOARD MEMBER	1 0	X						0	0	0
JANE SCHUMAKER BOARD MEMBER, EXEC DIR UPI	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CRAIG PONZIO IMMEDIATE PAST CHAIR	1 0	X						0	0	0
HAL STEIN MD BOARD MEMBER	1 0	X						0	0	0
BENJAMIN WALTON BOARD MEMBER	1 0	X						0	0	0
CANDY ERGEN BOARD MEMBER	1 0	X						0	0	0
ANDREW SIROTNAK MD PRESIDENT OF THE MEDICAL STAFF	1 0	X						0	0	0
JENA HAUSMANN SR VP/CHIEF OPERATING OFFICER	40 0			X				562,891	0	80,924
LEONARD J DRYER JR SR VP-CFO	40 0			X				580,875	0	29,140
MARY ANNE LEACH SR VP-CIO	40 0			X				350,862	0	43,022
JOHN LACOUTURE CHIEF LEGAL OFFICER	40 0			X				365,555	0	43,225
KELLY JOHNSON SR VP/CHIEF NURSING OFFICER	40 0			X				324,614	0	52,238
JEFFREY HARRINGTON VP FINANCE	40 0			X				271,329	0	45,537
MICHEAL WUKITSCH VP HUMAN RESOURCE	40 0			X				296,165	0	48,185
SUZY JAEGER VP AMBULATORY AND OPERATIONS	40 0			X				280,771	0	45,788
JERROD MILTON VP OPERATIONS	40 0			X				216,404	0	41,834
BETH GAFFNEY VP OPERATIONS	40 0			X				271,213	0	32,446
AMY CASSERI CHIEF STRATEGY OFFICER	40 0			X				391,405	0	58,563
JOAN BOTHNER MD CHIEF MEDICAL OFFICER	40 0			X				635,754	0	0
DENNIS MATTHEWS PPAARDI-IN-CHIEF	40 0			X				266,351	0	0
STEPHEN DANIELS PEDIATRIC-IN-CHIEF	40 0			X				490,335	0	0
DANIEL HYMAN MD CHIEF QUALITY OFFICER	40 0			X				480,954	0	0
FRED SUCHY CHIEF RESEARCH OFFICER	40 0			X				434,508	0	0
TIMOTHY CROMBLEHOME SURGEON-IN-CHIEF	40 0			X				96,082	0	0
MICHAEL CLARK EXEC DIR RESEARCH ADMIN	40 0					X		204,218	0	16,116
SUSAN DILTZ DIR INFRASTRUCTURE & TECH SVCS	40 0					X		191,857	0	24,616
MARY BETH MARTIN EXEC DIR MATERNAL-FETAL PROG	40 0					X		196,660	0	23

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID ROGERS HEART INSTITUTE ADMINISTRATOR	40.0					X		184,499	0	15,660
QI WEI SCI DIR MOLECULAR DIAGNOSTICS	40.0					X		288,357	0	20,713
LINDA POWERS DIR NURSING PROJECTS	40.0						X	161,337	0	21,675
MARGI MORSE DIR ADVANCED PRACTICE NURSING	40.0						X	156,392	0	20,246

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

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

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

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

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

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

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

Name of the organization	Employer identification number
CHILDREN'S HOSPITAL COLORADO	84-0166760

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	4,000	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	222,371	
c Total lobbying expenditures (add lines 1a and 1b)	226,371	
d Other exempt purpose expenditures	429,469,120	
e Total exempt purpose expenditures (add lines 1c and 1d)	429,695,491	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	401,887	268,141	226,300	226,371	1,122,699
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	56,000	4,000	4,000	4,000	68,000

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	31,490,541	29,283,714	24,854,564	33,761,116	
b	Contributions					
c	Investment earnings or losses	213,181	3,172,990	5,828,658	-7,949,952	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	566,993	900,247	1,341,892	956,600	
f	Administrative expenses	68,435	65,916	57,616		
g	End of year balance	31,068,294	31,490,541	29,283,714	24,854,564	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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	3a(i)	Yes	
(ii) related organizations	3a(ii)		No

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

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

Part VI Land, Buildings, and Equipment. 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		8,498,814		8,498,814
b Buildings		552,735,667	74,951,673	477,783,994
c Leasehold improvements		10,559,451	6,545,919	4,013,532
d Equipment		266,552,951	166,526,018	100,036,933
e Other		137,902,329	5,369,113	132,533,216
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				722,866,489

Part VII Investments—Other Securities. 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		
Other See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	165,423,503	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RECEIVABLE FROM FOUNDATION	2,440,566
(2) PERPETUAL TRUST ASSETS-TAMMEN	31,068,294
(3) CHILDREN'S HOSPITAL FOUNDATION	209,966,000
(4) DEFERRED DEBT ISSUANCE COSTS	4,354,502
(5) OTHER MISCELLANEOUS RECEIVABLE	19,116,338
(6) EXECUTIVE DEFERRED TRUST	946,202
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	267,891,902

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
SELF INSURANCE TRUST LIABILITY	6,405,000
ACCRUED INTEREST PAYABLE	1,328,758
DUE TO RESTRICTED FUND	4,808,587
VALUE OF INTEREST RATE SWAP	42,528,492
DEFINED BENEFIT OBLIGATION	395,723
INVESTMENT IN NORTH ASC	1,488,753
FASB PENSION LIABILITY	7,146,639
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	64,101,952

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	661,775,321
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	600,669,666
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	61,105,655
4	Net unrealized gains (losses) on investments	4	-14,233,927
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-31,485,137
9	Total adjustments (net) Add lines 4 - 8	9	-45,719,064
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	15,386,591

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

1	Total revenue, gains, and other support per audited financial statements			1	667,443,569
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	5,668,248		
e	Add lines **2a** through **2d**			2e	5,668,248
3	Subtract line **2e** from line **1**			3	661,775,321
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	661,775,321

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	652,056,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	51,387,312		
e	Add lines **2a** through **2d**			2e	51,387,312
3	Subtract line **2e** from line **1**			3	600,669,666
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	600,669,666

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D PART V, LINE 4	THE HOSPITAL IS THE INCOME BENEFICIARY OF THE H H TAMMEN TRUST, A PERPETUAL TRUST UNDER WHICH THE HOSPITAL HAS THE IRREVOCABLE RIGHT TO RECEIVE THE INCOME EARNED ON THE TRUST ASSETS IN PERPETUITY FUNDS ARE USED TO SUPPORT HOSPITAL ACTIVITIES
ASC 740 FOOTNOTE	SCHEDULE D, PART X, LINE 2	THE HOSPITAL EVALUATES WHETHER THERE ARE ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AS OF DECEMBER 31, 2011 AND 2010, THE HOSPITAL HAS DETERMINED THAT NO PROVISION IS REQUIRED FOR UNCERTAIN TAX POSITIONS
OTHER ADJUSTMENTS	PART XI, LINE 8	REVENUE REPORTED ON SEPARATE TAX RETURN $ 5,668,248 CHANGE IN VALUE OF INTEREST RATE SWAP $ (28,582,934) EXPENSES REPORTED ON SEPARATE TAX RETURN $ (8,570,451) ---------- TOTAL $ (31,485,137) ==========
OTHER ADJUSTMENTS	PART XII, LINE 2D	REVENUE REPORTED ON SEPARATE TAX RETURN $ 5,668,248
OTHER ADJUSTMENTS	PART XIII, LINE 2D	CHANGE IN VALUE OF INTEREST RATE SWAP $ 28,582,934 EXPENSES REPORTED ON SEPARATE TAX RETURN $ 8,570,451 UNREALIZED LOSS ON INVESTMENTS $ 14,233,927 ---------- $ 51,387,312 ==========

Additional Data

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

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
INVESTMENT IN LAUNDRY CORP	125,000	C
ICAP ABSOLUTE RET RETENTION	9,786,453	F
FORTRESS CREDIT OPPORTUNITY FU	7,626,746	F
VIKING GLOBAL EQUITIES III LTD	14,120,488	F
FARALLON CAPITAL PARTNERS LP	11,882,216	F
CONVEXITY CAPITAL OFFSHORE LP	29,792,498	F
NEWPORT ASIA	12,894,769	F
KING STREET	13,651,958	F
HIGHFIELDS CAPITAL LTD	16,350,039	F
DENHAM COMMODITY PARTNERS FUND	4,155,959	F
CAPITAL GUARDIAN	14,989,870	F
SILCHESTER INTERNATIONAL	25,376,595	F
MOUNT KELLETT	4,670,912	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
Central America and the Caribbean	0	0	Investments	N/A	72,022,308
3a Sub-total	0	0			72,022,308
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			72,022,308

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. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 . . . . . ▶

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. Use Part V 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)

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 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ 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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			4,135,557	962,238	3,173,319	0 530 %
b Medicaid (from Worksheet 3, column a)			244,934,314	165,272,618	79,661,696	13 260 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			25,833,427	23,520,149	2,313,278	0 390 %
d **Total** Charity Care and Means-Tested Government Programs			274,903,298	189,755,005	85,148,293	14 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			6,889,105	527,174	6,361,931	1 060 %
f Health professions education (from Worksheet 5)			22,163,259	6,599,650	15,563,609	2 590 %
g Subsidized health services (from Worksheet 6)			40,743,869	26,597,972	14,145,897	2 360 %
h Research (from Worksheet 7)			19,137,944	0	19,137,944	3 190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			763,155	0	763,155	0 130 %
j **Total** Other Benefits			89,697,332	33,724,796	55,972,536	9 330 %
k **Total.** Add lines 7d and 7j			364,600,630	223,479,801	141,120,829	23 510 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			978		978	0 %
2	Economic development			11,087		11,087	0 %
3	Community support			54,825		54,825	0 010 %
4	Environmental improvements			332,193		332,193	0 060 %
5	Leadership development and training for community members			68,144		68,144	0 010 %
6	Coalition building						
7	Community health improvement advocacy			796,844		796,844	0 130 %
8	Workforce development			317,090		317,090	0 050 %
9	Other						
10	**Total**			1,581,161		1,581,161	0 260 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense	2	14,146,550		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	1,414,655		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	1,680,818
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,139,258
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,458,440
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **4**

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	CHILDREN'S HOSPITAL COLORADO 13123 E 16TH AVENUE AURORA, CO 80045	X		X	X		X	X		
2	CHILDREN'S HOSPITAL COLORADO - NORTH 469 WEST STATE HIGHWAY 7 BROOMFIELD, CO 80023	X		X						
3	CHILDREN'S HOSPITAL COLORADO - PARKER 19284 COTTONWOOD DRIVE PARKER, CO 80138	X		X				X		
4	CHILDREN'S HOSPITAL CO - ST JOSEPH HOSPL 1830 FRANKLIN STREET DENVER, CO 80218	X		X				X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

CHILDREN'S HOSPITAL COLORADO

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 %			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

CHILDREN'S HOSPITAL COLORADO - NORTH

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 %			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

CHILDREN'S HOSPITAL COLORADO - PARKER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 %			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

CHILDREN'S HOSPITAL CO - ST JOSEPH HOSPL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 %			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **13**

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

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PART I, LINE 6A		CHILDREN'S HOSPITAL COLORADO INCLUDES SELECT COMMUNITY BENEFIT INFORMATION IN THE HOSPITAL'S ANNUAL REPORT CHILDREN'S HOSPITAL COLORADO ALSO REGULARLY HIGHLIGHTS COMMUNITY BENEFIT EFFORTS IN A NUMBER OF COMMUNICATION VEHICLES INCLUDING HOSPITAL WEBSITE, MEDIA STORIES AND PUBLICATIONS SUCH AS THE COLORADO HOSPITAL ASSOCIATION'S ANNUAL COMMUNITY BENEFIT REPORT

Identifier	ReturnReference	Explanation
PART I, LINE 7		IN 2011 CHILDREN'S HOSPITAL COLORADO PROVIDED $141,120,829, OR 23 49% OF TOTAL OPERATING EXPENSES, IN BENEFIT TO THE COMMUNITY FINANCIAL ASSISTANCE (CHARITY CARE) AND MEANS-TESTED GOVERNMENT PROGRAMS (MEDICAID AND OTHER) AT CHILDREN'S HOSPITAL COLORADO ACCOUNTED FOR $85,148,293, OR 14 18% OF TOTAL OPERATING EXPENSES MEDICAID PAYMENT SHORTFALLS CONTINUE TO COMPRISE THE MAJORITY OF THIS FIGURE, ACCOUNTING FOR $79,661,696 OF THE TOTAL SHORTFALL IN 2011, MEDICAID VOLUME, AS A PERCENT OF TOTAL PATIENT CHARGES, WAS 41 9% WITH REIMBURSEMENT ONLY COVERING 67% OF COST THE SHORTFALL FOR FINANCIAL ASSISTANCE (CHARITY CARE) PROVIDED IN 2011 WAS $3,173,319 THIS REPRESENTS THE COST OF PROVIDING THESE SERVICES CALCULATED USING THE HOSPITAL'S COST ACCOUNTING SYSTEM OTHER BENEFITS ACCOUNTED FOR $55,972,536, OR 9 32% OF TOTAL OPERATING EXPENSES OTHER BENEFITS INCLUDE HEALTH PROFESSIONS EDUCATION ($15,563,609, OR 2 59% OF TOTAL OPERATING EXPENSES), RESEARCH ACTIVITY ($19,137,944, OR 3 19% OF TOTAL OPERATING EXPENSES), SUBSIDIZED HEALTH SERVICES ($14,145,897, OR 2 36% OF THE TOTAL OPERATING EXPENSES), COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS ($6,361,931, OR 1 06% OF TOTAL OPERATING EXPENSES) AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ($763,155, OR 13% OF TOTAL OPERATING EXPENSES) INCLUDED IN SUBSIDIZED HEALTH SERVICES ARE THOSE WHICH CHILDREN'S HOSPITAL COLORADO PROVIDES TO ITS PATIENT POPULATION AT A LOSS IN 2011 PROGRAMS ASSOCIATED WITH THESE LOSSES ARE MENTAL HEALTH, REPRODUCTIVE AND REHABILITATION SERVICES ALSO, INCLUDED IN SUBSIDIZED SERVICES IS THE NET COMMUNITY BENEFIT EXPENSE RELATED TO LOSSES ASSOCIATED WITH THE HOSPITAL'S INVESTMENT IN AN AMBULATORY SURGERY CENTER THE NUMBER REFLECTED IN SUBSIDIZED HEALTH SERVICES EXCLUDES BAD DEBT, MEDICAID AND OTHER MEANS TESTED GOVERNMENT PROGRAM SHORTFALLS AND FINANCIAL ASSISTANCE (CHARITY CARE) CHILDREN'S HOSPITAL COLORADO IS COMMITTED TO SERVING ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY

Identifier	ReturnReference	Explanation
PART II		IN 2011, CHILDREN'S HOSPITAL COLORADO PROVIDED $1,581,161 IN COMMUNITY BUILDING ACTIVITIES THAT PROMOTED THE HEALTH OF THE BROADER COMMUNITY SERVING ON NONPROFIT COMMUNITY BOARDS AND HELPING THE COMMUNITY PREPARE FOR A DISASTER ARE ACTIVITIES THAT THE HOSPITAL REGULARLY ENGAGES IN TO SUPPORT THE HEALTH OF THE COMMUNITY ADDITIONALLY, SIGNIFICANT RESOURCES WERE ALLOCATED IN 2011 TO SUPPORT EFFORTS TO ENGAGE COMMUNITY MEMBERS IN ADVOCATING FOR ACCESS TO HEALTH CARE AS WELL AS PROVIDING EDUCATIONAL SESSIONS FOR BOTH POLICYMAKERS AND ADVOCATES ON CHILD HEALTH ISSUES OF IMPORTANCE IMPROVING THE HEALTH OF THE COMMUNITY THROUGH ENVIRONMENTAL EFFORTS WAS ALSO A PRIORITY, INCLUDING A CAR POOL NETWORK AND BUS PASSES FOR EMPLOYEES AS WELL AS RECYCLING AND RETRO COMMISSIONING EFFORTS FINALLY, THE HOSPITAL CONTRIBUTED SUBSTANTIAL RESOURCES TO PROGRAMS THAT PROVIDE A PIPELINE FOR AT RISK HIGH SCHOOL STUDENTS AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES TO PURSUE MEDICAL CAREERS

Identifier	ReturnReference	Explanation
PART III, LINE 4		FOOTNOTE IN AUDITED FINANCIALS NONE CHILDREN'S HOSPITAL COLORADO ESTIMATES BAD DEBT RESERVES BASED ON HISTORICAL EXPERIENCE THE HOSPITAL EXPENSES UNCOLLECTIBLE BALANCES 120 DAYS AFTER THE FIRST BILLING CYCLE THE HOSPITAL DOES NOT REPORT ANY BAD DEBT AMOUNT IN COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
PART III, LINE 8		THE SHORTFALL REPORTED IN LINE 7 REPRESENTS MEDICARE SHORTFALLS FOR HIGH NEEDS PEDIATRIC PATIENTS SERVED BY CHILDREN'S HOSPITAL COLORADO IF CHILDREN'S HOSPITAL COLORADO DID NOT SUBSIDIZE THIS HIGHLY SPECIALIZED CARE, ACCESS FOR THIS POPULATION WOULD BE LIMITED, THUS WE VIEW THIS CARE AS COMMUNITY BENEFIT THE HOSPITAL UTILIZED COST TO CHARGE RATIO METHODOLOGY TO ARRIVE AT THIS NUMBER THE AMOUNT INCLUDES ALL PAYMENTS SHORT OF COSTS

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

Identifier	ReturnReference	Explanation
PART V, LINE 19		CHILDREN'S HOSPITAL OF COLORADO USES A BLENDED AVERAGE OF ALL COMMERCIAL INSURANCE REIMBURSEMENT RATE

