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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Children's Hospital Colorado		D Employer identification number 84-0166760
	% CATHY DAL SANTO VP FINANCE Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 13123 East 16TH AVENUE		E Telephone number (720) 777-1234
	City or town, state or province, country, and ZIP or foreign postal code AURORA, CO 80045		G Gross receipts \$ 926,925,015
	F Name and address of principal officer Jena Hausmann 13123 East 16TH AVENUE AURORA, CO 80045		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ WWW.CHILDRENSCOLORADO.ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1908	M State of legal domicile CO
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Part I

Summary

Activities & Governance	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																									
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>32</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>31</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>6,623</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>2,421</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>2,742,590</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>197,667</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	32	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6,623	6 Total number of volunteers (estimate if necessary)	6	2,421	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,742,590	b Net unrelated business taxable income from Form 990-T, line 34	7b	197,667							
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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		2015-11-05		
			Date		
Paid Preparer Use Only	Jeffrey Harrington SVP and CFO				
	Type or print name and title				
Print/Type preparer's name STEVEN T RUTTI		Preparer's signature STEVEN T RUTTI	Date	Check ☐ if self-employed	PTIN P00775456
Firm's name ▶ ERNST & YOUNG US LLP		Firm's EIN ▶			
Firm's address ▶ 2 N CENTRAL AVE SUITE 2300 PHOENIX, AZ 85004		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 or note to any line in this Part III

☐

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 672,705,360 including grants of \$ 678,722) (Revenue \$ 893,154,291)

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

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses ▶ 672,705,360

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	32	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	31	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records CATHY DAL SANTO VP FINANCE 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 or note to any line in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

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

Part VII

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

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

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	8,164,826	0	927,307

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▶516

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5 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	58,051,961
UNIVERSITY OF COLORADO DENVER, 13001 East 17th Place Aurora, CO 80045	Educational Services	17,797,699
CROTHALL HEALTHCARE, 13028 Collection Center Drive Chicago, IL 60693	Environmental Svcs	7,319,396
UNIVERSITY HOSPITAL, 12605 E 16th Ave Aurora, CO 80045	Medical Research	7,311,700
MCKINSEY AND COMPANY INC, 3075A Hansen Way Palo Alto, CA 94304	Consulting services	3,400,000
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 ▶120		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	0				
	d	Related organizations	1d	19,452,297				
	e	Government grants (contributions)	1e	6,060,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	30,710				
	g	Noncash contributions included in lines 1a-1f \$		0				
	h	Total. Add lines 1a-1f		25,543,007				
Program Service Revenue	2a	NET PATIENT SERVICES REVENUE	Business Code 622110	863,661,000	863,661,000	0	0	
	b	Research Funding	541900	10,883,415	10,883,415	0	0	
	c	Cafeteria	722210	4,207,483	4,207,483	0	0	
	d	Lab Billings	561000	2,568,269	0	2,568,269	0	
	e	All other program service revenue	900099	11,834,124	11,659,803	174,321	0	
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		893,154,291				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,857,088			1,857,088
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0				
6a		Gross rents	(i) Real 443,148	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	443,148	0			
		d	Net rental income or (loss)		443,148			443,148
7a		Gross amount from sales of assets other than inventory	(i) Securities 5,927,481	(ii) Other				
		b	Less cost or other basis and sales expenses		12,766			
		c	Gain or (loss)	5,927,481	-12,766			
		d	Net gain or (loss)		5,914,715			5,914,715
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		926,912,249	890,411,701	2,742,590	8,214,951		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	678,722	678,722		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	6,719,150	0	6,719,150	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).	377,884	106,203	271,681	0
7	Other salaries and wages.	355,343,745	280,060,519	75,283,226	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	15,649,790	12,097,288	3,552,502	0
9	Other employee benefits.	43,622,334	33,720,064	9,902,270	0
10	Payroll taxes.	24,214,215	18,717,588	5,496,627	0
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	461,684	0	461,684	0
c	Accounting.	8,087	0	8,087	0
d	Lobbying.	445,246	445,246	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	8,512	0	8,512	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	131,736,630	101,832,415	29,904,215	
12	Advertising and promotion.	6,254,725	4,834,902	1,419,823	0
13	Office expenses.	3,062,344	2,367,192	695,152	0
14	Information technology.	13,562,427	10,483,756	3,078,671	0
15	Royalties.	0	0	0	0
16	Occupancy.	24,129,803	18,652,338	5,477,465	0
17	Travel.	2,047,594	1,582,790	464,804	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	731,308	565,301	166,007	0
20	Interest.	15,385,732	11,893,171	3,492,561	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	59,403,527	45,918,926	13,484,601	0
23	Insurance.	2,845,785	2,199,792	645,993	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Medical Supplies	104,441,001	80,732,894	23,708,107	0
b	Hospital Provider Fee	20,605,404	20,605,404	0	0
c	Equipment Rental & maint	10,201,655	7,885,879	2,315,776	0
d	Swap Interest	6,593,937	5,097,113	1,496,824	0
e	All other expenses	15,853,663	12,227,857	3,625,806	
25	Total functional expenses. Add lines 1 through 24e.	864,384,904	672,705,360	191,679,544	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		44,749,396	1	50,724,569
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		4,626,496	3	5,847,621
	4	Accounts receivable, net		101,582,985	4	110,160,809
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,954,960	8	7,671,653
	9	Prepaid expenses and deferred charges		5,936,620	9	8,645,630
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a1,353,662,932			
	b	Less: accumulated depreciation	10b398,737,862	965,350,001	10c	954,925,070
	11	Investments—publicly traded securities		107,952,618	11	100,443,318
	12	Investments—other securities. See Part IV, line 11.		375,000	12	375,000
	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.		73,071,328	15	75,578,721
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,310,599,404	16	1,314,372,391
Liabilities	17	Accounts payable and accrued expenses		143,572,984	17	122,479,108
	18	Grants payable		0	18	4,458,680
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		503,784,277	20	539,499,581
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		13,357,596	24	13,377,882
	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.		30,690,608	25	57,496,058
	26	Total liabilities. Add lines 17 through 25.		691,405,465	26	737,311,309
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		549,335,021	27	501,297,012
	28	Temporarily restricted net assets		32,124,276	28	36,912,433
	29	Permanently restricted net assets		37,734,642	29	38,851,637
	Organizations that do not follow SFAS 117 (ASC 958), 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		619,193,939	33	577,061,082
	34	Total liabilities and net assets/fund balances		1,310,599,404	34	1,314,372,391