Identifier	ReturnReference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT	ACROSS THE HOSPITAL, NUMEROUS INTERNAL AND EXTERNAL DATA SOURCES ARE REGULARLY MONITORED AND UTILIZED TO IDENTIFY TRENDS AND OPPORTUNITIES TO IMPACT CHILD HEALTH IN TERMS OF A FORMAL COMMUNITY NEEDS ASSESSMENT, CHILDREN'S HOSPITAL COLORADO HAS CONTRACTED WITH A THIRD PARTY, THE CENTER FOR PUBLIC HEALTH PRACTICE AT THE COLORADO SCHOOL OF PUBLIC HEALTH, TO CONDUCT A HEALTH CARE NEEDS ASSESSMENT REGARDING COLORADO CHILDREN THE ASSESSMENT IS IN PROCESS AND WILL BE REPORTED ON IN A SUBSEQUENT YEAR THE ASSESSMENT WILL CONSIDER THE IMMEDIATE COMMUNITY WHERE THE HOSPITAL MAIN CAMPUS IS LOCATED AS WELL AS STATEWIDE INFORMATION THE METHODS USED WILL ASSESS HEALTH OUTCOMES AND RISK FACTORS FOR ALL CHILDREN UNDER AGE 21 IN THESE POPULATIONS USING BOTH QUANTITATIVE AND QUALITATIVE METHODS

Identifier	ReturnReference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	CHILDREN'S HOSPITAL COLORADO HAS A PROCESS FOR INFORMING AND EDUCATING FAMILIES ABOUT HOW THEY MAY BE BILLED FOR PATIENT CARE AND THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE CHILDREN'S HOSPITAL COLORADO'S FULL TIME PATIENT FINANCIAL COUNSELORS ARE DEDICATED TO WORKING WITH FAMILIES TO PROVIDE GUIDANCE REGARDING AVAILABLE FINANCIAL ASSISTANCE WHICH ENSURES THAT ITS PATIENT POPULATION RECEIVES THE CRITICAL CARE IT NEEDS ADDITIONALLY, CHILDREN'S HOSPITAL COLORADO PROVIDES PATIENT ASSISTANCE TO HELP IDENTIFY COMMUNITY-BASED RESOURCES, FACILITATE SERVICES AND PROVIDE APPROPRIATE REFERRAL ASSISTANCE TO HELP WITH CONTINUITY OF CARE INPATIENT PROCESS THIS PROCESS APPLIES TO PATIENTS WHO ARE BEING ADMITTED FOR OBSERVATION, SURGERY OR OTHER INPATIENT SERVICES IF THE PATIENT IS PRE-SCHEDULED, CHILDREN'S HOSPITAL COLORADO PATIENT ACCESS WORKS TO CONTACT THE FAMILY PRIOR TO ADMISSION TO ARRANGE FOR A FINANCIAL SCREENING APPOINTMENT REGARDLESS OF WHETHER AN APPOINTMENT IS SET PRIOR TO ADMISSION, THE PATIENT FINANCIAL COUNSELING TEAM WORKS WITH THE FAMILY TO DETERMINE THEIR SELF-PAY STATUS (EITHER NON-COMMERCIAL OR GOVERNMENT INSURANCE) AND SUBSEQUENTLY WORKS WITH THEM TO SCREEN FOR FINANCIAL ASSISTANCE OPTIONS OUTPATIENT PROCESS WHEN A PATIENT SCHEDULES A NON-EMERGENT OR URGENT OUTPATIENT CLINIC VISIT, THEY WILL IDENTIFY THEMSELVES AS SELF-PAY IF THEY DO NOT HAVE EITHER COMMERCIAL OR GOVERNMENT INSURANCE AT THIS POINT, THEY ARE GIVEN TWO OPTIONS (1) PAY $200 DEPOSIT AT THE TIME OF APPOINTMENT AND BE BILLED ANY REMAINING BALANCE OR (2) SCHEDULE TIME WITH PATIENT FINANCIAL COUNSELING FOR ASSISTANCE IF THE PATIENT WAS SEEN IN THE EMERGENCY DEPARTMENT OR URGENT CARE WITHOUT THE PRE-SCREEN, THEY STILL HAVE THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE WITH THE PATIENT FINANCIAL COUNSELING OFFICE ALL SELF-PAY FAMILIES ARE AUTOMATICALLY GIVEN A 35 PERCENT DISCOUNT CHILDREN'S HOSPITAL COLORADO HAS A FORMAL POLICY REGARDING ELIGIBILITY CRITERIA FOR CHARITY CARE THE DECISION TO PROVIDE CHARITY CARE WILL BE, IN ALL CASES, BASED ON A REVIEW OF THE INCOME, ASSETS AND LIABILITIES OF THE FAMILY AT THE TIME OF ADMISSION TO THE HOSPITAL OR CLINIC THE LEVELS OF CHARITY CARE AND FINANCIAL ASSISTANCE PROVIDED BY CHILDREN'S HOSPITAL COLORADO WILL BE DETERMINED BASED ON FEDERAL POVERTY GUIDELINES WHICH MAY BE ADJUSTED UP TO 250 PERCENT AND REVISED FROM TIME TO TIME FAMILIES WITH ADJUSTED GROSS INCOME BETWEEN 250 PERCENT AND 400 PERCENT OF FEDERAL POVERTY GUIDELINES MAY ALSO BE CONSIDERED FOR CHARITY CARE WITH A CAP FOR OUT-OF-POCKET RESPONSIBILITY DETERMINATION OF ELIGIBILITY WILL BE EFFECTIVE FOR SIX MONTHS AND APPLY TO ALL PATIENTS REGARDLESS OF IMMIGRATION STATUS CHILDREN'S COLORADO WORKS TO PROVIDE NECESSARY HOSPITAL-RELATED SERVICES CONSISTENT WITH ITS MISSION, ITS STATUS AS A NONPROFIT HOSPITAL AND ITS STEWARDSHIP RESPONSIBILITY TO ITS DONORS

Identifier	ReturnReference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION	CHILDREN'S HOSPITAL COLORADO SERVES INFANTS, TODDLERS, ADOLESCENTS, TEENS AND YOUNG ADULTS, PRIMARILY FROM NEWBORNS THROUGH AGE 21 CHILDREN'S HOSPITAL COLORADO ALSO TREATS INDIVIDUALS OVER THE AGE OF 21 WITH SPECIAL NEEDS OR CONGENITAL DISORDERS THAT REQUIRE CONTINUED CARE CHILDREN, NEWBORN TO AGE 2, REPRESENT THE LARGEST PROPORTION OF THE POPULATION SERVED BY CHILDREN'S COLORADO IN THE STATE OF COLORADO, THERE ARE APPROXIMATELY ONE MILLION CHILDREN AND ADOLESCENTS, 70 PERCENT RESIDE WITHIN DENVER'S SEVEN COUNTY METROPOLITAN AREA, BORDERED ON THE NORTH BY BROOMFIELD COUNTY AND ON THE SOUTH BY DOUGLAS COUNTY CHILDREN'S HOSPITAL COLORADO SERVES PATIENTS AND FAMILIES FROM THE SEVEN-STATE MOUNTAIN REGION, WITH 10 PERCENT OF ITS PATIENT POPULATION TRAVELING FROM OUT OF THE STATE IN ADDITION, CHILDREN'S HOSPITAL COLORADO DELIVERS HIGH-QUALITY CARE IN MORE THAN 400 OUTREACH CLINICS OUTSIDE ITS PRIMARY SERVICE AREA EACH YEAR DEMOGRAPHICALLY, CHILDREN SERVED HAVE DIVERSE CULTURAL AND ETHNIC BACKGROUNDS -- CHILDREN'S HOSPITAL COLORADO TRANSLATES MEDICAL CARE AND EDUCATION INSTRUCTIONS INTO 65 LANGUAGES (INCLUDING SIGN LANGUAGE) TO DELIVER CULTURALLY SENSITIVE, HIGH-QUALITY PEDIATRIC HEALTHCARE THE MAJORITY OF ITS PATIENTS SPEAK ENGLISH, FOLLOWED BY SIGNIFICANT NUMBERS OF FAMILIES WHO SPEAK SPANISH, ARABIC, BURMESE, VIETNAMESE, SOMALIAN, RUSSIAN, AND KOREAN CHILDREN'S HOSPITAL COLORADO IS THE LARGEST PROVIDER OF HEALTH CARE SERVICES FOR LOW-INCOME CHILDREN IN COLORADO, WITH 46 6 PERCENT OF ALL PATIENTS SERVED COVERED BY MEDICAID INSURANCE OR OTHER GOVERNMENT PROGRAMS, 50 9 PERCENT OF CHILDREN ARE INSURED BY COMMERCIAL INSURANCE, WHILE 2 5 PERCENT OF CHILDREN ARE NOT INSURED

Identifier	ReturnReference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	IN 2011, CHILDREN'S HOSPITAL COLORADO PROVIDED 23 49% OF TOTAL OPERATING EXPENSES IN BENEF IT TO THE COMMUNITY BY COMMITTING TO IMPROVING THE HEALTH OF CHILDREN THROUGH THE PROVISIO N OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY CHILDREN'S HOSPITAL COLORADO WORKS TO DELIVER ON THIS MISSION NOT ONLY IN THE DENVER METR O AREA AND THE STATE OF COLORADO, BUT ALSO THROUGHOUT THE ROCKY MOUNTAIN REGION THERE ARE EXTENSIVE EFFORTS LED BY CHILDREN'S HOSPITAL COLORADO THAT POSITIVELY IMPACT THE HEALTH A ND SAFETY OF CHILDREN IN THE COMMUNITY - TO DESCRIBE ALL OF THEM IN DETAIL IS NOT REALISTI C IN A LIMITED SPACE, THUS BELOW ARE SOME OF THE HIGHLIGHTS OUR BOARD OF DIRECTORS AT THE TIME OF FILING THIS FORM 990, CHILDREN'S HOSPITAL COLORADO'S BOARD OF DIRECTORS IS MADE U P OF 22 VOLUNTEERS FROM THE DENVER AREA COMMUNITY AND SIX EXECUTIVE LEADERS FROM THE HOSPI TAL AND ITS AFFILIATED INSTITUTIONS BOARD SERVICE IS A COMMITMENT TO HELP FURTHER THE HOS PITAL'S MISSION OF IMPROVING THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY THE BOARD REPRESE NTS THE COMMUNITY AT LARGE INCLUDING THE BROADER MEDICAL COMMUNITY AND PROVIDES EXPERTISE IN MANY AREAS OF BUSINESS AND COMMUNITY RELATIONS, SUCH AS BANKING, REAL ESTATE, INSURANCE , MARKETING/PR, ETC ALL ARE PASSIONATE ABOUT THE HOSPITAL'S MISSION, MANY THROUGH PERSONA L EXPERIENCE, AND MOST HAVE THE ABILITY TO FUNDRAISE WHILE THE MAJORITY OF BOARD OF DIREC TORS ARE CAUCASIAN, BOARD COMPOSITION IS ALSO REPRESENTATIVE OF THE AFRICAN-AMERICAN AND L ATINO POPULATIONS MEDICAL FACULTY PROFILE CHILDREN'S HOSPITAL COLORADO HAS AN OPEN MEDICA L STAFF, MEANING COMMUNITY PRACTITIONERS CAN HOLD PRIVILEGES AT THE HOSPITAL IT HAS APPRO XIMATELY 1,700 MEDICAL STAFF MEMBERS THAT INCLUDE ADVANCED PRACTICE NURSES, MORE THAN HALF OF WHOM ARE COMMUNITY-BASED THOUGH THERE ARE THOUSANDS OF REFERRING PROVIDERS ALONG THE FRONT RANGE OF THE ROCKY MOUNTAINS AND THE PRAIRIES, CHILDREN'S HOSPITAL COLORADO'S COMMUN ITY STAFF MEMBERS ARE ITS FRONT-LINE PARTNERS IN ADVANCING A CONTINUUM OF CARE FOR YOUNG P ATIENTS ITS COMMUNITY CLINICAL STAFF MEMBERS PROVIDE TRAINING OPPORTUNITIES IN PRIMARY CA RE FOR MEDICAL STUDENTS AND RESIDENTS HELPING TO BROADEN THE MEDICAL EDUCATION OF TOMORROW 'S PEDIATRIC DOCTORS CHILDREN'S HOSPITAL COLORADO IS AFFILIATED WITH FAMILY MEDICINE RESI DENCY PROGRAMS IN COLORADO AND WYOMING THIS PROVIDES FOR A PEDIATRIC ROTATION AT THE HOSP ITAL WHICH PROVIDES A SIGNIFICANT BENEFIT TO THE REGION THAT HAS A LARGE RURAL POPULATION AND A SHORTAGE OF RURAL PHYSICIANS CHILDREN'S HOSPITAL COLORADO ALSO ENSURES THAT THE PRI MARY CARE PERSPECTIVE IS ADDRESSED IN DISCUSSIONS ABOUT HOW TO BEST PROVIDE THE BROADEST S PECTRUM OF CARE TO THE REGION'S CHILDREN ADDITIONALLY, BOTH HOSPITAL AND COMMUNITY MEDICA L STAFF SERVE ON VARIOUS BOARDS AND COMMITTEES, SUCH AS THE COLORADO CHAPTER OF THE AAP, M DA NATIONAL CLINICAL ADVISORY COMMITTEE, COLORADO CHILDREN'S IMMUNIZATION COALITION, THE S TATE TRAUMA BOARD, VARIOUS HEALTH ADVISORY BOARDS AND NUMEROUS SCHOOL HEALTH PROGRAMS MAN Y PARTICIPATE IN INTERNATIONAL MEDICAL MISSIONS TO IMPROVE THE HEALTH OF CHILDREN WORLDWID E CHILDREN'S HEALTH ADVOCACY INSTITUTE (CHAI) THE MISSION OF CHAI IS TO IMPROVE THE HEALT H AND SAFETY OF CHILDREN BY ENGAGING PUBLIC AND PRIVATE PARTNERS IN CREATING A THRIVING CO MMUNITY FOR CHILDREN CHAI SERVES AS A CENTRALIZED RESOURCE FOR THE HOSPITAL TO IDENTIFY C OMMUNITY CHILD HEALTH NEEDS AND DEVELOP AND IMPLEMENT EVIDENCE BASED PROGRAMS AND STRATEGI ES IN PARTNERSHIP WITH THE COMMUNITY THAT SEEK TO ADDRESS THESE NEEDS RECOGNIZING CHILDHO OD OBESITY AS A MAJOR CHILD HEALTH NEED IN OUR COMMUNITY, CHAI HAS ACTIVELY WORKED TO DEVE LOP PROGRAMMING THAT WILL SUPPORT CHILDREN AND FAMILIES IN PREVENTING THE ONSET OF OBESITY ONE SUCH PROGRAM THAT WAS ESTABLISHED IN 2011 IS "BIKES FOR LIFE" BIKES FOR LIFE CONNEC TS CHILDREN WITHOUT ACCESS TO A BICYCLE WITH A HELMET, BICYCLE AND BICYCLE LOCK AFTER COM PLETING A BIKE CLINIC WHERE THEY ARE FITTED FOR THEIR HELMET AND BIKE, LEARN HOW TO RIDE, AND TAUGHT BIKE SAFETY AND RULES OF THE ROAD, THE CHILDREN SET GOALS ABOUT INCREASING PHYS ICAL ACTIVITY THE CHILDREN ENROLLED IN THE PROGRAM ARE FOLLOWED BY RESEARCHERS FOR A YEAR TO STUDY IMPACT ON HEALTH INDICATORS AND THE CHILD'S PHYSICAL ACTIVITY LEVELS AND SEDENTA RY TIME CHAI ALSO CONTINUED LEADING A STATEWIDE HEALTH LITERACY COLLABORATIVE THAT PROVID ES COMPREHENSIVE HEALTH AND SAFETY LESSON PLANS AND TEACHER RESOURCES TO NEARLY 500 SCHOOL S IN SIX COUNTIES THIS TRANSLATES TO NEARLY 350,000 STUDENTS IN GRADES K-12 POTENTIALLY I MPACTED IF THE RESOURCE IS FULLY UTILIZED BY THE SCHOOLS OTHER CHAI PROGRAMS THAT BENEFIT ED THE COMMUNITY IN 2011 INCLUDED THE ONGOING LEADERSHIP OF THE SAFE KIDS DENVER METRO COA LITION AND THE SAFE KIDS COLORADO COALITION THE MISSION OF SAFE KIDS IS TO IDENTIFY AND P REVENT INJURIES IN CHILDREN AGES 14 AND YOUNGER TH

Identifier	ReturnReference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ROUGH A COMBINED PROGRAM OF EDUCATION, RESEARCH, ADVOCACY AND MEDIA ACCIDENTAL CHILDHOOD INJURY IS A LEADING KILLER OF CHILDREN 14 AND UNDER, SO EFFORTS TO EDUCATE ABOUT SAFETY, I NJURY AND TRAUMA PREVENTION ARE CRITICAL TO HELP AVOID THESE UNNECESSARY TRAGEDIES EXAMPL ES OF ACTIVITIES THAT CHILDREN'S COLORADO AND SAFE KIDS PROMOTES ARE CAR SEAT INSTALLATION S AND INSPECTIONS, BICYCLE HELMET SAFETY EDUCATION AND SAFE SLEEP ENVIRONMENTS THE HOSPIT AL ALSO INCREASED THE COMMUNITY'S CAPACITY TO HELP ENSURE CAR SEATS ARE BEING USED AND ARE INSTALLED CORRECTLY BY TRAINING AND CERTIFYING CHILD PASSENGER SAFETY TECHNICIANS ACROSS THE STATE TEEN DRIVING AND CAR SEATS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS ARE ALSO PROGRAMMATIC FOCUS AREAS FOR CHILDREN'S HOSPITAL COLORADO LEGISLATIVE ADVOCACY IN ADDITI ON TO IMPROVING THE HEALTH OF KIDS THROUGH COMMUNITY-BASED ADVOCACY PROGRAMS, CHILDREN'S H OSPITAL COLORADO HAS A ROBUST LEGISLATIVE ADVOCACY PROGRAM THAT WORKS TO POSITIVELY INFLUE NCE PUBLIC POLICY BOTH AT A HIGH LEVEL AND THROUGH GRASSROOTS SUPPORT IT PROACTIVELY SUPP ORTS LEGISLATION ON BEHALF OF PEDIATRIC HEALTHCARE INTERESTS ON A LOCAL, STATE AND NATIONA L LEVEL BOTH COMMUNITY AND HOSPITAL STAFF SERVE ON ADVOCACY COMMITTEE GROUPS THAT INFLUEN CE LEGISLATION THAT PROMOTES CHILDREN'S HEALTHCARE ISSUES CHILDREN'S HOSPITAL COLORADO HA S A GRASSROOTS ADVOCACY NETWORK COMPRISED OF NEARLY 4000 ADVOCATES ACROSS THE STATE THE G OAL IN LEADING THIS NETWORK IS TO MAKE IT SIMPLE FOR ALL COMMUNITY MEMBERS TO SPEAK UP ON BEHALF OF CHILD HEALTH ISSUES DURING 2011, CHILDREN'S HOSPITAL COLORADO LED A SUCCESSFUL EFFORT TO PROTECT COLORADO YOUTH BY ENACTING A REQUIREMENT THAT ALL ORGANIZED SPORTS COACH ES RECEIVE CONCUSSION EDUCATION, AND THAT ANY CHILD WHO SUSTAINS OR IS SUSPECTED OF SUSTAI NING A CONCUSSION IS REMOVED FROM PLAY, RETURNING ONLY UPON BEING CLEARED BY A MEDICAL PRO VIDER EXTENSIVE COMMUNITY EDUCATION EFFORTS LED BY CHILDREN'S HOSPITAL COLORADO HAVE SUPP ORTED THE IMPLEMENTATION OF THIS LEGISLATION GLOBAL HEALTH INSTITUTE THE GLOBAL HEALTH IN STITUTE AT CHILDREN'S HOSPITAL COLORADO WAS FORMED TO SERVE AS THE CENTRALIZED POINT OF CO NTACT AT CHILDREN'S HOSPITAL COLORADO TO SUPPORT INTERNATIONAL ADVOCACY ACTIVITIES ACTIVI TIES INCLUDE PARTNERING WITH ONE OR MORE ORGANIZATIONS TO BUILD CAPACITY WITHIN IDENTIFIED INTERNATIONAL COMMUNITIES AND DELIVER ON-GOING CLINICAL SERVICES SUCH AS CONTINUING CONSU LTATIVE SUPPORT, TRAINING AND EDUCATION SUPPORT WILL ALSO BE GIVEN TO THE EVACUATION OF C HILDREN IN NEED, EITHER BECAUSE OF A NATURAL DISASTER OR INDIVIDUAL NEED BASIS

Identifier	ReturnReference	Explanation
PARTNERING WITH COMMUNITY PROVIDERS		DURING THE SPRING OF 2011, CHILDREN'S HOSPITAL COLORADO, COLORADO PEDIATRIC PARTNERS AND P HYSICIAN HEALTH PARTNERS FORMED A NON-PROFIT PARTNERSHIP, COLORADO PEDIATRIC COLLABORATIVE (CPC), TO IMPROVE THE QUALITY, COORDINATION AND EFFICIENCY OF HEALTHCARE FOR CHILDREN IN COLORADO CPC IS THE FIRST ORGANIZATION OF ITS KIND IN THE DENVER AREA COMBINING THE EXPER TISE OF A HOSPITAL, PRIMARY CARE PHYSICIANS, SPECIALISTS AND A MEDICAL MANAGEMENT COMPANY TO IMPROVE THE OVERALL QUALITY OF CARE FOR THE CHILDREN AND FAMILIES THEY SERVE MORE THAN 200 PHYSICIANS FROM THE METRO AREA - PRIMARY CARE PEDIATRICIANS, PEDIATRIC SPECIALISTS AN D PHYSICIANS INCLUDING FACULTY FROM THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE - WILL C OLLABORATE WITH CHILDREN'S HOSPITAL COLORADO TO INCREASE FOCUS ON KEY PEDIATRIC HEALTH ISS UES, SUCH AS ASTHMA, OBESITY AND IMMUNIZATIONS IN THOUSANDS OF CHILDREN IN THE DENVER METR O AREA THE FORMATION OF CPC IS A STEP TOWARD CREATING A MEDICAL NEIGHBORHOOD AND PROVIDIN G HIGH-QUALITY, ACCOUNTABLE HEALTHCARE, KEY ELEMENTS OF HEALTHCARE REFORM CHILDREN AND FA MILIES WILL RECEIVE MORE STREAMLINED CARE, AND PHYSICIANS WILL BE ABLE TO EXCHANGE IMPORTA NT HEALTH INFORMATION TO TREAT CHILDREN EFFICIENTLY AND EFFECTIVELY ORAL HEALTH RECOGNIZI NG THE LINK BETWEEN ORAL HEALTH AND PHYSICAL HEALTH, AS WELL AS THE BENEFIT OF EARLY INTER VENTION WHEN IT COMES TO ORAL HEALTH, THE CHILDREN'S HOSPITAL COLORADO DENTAL CLINIC CONDU CTED DENTAL SCREENINGS AND ORAL HEALTH EDUCATION IN LOCAL SCHOOLS AND COMMUNITY BASED ORGA NIZATIONS, IMPACTING NEARLY 3000 CHILDREN CHILDREN NEEDING FURTHER CARE WERE REFERRED TO THE HOSPITAL'S DENTAL CLINIC FOR A FOLLOW UP VISIT FAMILY SUPPORT BEREAVEMENT GROUPS AND SPECIALIZED SUPPORT GROUPS FOR FAMILIES DEALING WITH A PARTICULAR ILLNESS ARE OFFERED THRO UGHOUT THE HOSPITAL AS A MEANS TO ENSURE THE NEEDS OF THE ENTIRE FAMILY ARE BEING MET ADD TIONALLY, CHILDREN'S HOSPITAL COLORADO SUPPORTS A NUMBER OF COMMUNITY-BASED CAMPS DESIGNED AROUND CHILDREN WITH SPECIFIC CONDITIONS AND HEALTH CARE NEEDS OTHER EFFORTS TO MEET THE NEEDS OF FAMILIES BEYOND THE PROVISION OF MEDICAL CARE INCLUDED NEARLY 23,000 STAFF HOURS SPENT PROVIDING FINANCIAL COUNSELING FOR FAMILIES AS WELL AS MANAGING PROGRAMS SUCH AS TH E FAMILY NAVIGATOR, WHICH HELPS CONNECT FAMILIES OF CHILDREN WITH COMPLEX MEDICAL NEEDS WI TH NEEDED SERVICES AND SUPPORT UPON LEAVING THE HOSPITAL AND RETURNING TO THE COMMUNITY, A ND THE MEDICAL LEGAL PARTNERSHIP, WHICH HELPS ADDRESS THE LEGAL NEEDS OF PATIENT FAMILIES PARENT EDUCATION CHILDREN'S HOSPITAL COLORADO PROVIDES SERVICES TO PARENTS - FREE OF CHAR GE - THAT EDUCATE AND GUIDE THEM THROUGH COMMON CONCERNS AND QUESTIONS OFTEN, PARENTS NEE D QUICK TIPS, IDEAS AND ALTERNATE APPROACHES TO VARIOUS CHILDHOOD ISSUES CHILDREN'S HOSPI TAL COLORADO'S PARENT ADVICE LINE PROVIDES MORE THAN 275 TOPICS RELATED TO THE HEALTH OF T HEIR INFANTS, CHILDREN AND TEENAGERS THE MESSAGES WERE DEVELOPED BY ONE OF CHILDREN'S HOS PITAL COLORADO'S PEDIATRICIANS CHILDREN'S HOSPITAL COLORADO PROVIDES CONSUMER HEALTH INFO RMATION TO THE PUBLIC THROUGH ITS FAMILY HEALTH LIBRARY, SERVING NEARLY 25,000 PEOPLE THE HOSPITAL'S EXTERNAL WEBSITE IS ANOTHER WAY THE HOSPITAL MAKES HEALTH AND SAFETY RESOURCES WIDELY AVAILABLE TO THE PUBLIC, REACHING OVER A MILLION PEOPLE EACH YEAR ADDITIONALLY, C HILDREN'S HOSPITAL COLORADO CONDUCTS FREE PARENTING SEMINARS TO MEMBERS OF THE COMMUNITY TOPICS ADDRESSED INCLUDE SUCCESSFUL PARENTING STRATEGIES, SOLVING COMMON SLEEP PROBLEMS, POTTY TRAINING, AND HELPING TEENS AND TWEENS COPE WITH CHALLENGING ISSUES LEADERSHIP IN T HE COMMUNITY THE HOSPITAL'S DEDICATED STAFF MEMBERS DO NOT LIMIT THEIR CARE TO ONLY HOSPIT ALIZED PATIENTS STAFF MEMBERS CONTRIBUTE THOUSANDS OF HOURS ON STAFF TIME OR AS A VOLUNTE ER TO ACTIVITIES SUCH AS EDUCATING COMMUNITY GROUPS ABOUT FIRST AID, NUTRITION, INJURY PR EVENTION, EATING DISORDERS/MENTAL HEALTH ISSUES AND OTHER IMPORTANT TOPICS, PARTICIPATING IN COMMUNITY COMMITTEES, NON-PROFIT BOARDS, HEALTH COALITIONS AND OTHER SIMILAR ORGANIZATI ONS, PARTICIPATING IN HEALTH FAIRS, COMMUNITY CLINICS, HANDICAPPED SPORTS PROGRAMS, AND CA MPS FOR CHILDREN WITH SPECIAL NEEDS COLORADO BREASTFEEDING COALITION, COLORADO RURAL HEAL TH CENTER BOARD, COLORADO SPEECH, LANGUAGE, AND HEARING ASSOCIATION, COLORADO MANAGED CARE COLLABORATIVE BOARD, AURORA HEALTH CARE ACCESS TASK FORCE, MARCH OF DIMES, AND THE COLORA DO ASSOCIATION OF SCHOOL NURSES ARE JUST A FEW OF THE MANY ORGANIZATIONS WHERE STAFF MEMBE RS DEDICATE THEIR TIME AND EXPERTISE CHILDREN'S HOSPITAL COLORADO ALSO USES ITS INFLUENCE IN THE COMMUNITY TO SERVE AS A CONVENOR ON KEY CHILD HEALTH ISSUES FOR EXAMPLE, IN EARLY 2011 THE HOSPITAL CONVENED NEARLY 100 STAKEHOLDERS FROM A VARIETY OF PERSPECTIVES - MEDIC AL, INSURANCE, GOVERNMENT, SCHOOLS, PARENTS, COMMUNITY-BASED ORGANIZATIONS AND MORE - TO E XPLORE HOW TO ADDRESS BEHAVIORAL HEALTH NEEDS IN COLORADO RESEARCH LEADERSHIP AT THE HOSP ITAL BELIEVES THAT ADVANCES IN RESEARCH LEAD TO IM

Identifier	ReturnReference	Explanation
PARTNERING WITH COMMUNITY PROVIDERS		PROVED OUTCOMES FOR ALL CHILDREN, THROUGH BOTH TREATMENT AND PREVENTION EFFORTS IN AND OUT SIDE OF HOSPITAL SETTINGS RESEARCH IN CHILDHOOD DISEASES FORMALLY BEGAN IN 1978 AT CHILDR EN'S HOSPITAL COLORADO TODAY, CHILDREN'S HOSPITAL COLORADO IS NATIONALLY RECOGNIZED FOR I TS EXCELLENCE IN RESEARCH IN THE DISEASES OF THE NEWBORN, CHILD, AND TEEN CHILDREN'S HOSP ITAL COLORADO RESEARCH INSTITUTE SERVES AS AN UMBRELLA ORGANIZATION FOR ALL RESEARCH AT TH E HOSPITAL PROGRAMS UNDER THIS UMBRELLA INCLUDE THE SPONSORED PROGRAMS OFFICE, THE COLORA DO MULTIPLE INSTITUTIONAL REVIEW BOARD (COMIRB), THE CLINICAL TRIALS ORGANIZATION, AND THE CLINICAL TRANSLATIONAL RESEARCH CENTER THE RESEARCH INSTITUTE HAS ALSO FOCUSED ON NEW, Y OUNG CHILDREN'S HOSPITAL COLORADO INVESTIGATORS BY FUNDING THEM FOR PROJECTS THAT MAY SUBS EQUENTLY PROVIDE THE PRELIMINARY DATA NECESSARY FOR THE INVESTIGATOR TO COMPETE FOR FUNDS FROM OUTSIDE AGENCIES MORE THAN HALF OF RESEARCH INSTITUTE GRANT RECIPIENTS HAVE BEEN SUC CESSFUL IN OBTAINING ADDITIONAL FUNDS FROM OUTSIDE GRANTING AGENCIES SUCH AS THE NATIONAL INSTITUTES OF HEALTH AND THE AMERICAN HEART ASSOCIATION, AS WELL AS OTHER FOUNDATIONS AND GRANTING AGENCIES FINALLY, THE COLORADO CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE, FOU NDED IN 2008, SPECIFICALLY PROMOTES COLLABORATION BETWEEN PRIMARY CARE PHYSICIANS AND PRIN CIPLE INVESTIGATORS TO ENSURE A "CONTINUUM OF RESEARCH" THAT BROADENS PARTICIPATION IN BAS IC RESEARCH AND FACILITATES THE TRANSLATION OF RESEARCH ADVANCES TO PRIMARY CARE APPLICATI ONS KIDS ARE OUR BOTTOM LINE DRIVEN BY ITS MISSION AND DREAM OF A WORLD WHERE CHILDREN NO LONGER NEED A HOSPITAL, THE HOSPITAL RE-INVESTS ANY AVAILABLE SURPLUS FUNDS TO CONTINUE T O IMPROVE AND EXPAND UPON CURRENT PEDIATRIC PATIENT NEEDS

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **13** Name and address	Type of Facility (Describe)
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS
TCH CENTER FOR CANCER & BLOOD DISORDERS 320 E FONTANERO STREET COLORADO SPRINGS, CO 80907	OP PED SPECIALTY CARE FOR CANCER & BLOOD DISORDERS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 20

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROUND UP RIVER RANCHPO BOX 8589 AVON,CO 81620	20-4632248	501(C)(3)	16,560				GENERAL PROGRAM SUPPORT
CHILDREN'S HEALTH FOUNDATION400 WEST MAIN ST ASPEN,CO 81611	20-2015631	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FETAL HOPE FOUNDATION9786 SOUTH HOLLAND ST LITTLETON,CO 80127	20-0837174	501(C)(3)	12,500				GENERAL PROGRAM SUPPORT
COLORADO CHILDREN'S CAMPAIGN225 E 16TH AVENUE DENVER,CO 80203	74-2374672	501(C)(3)	20,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AURORA ECONOMIC DEVELOPMENT 14001 E ILIFF AVENUE AURORA,CO 80014	84-0776480	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT
MARCH OF DIMES FOUNDATION1325 S COLORADO BLVD DENVER,CO 80222	13-1846366	501(C)(3)	30,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CHILDREN'S MUSEUM2121 CHILDRENS MUSEUM DR DENVER,CO 80211	84-0658142	501(C)(3)	25,000				GENERAL PROGRAM SUPPORT
THE WILDLIFE EXPERIENCE10035 SOUTH PEORIA ST PARKER,CO 80104	84-1511730	501(C)(3)	25,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AURORA CHAMBER OF COMMERCE 14305 E ALAMEDA AVE AURORA,CO 80012	84-0417773	501(C)(3)	6,366				GENERAL PROGRAM SUPPORT
DOUGLAS COUNTY SOCCER ASSOC DBA REAL COLORADO8200 SOUTH AKRON ST CENTENNIAL,CO 80112	74-2392779	501(C)(3)	60,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST ANTHONY HOSPITAL FOUNDATION4231 W 16TH AVE DENVER,CO 80204	84-0902211	501(C)(3)	5,500				GENERAL PROGRAM SUPPORT
KROENKE SPORTS CHARITIES1000 CHOPPER CIRCLE DENVER,CO 80204	84-1511484	501(C)(3)	22,500				GENERAL HEALTH AND EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DENVER BOTANIC GARDENS909 YORK STREET DENVER,CO 80206	84-0440359	501(C)(3)	6,666				GENERAL PROGRAM SUPPORT
NATIONAL WESTERN STOCK SHOW4655 HUMBOLDT ST DENVER,CO 80216	84-0517361	501(C)(3)	12,500				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METRO DENVER ECONOMIC DEVELOPMENTPO BOX 5751 DENVER,CO 80217	84-0186760	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT
SOUTH METRO FIRE RESCUEPO BOX 324 PARKER,CO 80138	84-1174330	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE1300 EAST 21ST AVE DENVER,CO 80205	84-0728926	501(C)(3)	10,000				GENERAL PROGRAM SUPPORT
DENVER METRO CHAMBER OF COMMERCEPO BOX 5751 DENVER,CO 80217	84-0186760	501(C)(3)	25,000				GENERAL PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DENVER METRO CHAMBER LEADERSHIP1445 MARKET STREET DENVER,CO 80202	84-0186760	501(C)(3)	14,000				GENERAL PROGRAM SUPPORT
DENVER ART MUSEUM100 W 14TH AVE PKWY DENVER,CO 80204	84-6038240	501(C)(3)	20,000				GENERAL PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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 orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual

(A) Name		**(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 4B	CHILDREN'S HOSPITAL COLORADO ("CHILDREN'S COLORADO") SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WAS FROZEN LEONARD J DRYER, JR IS THE ONLY PARTICIPANT IN THE PLAN THERE WERE NO CONTRIBUTIONS OR PAYOUTS DURING 2011
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 7	CERTAIN INDIVIDUALS ARE ELIGIBLE TO PARTICIPATE IN THE INCENTIVE PLAN FOR CHILDREN'S COLORADO, THE COMPONENTS OF WHICH INCLUDE ACHIEVEMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE GOALS BECAUSE THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE THIS PLAN AT ANY TIME, FOR ANY REASON, AT ITS SOLE DISCRETION AND BECAUSE OF CERTAIN OTHER CONDITIONS OF THE PLAN, LINE 7 REGARDING "NON-FIXED PAYMENTS" IS ANSWERED YES NOTE THAT PRIOR TO THE PAYMENT OF ANY AMOUNTS TO AN INDIVIDUAL WHO IS CONSIDERED A DISQUALIFIED PERSON, THE COMPENSATION COMMITTEE SHALL CERTIFY IN WRITING THE EXTENT TO WHICH THE PERFORMANCE FACTORS ESTABLISHED BY THE COMPENSATION COMMITTEE HAVE BEEN SATISFIED AND SHALL APPROVE THE PAYMENT OF SUCH BONUSES TO SUCH INDIVIDUALS SEE SCHEDULE O DISCLOSURE FOR PART VI, LINES 15A/B FOR ADDITIONAL INFORMATION ON EXECUTIVE COMPENSATION OTHER INFORMATION CHILDREN'S COLORADO PAID UNIVERSITY PHYSICIANS INCORPORATED, AN UNRELATED TAX-EXEMPT ORGANIZATION, FOR SERVICES PROVIDED BY THE FOLLOWING INDIVIDUALS WHO ARE LISTED ON FORM 990, PART VII JOAN BOTHNER, M D - $509,418 BASE COMPENSATION AND $126,336 OF 2010 BONUS PAID IN 2011 DENNIS MATTHEWS - $212,773 BASE COMPENSATION AND $53,578 OF 2010 BONUS PAID IN 2011 STEPHEN DANIELS - $423,171 BASE COMPENSATION AND $67,164 OF 2010 BONUS PAID IN 2011 DANIEL HYMAN, M D - $365,277 BASE COMPENSATION AND $115,677 OF 2010 BONUS PAID IN 2011 FRED SUCHY - $389,508 BASE COMPENSATION AND $45,000 OF 2010 BONUS PAID IN 2011 TIMOTHY CROMBLEHOME - $46,082 BASE COMPENSATION AND $50,000 BONUS PAID IN 2011

Additional Data

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other compensation				
JAMES E SHMERLING DHA	(I) (II)	726,877 0	365,768 0	251,172 0	128,088 0	15,295 0	1,487,200 0	223,490 0
JENA HAUSMANN	(I) (II)	385,611 0	160,286 0	16,994 0	65,791 0	15,133 0	643,815 0	0 0
LEONARD J DRYER JR	(I) (II)	377,674 0	119,530 0	83,671 0	14,700 0	14,440 0	610,015 0	0 0
MARY ANNE LEACH	(I) (II)	242,342 0	69,259 0	39,261 0	37,232 0	5,790 0	393,884 0	0 0
JOHN LACOUTURE	(I) (II)	278,248 0	86,127 0	1,180 0	28,307 0	14,918 0	408,780 0	0 0
KELLY JOHNSON	(I) (II)	248,998 0	61,428 0	14,188 0	37,751 0	14,487 0	376,852 0	0 0
JEFFREY HARRINGTON	(I) (II)	199,087 0	55,024 0	17,218 0	31,199 0	14,338 0	316,866 0	0 0
MICHEAL WUKITSCH	(I) (II)	227,922 0	50,981 0	17,262 0	33,295 0	14,890 0	344,350 0	0 0
SUZY JAEGER	(I) (II)	200,926 0	54,205 0	25,640 0	31,449 0	14,339 0	326,559 0	0 0
JERROD MILTON	(I) (II)	158,791 0	40,344 0	17,269 0	28,589 0	13,245 0	258,238 0	0 0
BETH GAFFNEY	(I) (II)	153,707 0	47,603 0	69,903 0	26,542 0	5,904 0	303,659 0	0 0
AMY CASSERI	(I) (II)	276,949 0	97,795 0	16,661 0	44,692 0	13,871 0	449,968 0	0 0
LINDA POWERS	(I) (II)	119,089 0	19,743 0	22,505 0	10,189 0	11,486 0	183,012 0	0 0
MARGI MORSE	(I) (II)	111,741 0	22,168 0	22,483 0	8,760 0	11,486 0	176,638 0	0 0
MICHAEL CLARK	(I) (II)	143,506 0	27,315 0	33,397 0	11,225 0	4,891 0	220,334 0	0 0
SUSAN DILTZ	(I) (II)	144,544 0	30,436 0	16,877 0	10,588 0	14,028 0	216,473 0	0 0
MARY BETH MARTIN	(I) (II)	117,815 0	62,319 0	16,526 0	0 0	23 0	196,683 0	0 0
DAVID ROGERS	(I) (II)	147,497 0	22,277 0	14,725 0	9,801 0	5,859 0	200,159 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
QI WEI	(I)	147,036	135,102	6,219	11,614	9,099	309,070	0
	(II)	0	0	0	0	0	0	0
JOAN BOTHNER MD	(I)	509,418	126,336	0	0	0	635,754	0
	(II)	0	0	0	0	0	0	0
DENNIS MATTHEWS	(I)	212,773	53,578	0	0	0	266,351	0
	(II)	0	0	0	0	0	0	0
STEPHEN DANIELS	(I)	423,171	67,164	0	0	0	490,335	0
	(II)	0	0	0	0	0	0	0
DANIEL HYMAN MD	(I)	365,277	115,677	0	0	0	480,954	0
	(II)	0	0	0	0	0	0	0
FRED SUCHY	(I)	389,508	45,000	0	0	0	434,508	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF AURORA CO	84-6000564	05155XBT5	06-06-2008	258,814,487	SER 2008 A/B - SEE SCHEDULE O		X		X		X
B	CITY OF AURORA CO	84-6000564	05155XBV0	12-10-2008	67,580,000	SER 2008C - SEE SCHEDULE O		X		X		X
C	CITY OF AURORA CO	84-6000564	05155XBX6	05-25-2010	59,999,130	SER 2010A - SEE SCHEDULE O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	5,625,000	0	
2	Amount of bonds defeased	0	0	0	
3	Total proceeds of issue	258,814,487	67,580,000	59,999,130	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrow	0	0	0	
7	Issuance costs from proceeds	2,564,487	580,000	709,432	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	256,250,000	67,000,000	59,289,698	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2008	2008	2012	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 100 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 100 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X			
2	Is the bond issue a variable rate issue?	X		X			X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1) CHILDREN'S NORTH ASC	X		5,450,000	4,535,000		No	Yes		Yes	
Total . . . . . ▶ $				4,535,000						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WELLS FARGO	HONIG - CHCo DIRECTOR	305,292	BANKING SERVICE FEES		No
(2) LOCKTON COMPANY	LINDSAY - CHCo DIRECTOR	471,000	CONSULTING FEES		No
(3) MATTHEW M DRYER	SON OF OFFICER	74,243	COMPENSATION		No
(4) DEBRA SHMERLING	WIFE OF OFFICER	13,517	COMPENSATION		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314021452

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
CHILDREN'S HOSPITAL COLORADO	84-0166760

Identifier	Return Reference	Explanation
VOLUNTEERS	FORM 990, PART I, LINE 6	VOLUNTEERS CHAPTERS AT CHILDREN'S HOSPITAL COLORADO THE VOLUNTEER CHAPTERS WITHIN THE ASSO CIATION OF VOLUNTEERS AT CHILDREN'S PROVIDE A VARIETY OF SERVICES TO THE HOSPITAL, OUR PAT IENTS AND THEIR FAMILIES THE CHAPTER VOLUNTEERS FUNCTION BOTH AS VOLUNTEERS IN THE HOSPIT AL, AS WELL AS COMMUNITY-BASED VOLUNTEERS BOULDER CHAPTER (1967) THE BOULDER CHAPTER BEGA N AS A CIRCLE OF FRIENDS DEDICATED TO MEETING THE NEED OF FUNDING REQUESTS FOR NON-CAPITAL IMPROVEMENTS AT CHILDREN'S HOSPITAL COLORADO THEIR INITIAL PROJECTS WERE GOLF TOURNAMENT S, AUCTIONS AND MORE. CURRENTLY, THE CHAPTER HOSTS THE FOLLOWING EVENTS - A DAY AT HIGHLA ND HILLS MINIATURE GOLF AND RACEWAY IN JUNE - A COOPERATIVE EFFORT WITH GIAMBRACCO AND SON S GARDEN CENTER DURING THE SPRING AND SUMMER, PROCEEDS OF FLOWER SALES BENEFIT THE CHAPTER - TEDDY BEAR TEA AT THE BOULDERADO HOTEL THE SATURDAY AFTER THANKSGIVING - GIFT WRAPPING THE FIRST WEEKEND OF DECEMBER AT THE BOULDER BARNES & NOBLE BOOKSTORE THIS GROUP MEETS THE FIRST TUESDAY OF EVERY MONTH AT 7 00 P M AT A MEMBER'S HOME, WITH THE EXCEPTION OF JULY AND AUGUST CANCER CENTER CHAPTER (1993) THE CANCER CENTER CHAPTER BEGAN AS AN EFFORT TO C ELEBRATE THE ART WORK OF ONCOLOGY AND BLOOD DISORDER PATIENTS CORPORATE SPONSORS WERE EST ABLISHED TO FUND THE TRANSFORMATION OF THE ARTWORK INTO WINTER HOLIDAY CARDS PROCEEDS OF THE CARDS ARE USED TO IMPROVE THE QUALITY AND SATISFACTION OF PATIENT CARE BY PROVIDING WI GS, MEDICAL BRACELETS, EYE EXAM EQUIPMENT AND TEACHING AIDES FUNDS ARE ALSO DELEGATED TO PURCHASING EQUIPMENT RELATED TO PROCESSING TUMOR SAMPLES, TEACHING MATERIALS FOR ONCOLOGY STUDENTS AND TO THE HOPE CLINIC, WHICH PROVIDES LONG-TERM SERVICES FOR SURVIVORS OF CANCER CARDIAC KIDS CHAPTER (2001) THE MISSION OF THE CARDIAC KIDS CHAPTER, DEVELOPED BY MOTHER S OF CARDIAC PATIENTS, IS TO PROVIDE EMOTIONAL SUPPORT AND EDUCATION FOR THE FAMILIES OF C HILDREN WITH HEART DISORDERS THE GROUP ALSO EDUCATES THE PUBLIC REGARDING HEART DISEASE A ND HEART TRANSPLANTS AMONG CHILDREN EACH DAY THE CHAPTER STRIVES TO ENHANCE THE WORK OF C HILDREN'S HOSPITAL COLORADO HEART INSTITUTE AND HELPS TO PROMOTE ORGAN DONATION ONE OF TH E CHAPTER'S PROJECTS HAS BEEN THE CREATION OF A 150-PAGE MANUAL GUIDING PARENTS THROUGH TH E PROCESSES OF SURGERIES, CRITICAL CARE ISSUES, FOLLOW UP CARE AND MORE. THIS CHAPTER'S EV ENTS INCLUDE THE FOLLOWING - A REUNION PICNIC IN JULY - PUMPKIN PATCH DAY IN OCTOBER - TE XAS HOLD'EM POKER TOURNAMENT IN THE FALL THIS CHAPTER MEETS MONTHLY ON THE SECOND TUESDAY OF EVERY MONTH AT VARYING LOCATIONS IN THE DENVER METRO AREA EMPLOYEES AS VOLUNTEERS (201 1) EMPLOYEES AS VOLUNTEERS CHAPTER IS MADE UP OF EMPLOYEES AT THE CHILDREN'S HOSPITAL COLO RADO IN ADDITION TO HOSTING SPECIAL EVENTS AT THE HOSPITAL FOR PATIENTS AND THEIR FAMILIE S, THE MEMBERS LEND THEIR SUPPORT AT VARIOUS EVENTS BOTH IN THE COMMUNITY AND AT THE HOSPI TAL FRIENDS OF THE HOSPITAL SPORTS PROGRAM (1986) THIS CHAPTER WAS DEVELOPED TO BE A FUND RAISING ARM OF THE HOSPITAL SPORTS PROGRAM TO PROVIDE FUNDING SO THAT CHILDREN WITH DISABI LITIES CAN PARTICIPATE IN THE DISABLED SKI PROGRAM AT WINTER PARK THIS PROGRAM HELPS CHIL DREN AND TEENS TO BUILD A SENSE OF FREEDOM AND SELF ESTEEM THROUGH SKIING THIS AWARD-WINN ING PROGRAM ALLOWS CHILDREN TO EXPAND THEIR HORIZONS, NOT ONLY THROUGH THE SKI PROGRAM, BU T ALSO THROUGH GOLF ACTIVITIES IN ADDITION, THIS CHAPTER WAS INSTRUMENTAL IN THE CREATION OF THE COURAGE CLASSIC, A 3-DAY BIKE RIDE THROUGH THE COLORADO ROCKIES, AND REMAINS A CRU CIAL INGREDIENT FOR THE BIKE TOUR'S SUCCESS EVERY JULY THROUGHOUT THE YEAR, THE CHAPTER S ELLS BROOMS THAT ARE HANDMADE BY MEMBERS, BLANKETS WITH KIDS' PICTURES ON THEM AND A JOHN FIELDER CALENDAR IN PARTNERSHIP WITH THE DENVER ROUNDTABLE, A CAR CRUISE IS HOSTED EACH F ALL REVENUES FROM THEIR FUNDRAISING EFFORTS ALLOW CHILDREN TO PARTICIPATE IN THE SPORTS P ROGRAM THE CHAPTER MEETS THE SECOND WEDNESDAY OF EVERY MONTH AT CHILDREN'S HOSPITAL COLOR ADO WITH THE EXCEPTION OF FEBRUARY, JULY AND DECEMBER GIFT OF GRACIE (2009) THE GIFT OF G RACIE CHAPTER WAS FOUNDED BY TIFFANY PETERSON, WHOSE DAUGHTER, GRACIE, WAS A PATIENT AT CH ILDREN'S HOSPITAL COLORADO THE GIFT OF GRACIE CHAPTER WAS FOUNDED BY TIFFANY PETERSON FOL LOWING HER DAUGHTER GRACIE'S EXPERIENCE AS A PATIENT AT CHILDREN'S HOSPITAL COLORADO THE MISSION OF THIS CHAPTER IS TO RAISE FUNDS TO SUPPLY THE HOSPITAL WITH BOOKS AND OTHER MATE RIALS WHICH WILL ENHANCE THE HOSPITAL EXPERIENCE FOR THE PATIENTS AND THEIR FAMILIES THIS GROUP HOSTS AN ANNUAL GOLF TOURNAMENT AND A BIRTHDAY CELEBRATION IN HONOR OF DR SEUSS M EETINGS ARE HELD ON THE FIRST SUNDAY OF EACH MONTH PLEASE VISIT WWW GIFTOFGRACIE.ORG FOR MORE INFORMATION HIGHLANDS RANCH CHAPTER (1990) THE HIGHLANDS RANCH CHAPTER SUPPORTS VARI OUS DEPARTMENTS AND CAUSES AT CHILDREN'S HOSPITAL COLORADO THE GROUP IS COMPRISED OF MEMB ERS FROM THE HIGHLANDS RANCH /CASTLE ROCK AREAS, ON MAY 6TH THE CHAPTER HOSTED THE "TASTE OF HIGHLANDS RANCH" FOOD AND WINE/AUCTION THEY WI

Identifier	Return Reference	Explanation
VOLUNTEERS	FORM 990, PART I, LINE 6	LL HOST A CHILDREN'S BRUNCH AND CHAMPAGNE TEA FOR ADULTS ON DECEMBER 17TH AT THE CHEROKEE RANCH AND CASTLE IN SEDALIA FUNDS RAISED BY THIS CHAPTER HAVE BEEN USED FOR MEDICAL TRAIN ING MANNEQUINS, XBOX 360 GAMES, EDUCATIONAL RESOURCE BOOKS FOR OUR NETWORKS OF CARE FACILI TIES, AND FOR PRECIOUS PRINTS - A PROGRAM ADMINISTERED BY THE PASTORAL CARE DEPARTMENT HI GHLANDS RANCH YOUTH VOLUNTEER CHAPTER (2010) THE HIGHLANDS RANCH YOUTH CHAPTER IS COMPRISE D OF STUDENTS FROM THE FOUR HIGHLANDS RANCH HIGH SCHOOLS THIS GROUP ENJOYS HOSTING BLOOD D RIVES TO RAISE AWARENESS FOR THE HOSPITAL AND HOSTING CRAFT PARTIES FOR PATIENTS AND THEIR FAMILIES HYDROCEPHALUS INFORMATION NETWORK CHAPTER (1997) THE HYDROCEPHALUS INFORMATION NETWORK WAS DEVELOPED BY MOTHERS OF CHILDREN WHO SUFFER WITH A SYNDROME KNOWN AS "WATER ON THE BRAIN" MANY CHILDREN WITH THIS CONDITION REQUIRE AS MANY AS 20 SURGERIES BEFORE THE AGE OF 15 THIS CHAPTER'S MISSION IS DEDICATED TO RAISING AWARENESS ABOUT THIS NEUROLOGICA L CONDITION EACH YEAR, THE CHAPTER HOSTS A SUMMER WEEKEND CAMP IN ESTES PARK, WHICH INCLU DES TENTS, A CAMPFIRE, SWIMMING AND A BASEBALL GAME IN ADDITION, THE CHAPTER HOSTS A "BRE AKFAST WITH SANTA" FUNDRAISER FOR THE PUBLIC AND "AN EVENING WITH SANTA" FOR THE CHAPTER A ND ITS MEMBERS MORNING GLORIES CHAPTER THE MORNING GLORIES CHAPTER IS A SUPPORT GROUP THA T CREATES HAND-SEWN GOODS FOR CHILDREN'S HOSPITAL COLORADO CHILD LIFE AND THERAPEUTIC RECR EATION SPECIALISTS THEY SEW EYE PATCHES, BLANKETS, HATS FOR ONCOLOGY PATIENTS AND TINY HO SPITAL GOWNS FOR THE DOLLS CHILD LIFE SPECIALISTS USE TO TEACH PATIENTS ABOUT UPCOMING PRO CEDURES THIS GROUP HOLDS "OUTINGS" INSTEAD OF MONTHLY MEETINGS AT PLACES SUCH AS BOOK BIN DING COMPANIES AND MUSEUMS, SO THEY CAN STRETCH THEIR LEGS AND BACKS AFTER LONG HOURS AT S EWING MACHINES OUTINGS TAKE PLACE ON THE THIRD WEDNESDAY MORNING OF EVERY MONTH PRESCRIP TION PETS CHAPTER (1984) THE AWARD-WINNING PRESCRIPTION PET PROGRAM, ALSO KNOWN AS RXPETS, IS A DOG-ASSISTED THERAPY AND VISITATION PROGRAM THAT BEGAN IN 1984 AS A COOPERATIVE EFFO RT BETWEEN CHILDREN'S AND THE DENVER AREA VETERINARY MEDICAL SOCIETY (DAVMS) SPECIALLY-TR AINED VOLUNTEER DOG OWNERS TAKE THEIR DOGS ON ROUNDS TO VISIT PATIENTS AT CHILDREN'S HOSPI TAL COLORADO IN 1984, A WRITTEN PRESCRIPTION FROM THE CHILD'S PHYSICIAN WAS NECESSARY FOR A DOG VISIT, HENCE THE NAME, "PRESCRIPTION PET PROGRAM" ALL PRESCRIPTION PET DOGS HAVE P ASSED A VIGOROUS SCREENING AND HAVE BEEN APPROVED BY VETERINARIANS WHO VOLUNTEER THEIR TIM E. THEIR VISITS WITH PATIENTS CAN RANGE FROM A FEW MINUTES TO 15 MINUTES OR LONGER, DEPEND ING ON THE CHILD'S RESPONSE AND CONDITION THE DOGS ALSO ASSIST THE MEDICAL STAFF IN THE P SYCHIATRIC UNITS AND IN THE PHYSICAL REHABILITATION DEPARTMENT PRESCRIPTION PETS' PROCEED S HAVE GONE TO THE EMERGENCY DEPARTMENT FOR ART WORK, A SHUTTLE VAN FOR STAFF AND FAMILIES , AND TO CAREPAGES, A WEBSITE FOR FAMILIES TO COMMUNICATE WITH LOVED ONES THROUGH A BLOG MEETINGS ARE HELD QUARTERLY, ON THE 2ND WEDNESDAY OF THE MONTH

Identifier	Return Reference	Explanation
VOLUNTEERS	FORM 990, PART I, LINE 6	PRESCRIPTION PET PROGRAM VOLUNTEERING FOR THE PRESCRIPTION PET PROGRAM THE PRESCRIPTION PET PROGRAM IS A POPULAR PROGRAM - NOT ONLY WITH OUR PATIENTS, BUT ALSO WITH COMMUNITY VOLUNTEERS! WE CURRENTLY HAVE A WAITING LIST OF PET VOLUNTEERS FOR THE PROGRAM BUT TO LEARN MORE ON HOW YOU CAN BECOME INVOLVED IN CHILDREN'S HOSPITAL COLORADO PRESCRIPTION PET PROGRAM OR OTHER VOLUNTEER OPPORTUNITIES, PLEASE CONTACT THE VOLUNTEER OFFICE AT 720-777-6887 BUILDING THE PRESCRIPTION PET PROGRAM AT CHILDREN'S HOSPITAL COLORADO IN 1978, FERN BECHTEL, DIRECTOR OF VOLUNTEERS AT CHILDREN'S HOSPITAL COLORADO, SAW THE POSITIVE EFFECTS OF PET VISITATION ON HER SON AS HE RECOVERED FROM EXTENSIVE SURGERY SHE DETERMINED THAT THE KIDS AT CHILDREN'S HOSPITAL COLORADO WOULD BENEFIT FROM A SIMILAR PROGRAM AND BEGAN TO WORK TOWARD THAT GOAL BECHTEL TEAMED UP WITH DRS JAN FACINELLI AND JIM HOUCHENS, DENVER VETERINARIANS, AND MARY JO CLEAVELAND, HEAD NURSE OF ONCOLOGY AT CHILDREN'S HOSPITAL COLORADO, TO ESTABLISH THE FIRST DOG VISITATION PROTOCOLS IN 1984, THE FIRST DOG VISITED THE KIDS AT CHILDREN'S HOSPITAL COLORADO (ONE DOG, 20 VISITS TO THE ONCOLOGY UNIT) UNDER CLOSE SUPERVISION OF MEDICAL STAFF A WRITTEN PRESCRIPTION FROM THE CHILD'S PHYSICIAN WAS NECESSARY FOR A DOG VISIT THIS WAS THE ORIGIN OF THE NAME PRESCRIPTION PET PROGRAM THE PET PROGRAM GREW STEADILY IN 1990, THE PROGRAM RECEIVED THE AMERICAN HOSPITAL AWARD FOR VOLUNTEER EXCELLENCE (HAVE) THIS WAS THE FIRST TIME AN ANIMAL-ASSISTED PROGRAM RECEIVED THE AWARD THE SAME YEAR, THE RXPETS PROGRAM WAS HONORED BY THE AMERICAN SOCIETY OF DIRECTORS OF VOLUNTEER SERVICES WITH ITS "EXTRAORDINARY PROGRAM" AWARD, RX PETS WON A "DAVMS SERVICE AWARD" FROM THE DENVER AREA VETERINARY MEDICAL SOCIETY AS WELL WINDSOR GARDENS CHAPTER (1975) THE WINDSOR GARDENS CHAPTER SUPPORTS THE NEONATAL AND CARDIAC INFANT PATIENTS BY KNITTING AND CROCHETING BABY BLANKETS, BOOTIES AND HATS FOR THE TINY PATIENTS THEY ALSO MAKE HATS FOR THE CANCER AND BLOOD DISORDER PATIENTS EVERY ITEM THEY PRODUCE IS STITCHED WITH LOVE SOME OF THE MEMBERS OF THIS CHAPTER HAVE BEEN VOLUNTEERS FOR OVER 50 YEARS IN ADDITION TO HOSTING A BLOOD DRIVE, THIS CHAPTER RAISES FUNDS THROUGH A SUMMER ICE CREAM AND MUSIC SOCIAL AND AND A FALL CRAFT FAIR SCHEDULED FOR OCTOBER 27TH THROUGH 29TH FUNDS FROM THEIR EVENTS HAVE BEEN DISPERSED FOR A REUNION FOR PATIENTS TREATED IN THE NEWBORN CENTER, SCHOLARSHIPS FOR PATIENTS TO REHABILITATION CAMPS, ACTIVITIES FOR PATIENTS, AND WELCOME PROGRAM BAGS FOR THE BREATHING INSTITUTE MEETINGS ARE HELD AT WINDSOR GARDENS ON THE 3RD MONDAY OF THE MONTH, WITH THE EXCEPTION OF JULY AND DECEMBER, AT 9 30 AM YOUNG PROFESSIONALS (2011) THE YOUNG PROFESSIONALS IS COMPOSED OF YOUNG PROFESSIONALS WHO GENEROUSLY GIVE THEIR TIME AND TALENTS AS IN-SERVICE VOLUNTEERS THEIR MISSION IS TO PROVIDE SOCIAL OPPORTUNITIES FOR THIS KEY SEGMENT OF OUR VOLUNTEER POPULATION WHILE SUPPORTING AND HOSTING VARIOUS SPECIAL AND FUNDRAISING EVENTS CHILDREN'S HOSPITAL COLORADO JUNIOR VOLUNTEER PROGRAM THE JUNIOR VOLUNTEER PROGRAM IS DESIGNED TO ENCOURAGE YOUTH TO GET INVOLVED WITH THEIR COMMUNITY BY PROVIDING VOLUNTEER SERVICES TO PATIENTS AND FAMILIES AT CHILDREN'S HOSPITAL COLORADO THEY SUPPORT THE HOSPITAL BY WORKING IN A NUMBER OF DEPARTMENTS, AS WELL AS SUPPORTING FUNDRAISING ACTIVITIES THE PROGRAM IS DESIGNED FOR TEENAGERS AGES 13-18 BOTH FULL-YEAR AND SUMMER VOLUNTEER OPPORTUNITIES ARE AVAILABLE THE JUNIOR VOLUNTEER PROGRAM PROVIDES A GREAT OPPORTUNITY FOR THOSE THAT WISH TO PURSUE CAREERS IN THE MEDICAL FIELD ALL PROSPECTIVE VOLUNTEERS MUST COMPLETE AN APPLICATION, INTERVIEW AND HEALTH SCREENING BEFORE BEGINNING VOLUNTEER WORK JUNIOR VOLUNTEER ADVISORY COMMITTEE WITHIN THE JUNIOR VOLUNTEER PROGRAM THERE IS A COMMITTEE DESIGNED TO REPRESENT THE JUNIOR VOLUNTEERS AND PROVIDE LEADERSHIP OPPORTUNITIES THE JUNIOR VOLUNTEER ADVISORY COMMITTEE PROMOTES AND RECOGNIZES EXCELLENT VOLUNTEERS WHO HAVE GONE ABOVE AND BEYOND CARE WITH THE ABC AWARD THROUGHOUT THE YEAR THE COMMITTEE ORGANIZES VARIOUS ACTIVITIES FOR THE HOSPITAL THE SIGNATURE PROJECT OF THE COMMITTEE IS THE CRAFT FAIR FANTASTICA THIS ONE-WEEK CRAFT FAIR ENCOURAGES CREATIVITY AMONG PATIENTS AND THEIR SIBLINGS BY ALLOWING THEM THE CHANCE TO PARTICIPATE IN ARTS AND CRAFTS ACTIVITIES AN ADDITIONAL SERVICE PROJECT THIS COMMITTEE ORGANIZES IS CAKE-A-PALOOZA THIS EVENT OCCURS ONCE A MONTH, PROVIDING PATIENTS AND THEIR FAMILIES AN OPPORTUNITY FOR RELAXATION AND REFRESHMENT SCHOLARSHIPS EACH YEAR THE JUNIOR VOLUNTEER PROGRAM PROVIDES TWO $2,500 SCHOLARSHIPS FOR OUTSTANDING JUNIOR VOLUNTEERS THESE TWO JUNIOR VOLUNTEER RECOGNITION SCHOLARSHIPS ARE AWARDED TO EXCELLENT VOLUNTEERS, ONE FOR JUNIOR VOLUNTEERS PURSUING A DEGREE IN THE MEDICAL OR ALLIED HEALTH FIELDS AND ONE IN RECOGNITION OF OUTSTANDING COMMUNITY SERVICE AND CONTRIBUTIONS TO CHILDREN'S HOSPITAL COLORADO

Identifier	Return Reference	Explanation
ADDITIONAL PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	WHEN IT WAS FOUNDED IN 1908 IN DENVER, CHILDREN'S HOSPITAL COLORADO SET OUT TO BE A LEADER IN PROVIDING THE BEST HEALTHCARE OUTCOMES FOR CHILDREN THAT CALLING HAS CONSISTENTLY MADE US ONE OF THE TOP 10 CHILDREN'S HOSPITALS IN THE NATION AND A PLACE PARENTS ACROSS THE ROCKY MOUNTAIN REGION HAVE COME TO TRUST AS A PRIVATE, NOT-FOR-PROFIT PEDIATRIC HEALTHCARE NETWORK, CHILDREN'S HOSPITAL COLORADO IS 100% DEDICATED TO CARING FOR KIDS AT ALL AGES AND STAGES OF GROWTH WE HAVE MORE THAN 1,000 PEDIATRIC SPECIALISTS AND MORE THAN 3,000 FULL-TIME EMPLOYEES HELPING TO CARRY OUT OUR MISSION WE PROVIDE COMPREHENSIVE PEDIATRIC CARE AT OUR MAIN CAMPUS AND AT OUR 15 REGIONAL LOCATIONS ROUTINE INPATIENT SERVICES, ANCILLARY INPATIENT SERVICES SUCH AS LAB RADIOLOGY, OPERATING ROOM, RECOVERY ROOM, CENTRAL SUPPLIES, ETC , OUTPATIENT SERVICES SUCH AS EMERGENCY ROOM, ORTHO CLINIC, ONCOLOGY CLINIC, ETC EDUCATION CHILDREN'S HOSPITAL COLORADO IS COMMITTED TO PROVIDING CONTINUING EDUCATIONAL OPPORTUNITIES THAT WILL ENHANCE AND ADVANCE THE PEDIATRIC KNOWLEDGE AND CLINICAL SKILLS OF DOCTORS, NURSES AND OTHER HEALTHCARE PROFESSIONALS ACROSS THE REGION THESE EDUCATIONAL TOPICS RANGE FROM PRIMARY CARE TO CRITICAL CARE AND ARE AVAILABLE IN-PERSON AND ONLINE THIS IS OUR WAY OF ENSURING KIDS ACROSS THE REGION HAVE ACCESS TO UP-TO-DATE TECHNIQUES AND TREATMENT FOR KIDS RESEARCH WE ARE AT THE FOREFRONT OF RESEARCH IN CHILDHOOD DISEASE WITH SEVERAL NATIONALLY AND INTERNATIONALLY RECOGNIZED MEDICAL AND SURGICAL PROGRAMS TOGETHER, WITH OUR PARTNERS, WE ARE RESPONSIBLE FOR VIRTUALLY ALL OF THE PEDIATRIC RESEARCH PUBLISHED IN THE ROCKY MOUNTAIN REGION FOR AT LEAST A DECADE WE ARE ALWAYS STRIVING TO FIND NEW AND BETTER WAYS TO CURE KIDS SO YOU CAN BE SURE YOU ARE RECEIVING THE BEST CARE FOR YOUR CHILD AT OUR FACILITIES ADVOCACY OUR CLINICAL WORK MAY BE THE MOST VISIBLE PART OF OUR MISSION, BUT ADVOCACY IS JUST AS IMPORTANT ADVOCACY IS HOW WE INFLUENCE DECISIONS RELATING TO CHILDREN'S HEALTH POLICY ISSUES, SUCH AS INJURY PREVENTION AND ACCESS TO QUALITY CARE CHILDREN'S HOSPITAL COLORADO'S ADVOCACY EFFORTS EXPAND OUT INTO COMMUNITIES ACROSS COLORADO AND ARE AIMED AT MAKING SURE THAT KIDS' CONCERNS ARE ALWAYS HEARD WHEN PUBLIC POLICIES ARE MADE FROM PROVIDING IMMUNIZATIONS AND CAR SEAT CHECKS, OUR GOAL IS TO HELP KEEP KIDS HEALTHY AND OUT OF THE HOSPITAL WE ENVISION A WORLD WHERE NO CHILD NEEDS A HOSPITAL UNTIL WE MAKE THAT HAPPEN, WE'RE HERE FOR YOUR KIDS

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS SINCE PRIOR FORM 990 WAS FILED	FORM 990, PART VI, LINE 4	THE ARTICLES OF INCORPORATION AND BYLAWS WERE BOTH AMENDED AND RESTATED TO REFLECT CHILDREN'S HOSPITAL COLORADO HEALTH SYSTEM AS THE SOLE MEMBER OF CHILDREN'S HOSPITAL COLORADO

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

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

Identifier	Return Reference	Explanation
PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, LINE 11B	CHILDREN'S HOSPITAL COLORADO'S FINANCE DEPARTMENT WORKS CLOSELY WITH HUMAN RESOURCES, CORPORATE COMPLIANCE, LEGAL AND PUBLIC RELATIONS TO GATHER ALL OF THE DATA REQUIRED TO COMPLETE THE FORM 990 THE CONTROLLER CONDUCTS A REVIEW WITH THE CFO PRIOR TO THE DRAFT BEING DISTRIBUTED TO THE BOARD OF DIRECTORS ANY NECESSARY CHANGES ARE MADE, THE FORM IS SIGNED BY THE CFO, AND A FINAL COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS VIA A SECURED WEBSITE.

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

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF TOP OFFICIAL, OFFICERS, & KEY EMP	FORM 990, PART VI, LINES 15A AND 15B	CHILDREN'S COLORADO HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS AND APPROVES ANY PROPOSED INCREASES RELATED TO ANY OFFICERS AND KEY EMPLOYEES OF THE COMPANY THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE ALONG WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EACH YEAR ONCE A CHANGE IN COMPENSATION IS APPROVED FORMAL DOCUMENTS ARE COMPLETED, SIGNED AND FORWARDED TO THE HUMAN RESOURCE DEPARTMENT FOR IMPLEMENTATION HUMAN RESOURCES RETAIN ALL DOCUMENTATION AS TO HOW THE COMPENSATION WAS DETERMINED AND APPROVED IN THE INDIVIDUAL'S PERSONNEL FILE EXECUTIVE COMPENSATION IS FOCUSED ON TOTAL REMUNERATION -- TOTAL CASH COMPENSATION IS TARGETED AROUND THE 50TH PERCENTILE OF THE MARKET o REVIEW MARKET RATIO - SHOULD FALL BETWEEN 80% TO 120% OF MARKET o REVIEW 25TH, 50TH, AND 75TH PERCENTILE -- BASE SALARY - INDIVIDUAL QUALIFICATIONS AND PERFORMANCE DETERMINES MARKET POSITION -- VARIABLE PAY -LEADERSHIP INCENTIVE IS IN PLACE WHICH REWARDS FOR ORGANIZATIONAL PERFORMANCE WITH A SMALL COMPONENT ALSO BASED ON DIVISION PERFORMANCE o AWARDS ARE BASED ON ACHIEVEMENT OF PRE-ESTABLISHED COLORADO CHILDREN'S GOALS WHICH SUPPORT THE STRATEGIC PLAN -- BENEFITS - TARGETED AT THE "MIDDLE OF MARKET" DECISION FACTORS IN EXECUTIVE COMPENSATION DECISIONS -- MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS THAT REFLECT FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND SCOPE -- DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES -- SKILLS, EXPERIENCE AND PERFORMANCE HISTORY OF INDIVIDUAL EXECUTIVES -- CRITICAL BUSINESS OR STRATEGIC ISSUES THAT THE ORGANIZATION MAY FACE o WHEN ASSESSING EXECUTIVE COMPENSATION, CHILDREN'S COLORADO CONSIDERS BOTH MARKET RATIO AND THE POSITION OF AN EXECUTIVE'S PAY RELATIVE TO COMPETITIVE MARKET PERCENTILES CHILDREN'S COLORADO WILL RARELY PAY ABOVE THE 75TH PERCENTILE OF THE MARKET REGARDLESS OF MARKET RATIO 2011 MARKET ANALYSIS O CONDUCTED BY INTEGRATED HEALTHCARE STRATEGIES O UTILIZED APPROVED PEER GROUP FROM MARCH 2010 MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE O ON POSITIONS WITH INSUFFICIENT DATA (LESS THAN 6 MATCHES) -- USED EXPANDED PEER GROUP OF 22 PEDIATRIC HOSPITALS IF PEER GROUP DATA WAS INSUFFICIENT O BENCHMARKED BASE PAY, TOTAL CASH COMPENSATION, AND BENEFITS 2011 CUSTOM PEER GROUP O ATLANTA O BOSTON O CHICAGO O CINCINNATI O COLUMBUS O DALLAS O HOUSTON O LOS ANGELES O MIAMI O MILWAUKEE O MINNEAPOLIS O PALO ALTO O PHILADELPHIA O SEATTLE O WASHINGTON D C

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

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	JAMES E. SHMERLING IS EMPLOYED AND COMPENSATED BY CHILDREN'S COLORADO. HE WORKS 39 HOURS PER WEEK FOR CHILDREN'S COLORADO AND 1 HOUR PER WEEK FOR CHILDREN'S HEALTH CORPORATION, A RELATED TAX-EXEMPT ORGANIZATION. JENA HAUSMANN IS EMPLOYED AND COMPENSATED BY CHILDREN'S COLORADO. SHE WORKS 39 HOURS PER WEEK FOR CHILDREN'S COLORADO AND 1 HOUR PER WEEK FOR CHILDREN'S HEALTH CORPORATION, A RELATED TAX-EXEMPT ORGANIZATION. LEONARD J. DRYER, JR. IS EMPLOYED AND COMPENSATED BY CHILDREN'S COLORADO. HE WORKS 39 HOURS PER WEEK FOR CHILDREN'S COLORADO AND 1 HOUR PER WEEK FOR CHILDREN'S HEALTH CORPORATION, A RELATED TAX-EXEMPT ORGANIZATION

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI	UNREALIZED GAIN ON INVESTMENTS $(14,233,927) REVENUE REPORTED ON OTHER TAX-RETURN 5,668,248 CHANGE IN VALUE OF INTEREST RATE SWAP (28,582,934) EXPENSES REPORTED ON SEPARATE COMPANY TAX RETURN (8,570,451) OTHER CHANGE IN UNRESTRICTED NET ASSETS (10,687,000) CHANGE IN RESTRICTED NET ASSETS (609,000) CHANGE IN PERMANENTLY RESTRICTED NET ASSETS 9,521,000 CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE (646,963) ---------- TOTAL $(48,141,027) ==========

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	DESCRIPTION OF PURPOSES OF BONDS	HOSPITAL REVENUE REFUNDING BONDS SERIES 2008 - THE PURPOSE OF THIS BOND ISSUE IS TO REFUND BONDS THAT WERE PREVIOUSLY ISSUED ON 1/22/04 AND 4/7/08 THE REMAINING WEIGHTED AVERAGE MATURITY OF THE BONDS CURRENTLY REFUNDED WAS 11 8929 YEARS HOSPITAL REVENUE REFUNDING BONDS SERIES 2008C - THE PURPOSE OF THIS BOND ISSUE IS TO REFUND BONDS THAT WERE PREVIOUSLY ISSUED ON 1/22/04 THE REMAINING WEIGHTED AVERAGE MATURITY OF THE BONDS CURRENTLY REFUNDED WAS 14 5966 YEARS HOSPITAL REVENUE BONDS SERIES 2010A - THE PURPOSE OF THIS BOND ISSUE IS TO PAY FOR THE CONSTRUCTION OF A NEW TEN-STORY ADDITION TO THE EXISTING FACILITY, EQUIPMENT FOR THAT ADDITION, AND EXPANSION OF AN EXISTING PARKING GARAGE THE WEIGHTED AVERAGE MATURITY OF THE BONDS IS 29 1602 YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHILDREN'S HOSPITAL COLORADO HLTH SYSTEM 13123 EAST 16TH AVENUE AURORA, CO 80045	HEALTHCARE	CO	501(C)(3)	7	NA		No
(2) CHILDREN'S HEALTH CORPORATION 13123 EAST 16TH AVENUE AURORA, CO 80045 74-2235572	SUPPORTING	CO	501(C)(3)	11, TYPE I	CH-COLORADO	Yes	
(3) CHILD HEALTH MANAGEMENT SERVICES INC 13123 EAST 16TH AVENUE AURORA, CO 80045 74-2266667	IT SERVICE	CO	501(C)(3)	3	CH-COLORADO	Yes	
(4) THE CHILDREN'S HOSPITAL FOUNDATION 13123 EAST 16TH AVENUE AURORA, CO 80045 84-0813462	FOUNDATION	CO	501(C)(3)	7	CHCHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CHILDREN'S NORTH SURGERY CENTER LLC 13123 E 16TH AVE AURORA, CO 80045 26-2394578	OUTPATIENT SURG	CO	NA	RELATED	-1,473,392	-1,488,753		No	0		No	73 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) RMCHS MANAGEMENT SERVICES 13123 E 16TH AVE AURORA, CO 80045 84-0957415	BILLING	CO	NA	C CORP	5,668,248	115,488	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
METHOD USED TO DETERMINE AMOUNTS OF TRANSACTIONS WITH CONTROLLED ENTITIES	SCHEDULE R, PART V, LINE 2	THE AMOUNTS REPORTED ON LINES 2(1), 2(3), 2(4), 2(5), 2(6) AND 2(7) OF SCHEDULE R, PART V ARE THE ACTUAL AMOUNTS REPORTED ON COLORADO CHILDREN'S FINANCIAL STATEMENTS THE AMOUNT REPORTED ON LINE 2(2) IS THE MAXIMUM AMOUNT OF THE LOAN GUARANTEED BY COLORADO CHILDREN'S

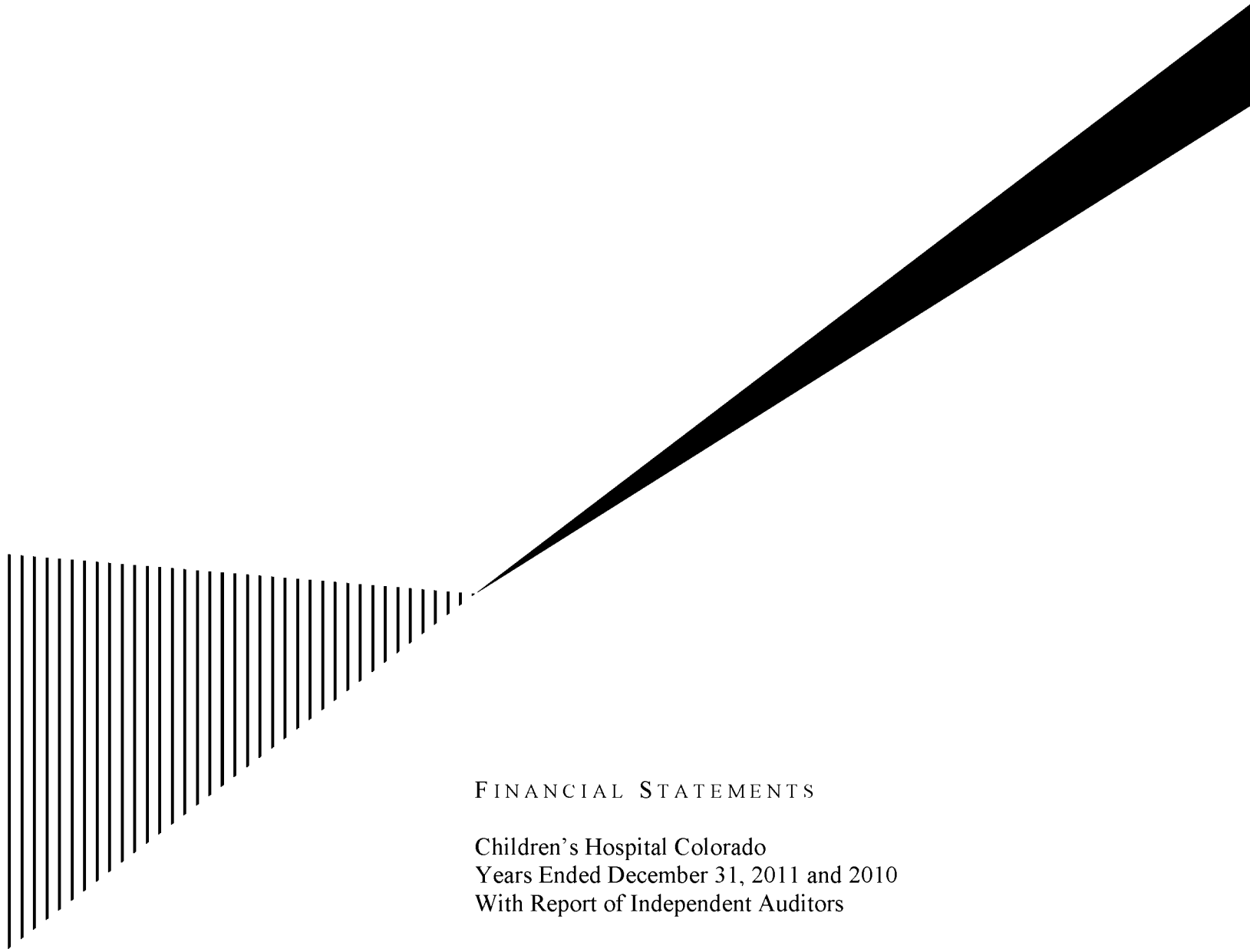
Additional Data

Return to Form

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	CHILDRENS NORTH SURGERY CENTER LLC	B	465,000	SEE PART VII
(2)	CHILDRENS NORTH SURGERY CENTER LLC	D	5,450,000	SEE PART VII
(3)	CHILDRENS NORTH SURGERY CENTER LLC	A, I	501,706	SEE PART VII
(4)	THE CHILDRENS HOSPITAL FOUNDATION	C	16,252,350	SEE PART VII
(5)	RMCHS MANAGEMENT SERVICES	L	5,668,248	SEE PART VII
(6)	RMCHS MANAGEMENT SERVICES	M	2,384,197	SEE PART VII
(7)	RMCHS MANAGEMENT SERVICES	N	6,186,254	SEE PART VII



FINANCIAL STATEMENTS

Children's Hospital Colorado
Years Ended December 31, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

Children's Hospital Colorado

Financial Statements

Years Ended December 31, 2011 and 2010

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Report of Independent Auditors

The Board of Directors
Children's Hospital Colorado

We have audited the accompanying balance sheets of Children's Hospital Colorado (the Hospital) as of December 31, 2011 and 2010, and the related statements of operations, changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the Hospital's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Children's Hospital Colorado at December 31, 2011 and 2010, and the results of its operations and its cash flows for the years then ended, in conformity with U S generally accepted accounting principles

As discussed in Note 2 to the financial statements, the Hospital changed its method of accounting for insurance claims and related recoveries as a result of the adoption of the amendments to the FASB Accounting Standards Codification resulting from Accounting Standards Update No 2010-24, Presentation of Insurance Claims and Related Insurance Recoveries, effective January 1, 2011

Ernst + Young LLP

April 18, 2012

A member firm of Ernst & Young Global Limited

Children's Hospital Colorado

Balance Sheets

	December 31 2011	2010
	(In thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 17,029**	$ 2,977
Patient accounts receivable, net of bad debt allowances of $29,258 and $25,287 at December 31, 2011 and 2010, respectively	**74,367**	63,626
Receivables from Children's Hospital Colorado Foundation	**2,441**	4,870
Inventories	**5,560**	4,352
Other current assets	**18,849**	15,797
Total current assets	**118,246**	91,622
Assets whose use is limited		
Bond funds on deposit with trustee	**184**	36,065
Self-insurance fund on deposit with trustee	**7,313**	7,409
Restricted investments	**21,431**	21,762
Total assets whose use is limited	**28,928**	65,236
Investments	**393,125**	413,845
Property and equipment, net	**722,856**	656,989
Other assets		
Other noncurrent assets	**14,251**	6,327
Deferred debt issuance costs, net	**4,355**	4,660
Total other assets	**18,606**	10,987
Perpetual trust assets	**31,068**	31,491
Total assets held by Children's Hospital Colorado	**1,312,829**	1,270,170
Beneficial interest in net assets held by Children's Hospital Colorado Foundation	**209,966**	203,213
Total assets	**$ 1,522,795**	$ 1,473,383

	December 31	
	2011	2010
	(In thousands)	
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	**$ 40,287**	$ 44,160
Salaries, wages, and employee benefits	**39,928**	30,438
Estimated third-party payor settlements	**20,591**	15,545
Current portion of long-term debt	**7,310**	7,095
Other current liabilities	**6,137**	6,252
Total current liabilities	**114,253**	103,490
Long-term debt	**352,988**	360,405
Other long-term liabilities	**57,965**	24,864
Total long-term liabilities	**410,953**	385,269
Net assets		
Unrestricted	**726,872**	722,819
Temporarily restricted		
Held by the Hospital	**29,683**	27,101
Held by Children's Hospital Colorado Foundation	**134,279**	137,470
Total temporarily restricted	**163,962**	164,571
Permanently restricted		
Perpetual trust assets	**31,068**	31,491
Held by Children's Hospital Colorado Foundation	**75,687**	65,743
Total permanently restricted	**106,755**	97,234
Total net assets	**997,589**	984,624
Total liabilities and net assets	**$ 1,522,795**	$ 1,473,383

See accompanying notes.

Children's Hospital Colorado

Statements of Operations

	Year Ended December 31	
	2011	**2010**
	(In thousands)	
Revenues, gains, and other support		
Net patient service revenue before provision for bad debts	**$ 620,042**	$ 614,135
Provision for bad debts	**(14,147)**	(13,328)
Net patient service revenue	**605,895**	600,807
Net assets released from restrictions – operations	**14,098**	11,346
Other revenue	**34,328**	33,712
Total revenues, gains, and other support	**654,321**	645,865
Operating expenses		
Salaries, wages, and employee benefits	**327,214**	302,659
Professional fees	**51,396**	51,566
Supplies and other	**179,739**	173,736
Interest	**7,442**	8,758
Depreciation and amortization	**43,447**	42,220
Total operating expenses	**609,238**	578,939
Operating income	**45,083**	66,926
Nonoperating income		
Investment (loss) income	**(1,115)**	31,164
Gain (loss) on sale of assets	**2**	(5)
Net realized and unrealized loss on interest rate swaps	**(28,583)**	(13,802)
Total nonoperating (loss) income	**(29,696)**	17,357
Excess of revenues over expenses	**$ 15,387**	$ 84,283

See accompanying notes.

Children's Hospital Colorado

Statements of Changes in Net Assets

	Year Ended December 31	
	2011	**2010**
	(In thousands)	
Unrestricted net assets		
Excess of revenue over expenses	**$ 15,387**	$ 84,283
Net assets released from restrictions – capital acquisitions	**308**	308
Grant funds received	**–**	2,743
Net unrealized gain on investments	**–**	1,411
Change in pension liability funded status	**(10,823)**	(450)
Amortization of interest rate swaps	**(172)**	(172)
Cumulative effect of change in accounting principle	**(647)**	–
Increase in unrestricted net assets	**4,053**	88,123
Temporarily restricted net assets		
Contributions from Children's Hospital Colorado Foundation	**15,252**	11,619
Other contributions	**317**	116
Net assets released from restrictions		
Capital acquisitions	**(308)**	(308)
Operations	**(12,679)**	(9,746)
Change in beneficial interest in net assets held by Children's Hospital Colorado Foundation	**(3,191)**	20,917
(Decrease) increase in temporarily restricted net assets	**(609)**	22,598
Permanently restricted net assets		
Unrealized (loss) gain on perpetual trust assets, net	**(423)**	2,207
Realized gain and interest income on perpetual trust assets, net	**868**	932
Distribution of perpetual trust income to unrestricted net assets	**(868)**	(932)
Change in beneficial interest in net assets held by Children's Hospital Colorado Foundation	**9,944**	6,934
Increase in permanently restricted net assets	**9,521**	9,141
Increase in net assets	**12,965**	119,862
Net assets, beginning of year	**984,624**	864,762
Net assets, end of year	**$ 997,589**	$ 984,624

See accompanying notes

Children's Hospital Colorado

Statements of Cash Flows

	Year Ended December 31	
	2011	**2010**
	(In thousands)	
Operating activities		
Increase in net assets	**$ 12,965**	$ 119,862
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities		
Contributions from Children's Hospital Colorado Foundation	**(16,252)**	(12,419)
Change in beneficial interest in assets held by Children's Hospital Colorado Foundation	**(6,753)**	(27,851)
Realized and unrealized net change in perpetual trust assets	**423**	(2,207)
Depreciation and amortization	**43,447**	42,220
Unrealized loss on interest rate swaps	**23,138**	8,399
Loss on bond extinguishment	**–**	–
Patient accounts receivable, net	**(10,741)**	(10,022)
Receivables from Children's Hospital Colorado Foundation	**2,429**	(3,488)
Change in asset whose use is limited and investments	**57,028**	(158,845)
Other assets	**(10,870)**	(5,400)
Inventories	**(1,208)**	(388)
Accounts payable and accrued expenses	**1,173**	13,665
Salaries, wages, and employee benefits	**9,490**	1,396
Other liabilities	**9,940**	(2,269)
Net cash provided by (used in) operating activities	**114,209**	(37,347)
Investing activities		
Acquisition of property and equipment, net	**(109,314)**	(43,926)
Net cash used in investing activities	**(109,314)**	(43,926)
Financing activities		
Proceeds from issuance of Series 2010 bonds	**–**	59,999
Repayment of long-term debt	**(7,095)**	(6,790)
Contributions from Children's Hospital Colorado Foundation	**16,252**	12,419
Net cash provided by financing activities	**9,157**	65,628
Net increase (decrease) in cash and cash equivalents	**14,052**	(15,645)
Cash and cash equivalents, beginning of year	**2,977**	18,622
Cash and cash equivalents, end of year	**$ 17,029**	$ 2,977

See accompanying notes

1. Organization and Basis of Presentation

Organization

Children's Hospital Colorado (the Hospital) is a Colorado not-for-profit corporation that provides a wide range of pediatric services The Hospital has an affiliation agreement with the University of Colorado Health Sciences Center, whereby both institutions' pediatric programs work collaboratively to better serve children

The Hospital has authorized Children's Hospital Colorado Foundation (the Foundation), which is governed by a separate Board of Trustees independent of the Hospital, to conduct fundraising activities on its behalf and has assigned to the Foundation the right to receive, invest, and disburse all unrestricted and certain donor-restricted contributions, gifts, and bequests resulting from these activities The Foundation's bylaws provide that all funds raised, except for funds required for the operation of the Foundation, be distributed to or be held for the benefit of the Hospital (see Note 14)

During 2011 the Hospital and the Foundation Boards agreed to a change in organizational structure resulting in the formation of a new nonprofit organization, Children's Hospital Colorado Health System This new organization's board of trustees will be comprised of representatives from the Hospital and the Foundation with the majority of board members being representatives from the Hospital Board Both the Hospital and the Foundation will retain their current management and Boards of Trustees although the Foundation has amended and restated its articles of incorporation and bylaws from an organization with no members and a self-perpetuating Board of Trustees to a membership organization with Children's Hospital Colorado Health System as the sole member This new organization has applied for and is currently awaiting determination of its status as a 501(c)(3) tax exempt organization from the Internal Revenue Service

Basis of Presentation

The Hospital recognizes revenue contributions, including unconditional promises to give, when received The Hospital distinguishes between contributions received that increase permanently restricted net assets, temporarily restricted net assets, and unrestricted net assets, and requires recognition of the expiration of donor-imposed restrictions in the period in which the restrictions expire

1. Organization and Basis of Presentation (continued)

The Hospital classifies net assets, revenue, expenses, gains, and losses based on the existence or absence of donor-imposed restrictions The Hospital displays the amounts for each of the three classes of net assets – permanently restricted, temporarily restricted, and unrestricted – in the statements of operations and changes in net assets

2. Summary of Significant Accounting Policies

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid debt instruments purchased with an initial or remaining maturity of three months or less, excluding amounts whose use is limited by Board designation or other arrangements under trust agreements Such amounts are included in assets designated by the Board

Accounts Receivable

Net patient accounts receivable have been adjusted to estimated amounts expected to be received These estimated amounts are subject to further adjustments upon review by third-party payors Management also recognizes a provision for uncollectible accounts based on the Hospital's historical collection experience

Inventories

Inventories consist of medical and other supplies, which are stated at average historical cost

Assets Whose Use is Limited

Assets whose use is limited includes a self-insurance fund, assets held by the trustee under bond indenture agreements, and restricted investments Assets whose use is limited consist primarily of marketable debt securities and equity securities Restricted investments consist of amounts that are either temporarily or permanently restricted by donors for a specified purpose

Investments

Investments consist of marketable debt securities, equity securities, and alternative investments Investments in alternative investments (e g , limited liability companies and limited partnerships)

2. Summary of Significant Accounting Policies (continued)

are recorded based on the Hospital's ownership interest using the equity method of accounting, which approximates fair value All changes in value are recorded as a component of investment income in the statements of operations

Investments in equity securities with readily determinable fair values and marketable debt securities are carried at fair market value based on the most recent market quotations

The Hospital has designated its investment portfolio as "trading" and recognizes all changes in value through excess of revenues over expenses

Property and Equipment

Property and equipment are recorded at cost when purchased or at fair value when received by donation Constructed property is recorded at the cost incurred during construction, which includes overhead, and capitalized interest income and expense Improvements and replacements are capitalized and repairs and maintenance costs are expensed in the period incurred

Depreciation and amortization is recorded using the straight-line method over the estimated useful lives of the related assets The Hospital uses depreciable lives recommended by the American Hospital Association

The Hospital evaluates property, equipment, and other long-lived assets for impairment when certain indicators arise Events that may indicate a need to assess recoverability include significant changes in business conditions, continuing losses, or a forecasted inability to achieve at least break-even operating results over an extended period The Hospital did not recognize any impairment in 2011 or 2010

Excess of Revenues Over Expenses

The statements of operations include excess of revenues over expenses Changes in unrestricted net assets, which are excluded from excess of revenues over expenses consistent with industry practice, mainly include permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions, which by donor restrictions were to be used for the purposes of acquiring such assets)

2. Summary of Significant Accounting Policies (continued)

Deferred Debt Issuance Costs

Deferred debt issuance costs are stated net of amortization, which is recorded over the term of the related indebtedness using the bonds-outstanding method, which approximates the effective-interest method During periods of construction, the amortization of deferred debt issuance costs is subject to capitalization as a component of interest expense

Interest Rate Swap Agreements

A summary of interest rate swaps recorded in other long-term liabilities are as follows

		December 31, 2011		December 31, 2010	
		(In thousands)			
Issue Date	**Expiration Date**	**Notional Amount**	**Fair Value**	**Notional Amount**	**Fair Value**
Jan-04	Dec-33	**$ 122,950**	**$ (21,236)**	$ 126,800	$ (8,135)
Jan-04	Dec-33	**49,150**	**(4,111)**	50,675	(4,481)
May-06	Dec-36	**50,000**	**(17,181)**	50,000	(6,774)
Total		**$ 222,100**	**$ (42,528)**	$ 227,475	$ (19,390)

During 2003, the Hospital entered into various forward-starting variable-to-fixed interest rate swap agreements (swaps) with an outside party in connection with bonds that were issued in January 2004 The interest rate swaps allow the Hospital to pay a fixed rate of interest to the outside party (averaging 3 93%) and receive a variable rate of interest (68% of the London Interbank Offered Rate or LIBOR) related to $122,950,000 of the bonds issued in January 2004

During 2005, the Hospital entered into another forward-starting variable-to-fixed interest rate swap agreement for bonds that were issued in May 2006 This interest rate swap allows the Hospital to pay a fixed rate of interest of 3 597% and receive a variable rate of interest (68% of LIBOR) on a notional amount of $50,000,000

During 2008, as part of the Series 2004 C&D fixed-rate conversion, the Hospital converted certain fixed payer swaps to basis swaps These interest rate swaps allow the Hospital to pay the Securities Industry and Financial Markets Association or SIFMA rate and receive 68% LIBOR plus 24 basis points currently on a notional amount of $49,150,000 of these bonds

2. Summary of Significant Accounting Policies (continued)

The Hospital's swaps do not qualify for hedge accounting As such, the unrealized change in fair value of the swaps of ($23,138,000) and ($8,399,000) for the years ended December 31, 2011 and 2010, respectively, is reflected in net realized and unrealized loss on interest rate swaps on the statements of operations In addition, the accumulated value of the swaps of $5,172,000, recorded in net assets when the swaps were disqualified from hedge accounting, is being amortized to investment income over the remaining life of the swaps The unamortized accumulated value of the interest rate swaps recorded in net assets as of December 31, 2011 and 2010 was $4,310,000 and $4,482,000, respectively Additionally, the Hospital classified net interest cost of $5,617,000 and $5,575,000, respectively, on these swaps for the years ended December 31, 2011 and 2010, as a component of net realized and unrealized loss on interest rate swaps

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity

Donor-Restricted Contributions

Contributions are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations or statements of changes in net assets as net assets released from restrictions In the absence of donor specification that income and gains on donated funds are restricted, such income and gains are reported as other revenue

Charity Care

The Hospital provides care to patients who meet certain eligibility criteria under its charity care policy without charge or at amounts less than established rates In addition to amounts provided for charity care, the Hospital also conducts various educational and community outreach programs and provides pediatric public support within its service area The Hospital's total charges for services are reduced by net charity care Amounts received for charity care include payments received from the Colorado Indigent Care Program

2. Summary of Significant Accounting Policies (continued)

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for reimbursement to the Hospital at amounts different from its established rates The differences between gross charges and the estimated reimbursement that will be paid by various third parties represents uncompensated care, which is charged to contractual adjustments to arrive at net patient service revenue before allowance for bad debt Net patient service revenue before allowance for bad debt is recorded at the estimated realizable amount based upon the procedures performed as documented in the medical record and the assignment of codes reflective of the acuity of the service provided These amounts may be adjusted in subsequent periods based on the retrospective review by governmental agencies or other payors The Hospital estimates a provision for bad debt for self-pay and other patient responsible balances based on the average historical collections of these types of accounts and associated write offs

The Hospital is reimbursed for Medicaid inpatients on a predetermined per diem and per case basis and the Hospital is reimbursed for Medicaid outpatients on a discount from cost-related basis Net patient service revenue for the Medicaid and Medicare programs is adjusted in future periods when final settlements and reconciliations are determined based upon the filed Medicare cost reports As a result, there is at least a reasonable possibility that the recorded estimates related to net patient service revenue and cost report settlements may change by a material amount in the future

During 2011 and 2010, the Hospital (decreased) increased net patient service revenue related to revised estimates of its Medicaid cost report settlements of ($798,000) and $140,000, respectively As of December 31, 2011, the Hospital has settled its Medicare and Medicaid cost reports through the 2007 filing year As of December 31, 2011 and 2010, the Hospital has recorded net settlement liabilities of approximately $20,591,000 and $15,545,000, respectively, in estimated third-party payor settlements

The Hospital has also entered into reimbursement agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for reimbursement under these agreements includes discounts from established charges and predetermined per diem and per case rates

The Hospital bills for the physician component of the employed pathologists, dentists, anesthesiologists, and radiologists The Hospital reported patient service revenue in the amount of $6,288,000 and $8,228,000 in 2011 and 2010, respectively

2. Summary of Significant Accounting Policies (continued)

Other Revenue

The U S Department of Health & Human Services offers funding to hospitals that have graduate medical education (GME) programs GME funding is to be applied to salaries for medical residents and for covering costs associated with resident training As of December 31, 2011, Congress had not finalized the actual amount due to the Hospital for the federal government's fiscal year ending September 30, 2012 During the period from October 1, 2011 to December 31, 2011, the Hospital received estimated monthly GME payments relating to the federal government's fiscal 2012 funding Final payment for the government's 2011 fiscal year, based on finalization by Congress, has been recognized as revenue The Hospital recognized approximately $5,900,000 and $6,900,000 related to its GME program for the years ended December 31, 2011 and 2010, respectively, which is included in other revenue

The Hospital also receives research grants from federal, state, and private institutions Revenue from research grants is recognized to the extent of direct and allowable indirect expenses incurred under terms of the grants Reimbursements for expenditures under the grants are subject to audit and subsequent adjustment according to the terms of the grants The Hospital received $10,600,000 and $11,800,000 of research funds during the years ended December 31, 2011 and 2010, respectively

Other revenue also includes revenue from cafeteria sales, as well as other income totaling $17,828,000 and $15,012,000 for the years ended December 31, 2011 and 2010, respectively

Tax Status

The Hospital has been determined to be exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and, accordingly, is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code Therefore, no provision for federal income tax has been recorded in the accompanying financial statements

The Hospital evaluates whether there are any uncertain tax positions taken or expected to be taken in a tax return As of December 31, 2011 and 2010, the Hospital has determined that no provision is required for uncertain tax positions

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenue and expenses during the reporting period Actual results could differ from those estimates

Reclassifications

Certain amounts in the accompanying financial statements for the year ended December 31, 2010, were reclassified to conform to the 2011 presentation

Adoption of New Accounting Standards

In August 2010, the Financial Accounting Standards Board released Accounting Standards Update (ASU) No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24). ASU 2010-24 applies to malpractice claims and similar contingent liabilities and requires that such liabilities disregard the effect of any anticipated insurance recoveries in determining the liability amounts The accounting provisions also provide accounting guidance for recording any insurance recovery receivables ASU 2010-24 was effective for fiscal years beginning after December 15, 2010 The Hospital adopted this guidance on January 1, 2011, and recorded an increase to the malpractice liability of $647,000 through beginning unrestricted net assets as a cumulative effect adjustment In addition, the Hospital recorded a $804,000 receivable from the insurance carrier for claims made in excess of retained limits in other noncurrent assets and a corresponding increase in the claims liability in other long-term liabilities

In August 2010, the FASB issued ASU 2010-23, *Measuring Charity Care for Disclosure* (ASU 2010-13) ASU 2010-23 requires health care entities to use cost as the measurement basis for charity care disclosures and defines cost as the direct and indirect costs of providing charity care The amended disclosure requirements are effective for fiscal years beginning after December 15, 2010, and must be applied retrospectively Note 5, "Net Patient Service Revenue," reflects the amended disclosure requirements Since the new guidance amends disclosure requirements only, its adoption did not impact the Hospital's balance sheets or statements of operations, changes in net assets, or cash flows

2. Summary of Significant Accounting Policies (continued)

In July 2011, the FASB issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07) ASU 2011-07 is required to be applied retrospectively and is effective for fiscal years beginning after December 15, 2011, and interim periods within those fiscal years The Hospital has early adopted the provisions of ASU 2011-07 effective January 1, 2011 The adoption of ASU 2011-07 did not impact the Hospital's financial condition, results of operations, or cash flows, however, it changed the presentation of the Hospital's revenue on its statements of operations and resulted in additional disclosures to explain how contractual discounts and bad debts affect recorded revenue in the financial statements

3. Fair Value of Financial Instruments

The fair value of financial instruments at December 31, 2011 and 2010, has been estimated using available market information and appropriate valuation methodologies However, considerable judgment is required to interpret market data to develop the estimates of fair value Accordingly, the estimates presented are not necessarily indicative of the amounts the Hospital could realize in a current market exchange The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts

The following methods and assumptions were used by the Hospital in estimating its fair value disclosures for financial instruments

Cash and Cash Equivalents – The carrying amount reported in the balance sheets for cash and cash equivalents approximates fair value

Restricted Investments – These assets consist of cash, U S government and agency obligations, and corporate commercial paper The carrying amount reported in the balance sheets for temporary cash investments approximates fair value of the respective securities based upon quotes market prices

Patient Accounts Receivable – The carrying amount reported in the balance sheets for the net realizable value of patient accounts receivable approximates fair value

Assets Whose Use is Limited and Investments – These assets consist primarily of cash and investments, including U S government and agency obligations, corporate bonds, interest and alternative investments The carrying amounts reported in the balance sheets approximate fair value based on quoted market prices or for alternative investments based on the equity method, which approximates fair value

3. Fair Value of Financial Instruments (continued)

Accounts Payable and Accrued Expenses – The carrying amounts reported in the balance sheets for accounts payable and accrued expenses approximate fair value

Long-Term Debt – The carrying amounts reported in the balance sheets for all variable-rate, long-term debt approximate fair value due to the variable nature of the debt

Interest Rate Swaps – The carrying amount reported in the balance sheets for the interest rate swaps approximates fair value based upon discounted cash flows, and includes consideration of counterparty credit risk

In order to increase consistency and comparability in fair value measurements, the Hospital establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities The fair value hierarchy gives the highest priority to Level 1 inputs The fair values of mutual funds are based on quoted market prices, which represent the net asset value of the shares held

Level 2 – Observable prices that are based on inputs not quoted on active markets, but corroborated by market data such as broker quotes, net asset value as reported by fund managers, and interest rate yield curves

Level 3 – Unobservable inputs are used when little or no market data is available The fair value hierarchy gives the lowest priority to Level 3 inputs

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible, as well as considers counterparty credit risk in its assessment of fair value

3. Fair Value of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of December 31, 2011 and 2010, are classified in the table below in one of the three categories described above (in thousands)

	December 31, 2011			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Cash and cash equivalents	**$ 2,158**	**$ –**	**$ –**	**$ 2,158**
U S government and agency obligations	**–**	**71,293**	**–**	**71,293**
Mutual funds – equity securities	**82,928**	**–**	**–**	**82,928**
Mutual funds – fixed-income securities	**119,420**	**–**	**–**	**119,420**
Fixed-income securities	**–**	**12,023**	**–**	**12,023**
Total assets at fair value	**$ 204,506**	**$ 83,316**	**$ –**	**$ 287,822**
Liabilities				
Interest rate swaps	**$ –**	**$ 42,528**	**$ –**	**$ 42,528**

	December 31, 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Assets				
Cash and cash equivalents	$ 37,164	$ –	$ –	$ 37,164
U S government and agency obligations	–	21,749	–	21,749
Mutual funds – equity securities	87,886	–	–	87,886
Mutual funds – fixed-income securities	201,481	–	–	201,481
Fixed-income securities	–	12,045	–	12,045
Total assets at fair value	$ 326,531	$ 33,794	$ –	$ 360,325
Liabilities				
Interest rate swaps	$ –	$ 19,390	$ –	$ 19,390

3. Fair Value of Financial Instruments (continued)

Alternative investments of $165,299,000 and $150,247,000 at December 31, 2011 and 2010, respectively, are accounted for under the equity method of accounting and, although they approximate fair value, are not subject to fair value disclosure

4. Patient Accounts Receivable and Net Patient Service Revenue

The Hospital is located in metropolitan Denver, Colorado The Hospital grants credit without collateral to its patients, most of whom are residents of Colorado and, except for the patient payor category, are insured under third-party payor agreements

The percentage of net patient accounts receivable by payor category at December 31, is as follows

	2011	2010
Managed care	**61%**	59%
Medicaid/Medicare	**33**	27
Commercial insurance	**1**	3
CHAMPUS and other government	**4**	6
Self-pay and indigent	**1**	5
	100%	100%

The allowance for bad debt by major payor is as follows

	Total	Self-Pay	Government	Commercial
December 31, 2010	$ 25,287	$ 12,391	$ 252	$ 12,644
Provision for bad debt	14,147	6,932	141	7,074
Write-offs, net	(10,176)	(4,986)	(102)	(5,088)
December 31, 2011	$ 29,258	$ 14,337	$ 291	$ 14,630

4. Patient Accounts Receivable and Net Patient Service Revenue (continued)

The following summary details gross charges at established rates and deductions from gross charges, including charity care, contractual allowances and unsponsored charges for the years ended December 31, 2011 and 2010

	2011	2010
	(In thousands)	
Gross charges at established rates		
Inpatient	**$ 813,220**	$ 794,216
Outpatient	**598,522**	522,330
Total gross charges at established rates	**1,411,742**	1,316,546
Deductions from gross charges		
Third-party contractual allowances	**778,515**	700,454
Provision for bad debts	**14,147**	13,328
Charity care	**19,473**	10,185
Total deductions from gross charges	**812,135**	723,967
Net Hospital patient service revenue	**599,607**	592,579
Net physician patient service revenue	**6,288**	8,228
Net patient service revenue	**$ 605,895**	$ 600,807

The cost to provide charity care, calculated using the Hospital's cost-to-charge ratio, was $8,467,000 and $4,582,000 for 2011 and 2010, respectively The cost-to-charge ratio of cost to charges is calculated based on the Hospital's total operating expenses less bad debt expense and other non-patient operating revenue divided by gross patient service revenue

The percentage of net patient service revenue by payor category for the years ended December 31, 2011 and 2010, is as follows

	2011	2010
Managed care	**65%**	64%
Medicaid/Medicare	**28**	26
Commercial insurance	**2**	4
CHAMPUS and other government	**2**	3
Self-pay and indigent	**3**	3
	100%	100%

5. Investments in Joint Ventures

The Hospital has a noncontrolling 73% investment in Children's North Surgery Center, LLC (the ASC) in which it contributed $465,000 and $730,000 in 2011 and 2010, respectively, which is accounted for under the equity method As of December 31, 2011, the Hospital's equity investment in the ASC resulted in the Hospital recording a commitment of $1,489,000 to fund the Hospital's share of the ASC's net deficit The Hospital leases part of its north campus facility to the ASC in the amount of $39,000 per month

In 2009, the Hospital entered into a binding agreement as a third-party commercial guarantor of $4,250,000 and $1,200,000 loans (the Loans) between a bank and the ASC At December 31, 2011, amounts outstanding under the Loans were $3,335,000 and $1,200,000, respectively

6. Collaborative Arrangements

In June 2010, the Hospital and the University of Colorado (UCH) established the Colorado Institute for Maternal Fetal Health, a Center for advanced maternal fetal medicine offering state-of-the-art care for high-risk pregnant women and their babies The Center is operated in an economic-sharing model that combines financial interests, risks, and rewards of the Hospital and UCH The allocation of income and expenses is 70% to the Hospital and 30% to UCH As of December 31, 2011, the Hospital estimates that approximately $1,800,000 is due from UCH which amount is recorded in other current assets

7. Assets Whose Use is Limited and Investments

The cost and estimated fair values of the Hospital's assets whose use is limited and investments at December 31, are as follows

	2011		2010	
	Cost	Fair Value	Cost	Fair Value
	(In thousands)			
Bond funds on deposit with trustee				
Cash and cash equivalents	**$ 184**	**$ 184**	$ 36,065	$ 36,065
Self-insurance fund on deposit with trustee				
Mutual funds – fixed-income securities	**$ 7,070**	**$ 7,313**	$ 7,085	$ 7,409
Restricted investments				
Cash and cash equivalents	**$ 72**	**$ 72**	$ 13	$ 13
U S government and agency obligations	**21,227**	**21,359**	21,604	21,749
	$ 21,299	**$ 21,431**	$ 21,617	$ 21,762
Investments				
Cash and cash equivalents	**$ 1,050**	**$ 1,050**	$ 644	$ 644
U S Treasury bills	**50,000**	**50,161**	–	–
Mutual funds – equity securities	**64,226**	**64,508**	63,216	68,882
Mutual funds – fixed-income securities	**111,617**	**112,107**	187,747	194,072
Alternative investments	**132,561**	**165,299**	114,566	150,247
	$ 359,454	**$ 393,125**	$ 366,173	$ 413,845

The following schedule summarizes the net realized and unrealized unrestricted investment return for the years ended December 31

	2011	2010
	(In thousands)	
Realized investment return		
Interest income	**$ 6,117**	$ 3,938
Net realized gains	**6,863**	1,804
Total realized investment return	**12,980**	5,742
Net unrealized (losses) gains	**(14,095)**	25,422
Investment (loss) income	**$ (1,115)**	$ 31,164

8. Property and Equipment

Property and equipment consist of the following at December 31

	2011	2010
	(In thousands)	
Land and land improvements	**$ 34,404**	$ 32,711
Buildings and improvements	**563,295**	552,914
Equipment	**266,553**	239,937
	864,252	825,562
Less accumulated depreciation	**(253,393)**	(210,421)
	610,859	615,141
Construction in progress	**111,997**	41,848
Property and equipment, net	**$ 722,856**	$ 656,989

The Hospital capitalized interest of $3,409,000 and $1,823,000 in 2011 and 2010, respectively

9. Long-Term Debt

Long-term debt consists of the following tax-exempt bond issues at December 31

	Interest Rates	2011	2010
		(In thousands)	
City of Aurora, Colorado			
Series 2010A, due December 1, 2040	5 0%	**$ 60,750**	$ 60,750
Series 2008B, due December 1, 2036	0 03% – 2 25%	**50,375**	50,375
Series 2008C, due December 1, 2033	0 05% – 0 34%	**61,955**	63,905
Series 2004C, due December 1, 2033	4 76% – 4 82%	**62,565**	64,180
Series 2004D, due December 1, 2033	4 76% – 4 82%	**62,640**	64,245
Private placement			
Series 2008A, due December 1, 2027	1 00% – 1 11%	**61,685**	63,610
		359,970	367,065
Original issue premium, net		**328**	435
Current portion of long-term debt		**(7,310)**	(7,095)
		$ 352,988	$ 360,405

9. Long-Term Debt (continued)

Scheduled maturities of the above long-term debt arrangements, net of bond premium and discount of $328,000, at December 31, 2011, are as follows (in thousands)

2012	$ 7,310
2013	7,660
2014	7,895
2015	8,135
2016	8,595
Thereafter	320,703
	$ 360,298

Under the Master Indenture relating to the Series 2008 bonds, the Hospital must maintain certain financial ratios and balances and is restricted from transferring assets, incurring additional indebtedness, and pledging assets in excess of specified amounts At December 31, 2011 and 2010, management believes the Hospital was in compliance with all debt covenants

The Hospital has executed standby letters of credit with banks for the 2008 Series B and C hospital revenue bonds in the amount of $114,000,000, which expire in 2014

Cash paid for interest for the years ended December 31, 2011 and 2010 was approximately $16,610,000 and $15,818,000, respectively

10. Estimated Professional Liability

The Hospital is self-insured for a portion of claims arising from providing professional and patient care The Hospital maintains a claims-made insurance policy for amounts in excess of the self-insured portion The Hospital has accrued the estimated cost of the professional liability that is known and the professional liability that has been incurred but not reported at December 31, 2011 and 2010 Actuarial consultants have assisted the Hospital in determining amounts to be accrued and the amounts to be deposited in a revocable trust fund, included in assets whose use is limited, for the payment of professional liability claims The Hospital has accrued approximately $6,405,000 and $5,027,000 as of December 31, 2011 and 2010, respectively, for this estimated professional liability As of December 31, 2011, the Hospital has recorded a $681,000 receivable from the insurance carrier for claims made at December 31, 2011 in excess of retained limits The Hospital discounts its liability at 4% to reflect the ultimate payment pattern of claims

11. Temporarily Restricted Net Assets Held by the Hospital

Temporarily restricted net assets held by the Hospital at December 31, are available for the following purposes

	2011	2010
	(In thousands)	
Health care services		
Capital acquisitions	**$ 1,233**	$ 1,174
Research and other	**28,450**	25,927
	$ 29,683	$ 27,101

12. Perpetual Trust Assets

The Hospital is the income beneficiary of the H H Tammen Trust, a perpetual trust under which the Hospital has the irrevocable right to receive the income earned on the trust assets in perpetuity, but never receives the assets held in trust Trust assets valued at approximately $31,068,000 and $31,491,000 have been reflected on the Hospital's balance sheets as of December 31, 2011 and 2010, respectively, and are reflected as permanently restricted net assets Income earned on the H H Tammen Trust totaled approximately $868,000 and $932,000 for 2011 and 2010, respectively, and is recorded as a component of net assets released from restrictions – operations on the accompanying statements of operations

13. Transactions With the Foundation

The Foundation and Hospital are two separate and legally distinct organizations The Hospital is governed by the Board, whereas the Foundation is governed by a separate Board of Trustees The Hospital has authorized the Foundation to conduct fundraising activities on its behalf and has assigned to the Foundation the right to receive, invest, and disburse all unrestricted and certain donor-restricted contributions, gifts, and bequests resulting from these activities The Foundation's Board of Trustees has sole control over the Foundation's assets and as a result, the net assets of the Foundation, which are reflected in the financial statements of the Hospital, are not available to the Hospital until and unless approved by the Foundation

The Hospital records its beneficial interest in the net assets of the Foundation as the Hospital is deemed to be a financially interrelated beneficiary of the Foundation Accordingly, the net assets of the Foundation have been shown on the Hospital's balance sheets as beneficial interest in assets held by the Foundation of approximately $209,966,000 and $203,213,000 as of

13. Transactions With the Foundation (continued)

December 31, 2011 and 2010, respectively The net assets held by the Foundation are reflected as temporarily and permanently restricted net assets

The Foundation contributes funds to the Hospital on an ongoing basis These funds range from unrestricted funds used for operations, including research and education, funds restricted by the donor that will be recognized as income at the time the restrictions are met, and donated equipment During 2011 and 2010, unrestricted contributions were $1,000,000 and $800,000, respectively, from the Foundation to the Hospital Restricted contributions were $15,252,000 and $11,619,000, respectively

The Hospital and the Foundation are also jointly and severally liable with respect to debt service payments under the Master Indenture The revenue bonds are collateralized under the Master Indenture by a pledge of gross revenues of the Hospital and the Foundation

14. Employee Benefit Plans

Retirement Plan

The Hospital administers The Children's Hospital Employees' Retirement Plan (the Plan), a noncontributory, defined benefit retirement plan The Plan was closed to new entrants and frozen for existing plan participants effective December 31, 2001 All benefits were fixed at that point in time with no further accrual of benefits An independent actuary in accordance with provisions of the Plan calculates the Hospital's annual contributions to the Plan to fund current service costs

The benefits are based on years of service and employees' compensation For financial reporting, the policy is to follow the projected-unit-credit method (prorated on services), which is a different actuarial cost method from that used for funding purposes (traditional unit-credit-cost method)

Contributions are made in accordance with federal regulations Substantially all retirement fund assets are invested in stocks and bonds The Plan provides for 100% vesting after five years of service as required by the Tax Reform Act of 1986

14. Employee Benefit Plans (continued)

The following table summarizes the benefit obligations, the fair value of Plan assets, and the funded status as follows

	December 31 2011	2010
	(In thousands)	
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 53,528**	$ 50,648
Interest cost	**2,906**	2,863
Actuarial loss	**6,326**	1,504
Benefits paid	**(1,608)**	(1,487)
Projected benefit obligation at end of year	**61,152**	53,528
Change in plan assets		
Plan assets at fair value at beginning of year	**54,288**	48,700
Actual return on Plan assets	**(1,600)**	4,375
Hospital contributions	**2,925**	2,700
Benefits paid	**(1,608)**	(1,487)
Plan assets at fair value at end of year	**54,005**	54,288
Funded status	**$ (7,147)**	$ 760

Net pension income includes the following components

	2011	2010
	(In thousands)	
Interest cost	**$ 2,906**	$ 2,863
Expected return on Plan assets	**(4,044)**	(3,811)
Net amortization and deferral	**922**	713
Net pension income	**$ (216)**	$ (235)

Included in unrestricted net assets at December 31, 2011, is $31,104,000 of net actuarial loss that has not yet been recognized in net periodic pension expense The net actuarial loss expected to be realized in net pension periodic expense in 2012 is $1,571,000

The weighted-average discount rate was 4 75% and 5 50% for 2011 and 2010, respectively The expected long-term rate of return on assets was 7 00% for 2011 and 2010

14. Employee Benefit Plans (continued)

Plan asset allocations are comprised of the following investment classifications

	December 31	
	2011	**2010**
Fixed-income mutual funds	**32%**	27%
Equity securities	**50**	51
Alternative investments	**10**	10
Cash and cash equivalents	**8**	12
	100%	100%

Expected benefit payments for the next 10 years are as follows (in thousands)

2012	$ 1,819
2013	1,970
2014	2,138
2015	2,308
2016	2,554
2017–2021	16,159

The Hospital expects to contribute $2,700,000 to the Plan in 2012

14. Employee Benefit Plans (continued)

The classification of fair measurements within the fair value hierarchy is based upon the lowest level of input that is significant to the measurement Financial assets at fair value as of December 31, are classified in the tables below in one of the three categories within the fair value hierarchy described in Note 4

	2011			
	Level 1	**Level 2**	**Level 3**	**Total**
		(In thousands)		
Assets				
Interest-bearing cash	**$ 4,498**	**$ –**	**$ –**	**$ 4,498**
Alternative investments	**–**	**–**	**5,168**	**5,168**
Collective investment funds	**–**	**16,353**	**–**	**16,353**
Mutual funds	**27,986**	**–**	**–**	**27,986**
Total assets at fair value	**$ 32,484**	**$ 16,353**	**$ 5,168**	**$ 54,005**

	2010			
	Level 1	**Level 2**	**Level 3**	**Total**
		(In thousands)		
Assets				
Interest bearing cash	$ 6,432	$ –	$ –	$ 6,432
Alternative investments	–	–	5,169	5,169
Collective investment funds	–	16,194	–	16,194
Mutual funds	26,493	–	–	26,493
Total assets at fair value	$ 32,925	$ 16,194	$ 5,169	$ 54,288

The following is a reconciliation of the beginning and ending balances of the Plan's alternative investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the years ended December 31, 2011 and 2010 (in thousands)

Balance, December 31, 2009	$ 4,854
Realized losses	(24)
Unrealized gains	339
Balance, December 31, 2010	5,169
Realized losses	**32**
Unrealized gains	**(33)**
Balance, December 31, 2011	**$ 5,168**

14. Employee Benefit Plans (continued)

The Plan is invested in several partnerships and joint ventures that invest in equity securities The Plan may withdraw all or a portion of their funds from these investment vehicles generally with a 60-day notice prior to a month-end, subject to certain restrictions and the availability of cash If redemption requests exceed available cash, the cash available will be prorated among the withdrawing investors and the redemption request will continue to be effective until completed

Thrift Plan

Effective January 1, 2002, all Hospital employees are eligible to participate in Children's Hospital Colorado Employee Thrift Plan (the Thrift Plan) The Thrift Plan is a defined 403(b) contribution plan under which the Hospital matches employee contributions dollar-for-dollar up to 4% of the participant's wages and provides a discretionary annual contribution of 2% of the participant's wages to the plan The Hospital expensed approximately $11,500,000 and $9,800,000 in 2011 and 2010, respectively, related to the Thrift Plan

Self-Funded Employee Health Plan

The Hospital has a self-funded employee health plan The plan covers medical, mental health, pregnancy, family planning, and preventative health care benefits Under the plan, the Hospital is responsible for 100% of employee claims up to $125,000 per employee per year The Hospital has accrued in salaries, wages, and employee benefits approximately $4,245,000 and $3,130,000 related to estimated claims incurred but not reported at December 31, 2011 and 2010, respectively The Hospital expensed approximately $24,100,000 and $21,164,000 in 2011 and 2010, respectively, related to the self-funded employee health plan

15. Functional Expenses

The Hospital provides general pediatric, acute, and tertiary health care services to residents within its geographic location Expenses related to providing these services are as follows

	2011	2010
	(In thousands)	
Health care services	**$ 432,343**	$ 415,383
General and administrative	**176,895**	163,556
	$ 609,238	$ 578,939

16. Commitments and Contingencies

Operating Leases

The Hospital leases space and equipment under noncancelable operating leases, which require minimum rental payments in the years ending December 31, as follows (in thousands)

2012	$	6,718
2013		7,053
2014		6,400
2015		6,250
2016		6,376
Thereafter		32,513
	$	65,310

Total facilities lease expense and equipment lease expense were approximately $9,500,000 and $7,000,000 for the years ended December 31, 2011 and 2010, respectively

Legal Contingencies

The health care industry is subject to numerous laws and regulations of federal, state, and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed Management believes to the best of its knowledge that the Hospital is in substantial compliance with fraud and abuse as well as other applicable government laws and regulations Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time

The Hospital is involved in various legal actions in the normal course of business Management believes that the ultimate liability, if any, with respect to these matters will not materially affect the financial position or results of operations of the Hospital

17. Subsequent Events

The Hospital has evaluated subsequent events through April 18, 2012, the date the financial statements were available to be issued There have been no material subsequent events

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