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	926,912,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	864,384,904
3	Revenue less expenses Subtract line 2 from line 1	3	62,527,345
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	619,193,939
5	Net unrealized gains (losses) on investments	5	-3,403,035
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-101,257,167
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	577,061,082

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 84-0166760

Name: Children's Hospital Colorado

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA BARTON Chair of CHCO Foundation	1 0 4 0	X						0	0	0
(1) DONNA BOYETTE PRES-VOLUNTEERS (PART YEAR)	1 0 1 0	X						0	0	0
(2) RUSSELL DISPENSE BOARD MEMBER	1 0 0 0	X						0	0	0
(3) DONALD M ELLIMAN CHANCELLOR UOC ANSCHUTZ CAMPUS	1 0 0 0	X						0	0	0
(4) COLE FINEGAN VICE-CHAIR (OUTGOING)(PT YR)	1 0 1 0	X		X				0	0	0
(5) CATHY M FINLON PAST CHAIR (OUTGOING)(pt yr)	1 0 0 0	X						0	0	0
(6) Michael Gould Board Member	1 0 0 0	X						0	0	0
(7) BRIAN GREFFE MD PRESIDENT OF MEDICAL STAFF	1 0 0 0	X						400	0	0
(8) ROXANN HEADLEY MD BOARD MEMBER (PART YEAR)	1 0 0 0	X						0	0	0
(9) RANDY HERTEL BOARD MEMBER	1 0 0 0	X						0	0	0
(10) David Honeyfield Treasurer	1 0 1 0	X		X				0	0	0
(11) DAVID HOOVER BOARD MEMBER	1 0 0 0	X						0	0	0
(12) ROBERT HOTTMAN CHAIR (OUTGOING) / PAST CHAIR	1 0 1 0	X		X				0	0	0
(13) WAYNE HUTCHENS SECRETARY	1 0 1 0	X		X				0	0	0
(14) JOY JOHNSON BOARD MEMBER	1 0 1 0	X						0	0	0
(15) Judith Koff Board Member	1 0 0 0	X						0	0	0
(16) RICHARD KRUGMAN MD BOARD MEMBER, VICE CHANCELLOR	1 0 0 0	X						0	0	0
(17) Karen Leamer Board Member	1 0 0 0	X						0	0	0
(18) WILLIAM LINDSAY BOARD MEMBER	1 0 0 0	X						0	0	0
(19) LILLY MARKS BOARD MEMBER, VP HLTH AFFAIRS	1 0 0 0	X						0	0	0
(20) Annita Menogan Board Member	1 0 0 0	X						0	0	0
(21) Martha Middlemist Board Member	1 0 0 0	X						0	0	0
(22) R Scott Nycum Board Member	1 0 0 0	X						0	0	0
(23) CRAIG PONZIO BOARD MEMBER	1 0 0 0	X						0	0	0
(24) Victoria Quintana Board Member	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PAUL RADY BOARD MEMBER (PART YEAR)	1 0 0 0	X						0	0	0
(1) KEVIN REIDY TREASURER (OUTGOING) / CHAIR	1 0 4 0	X		X				0	0	0
(2) KRISTIN RICHARDSON BOARD MEMBER	1 0 1 0	X						0	0	0
(3) Robyn Roggensack PRES-ASSOCIATION OF VOLUNTEERS	1 0 0 0	X						0	0	0
(4) JANE SCHUMAKER BOARD MEMBER	1 0 0 0	X						0	0	0
(5) David Shapiro Board Member	1 0 0 0	X						0	0	0
(6) JAMES E SHMERLING DHA CEO	40 0 4 0	X		X				1,493,363	0	242,574
(7) BRADLEY SMITH DDS Board Member (part year)	1 0 0 0	X						0	0	0
(8) Ann Sperling Vice-Chair of Board	1 0 1 0	X		X				0	0	0
(9) HAL STEIN MD BOARD MEMBER	1 0 0 0	X						0	0	0
(10) BRUCE WAGNER BOARD MEMBER	1 0 0 0	X						0	0	0
(11) BENJAMIN WALTON BOARD MEMBER (PART YEAR)	1 0 0 0	X						0	0	0
(12) Steve White Board Member	1 0 0 0	X						0	0	0
(13) BARTH WHITHAM BOARD MEMBER	1 0 0 0	X						0	0	0
(14) JENA HAUSMANN PRESIDENT AND COO	40 0 4 0			X				782,060	0	153,848
(15) JOAN BOTHNER MD CHIEF MEDICAL OFFICER	40 0 0 0			X				682,975	0	0
(16) JEFFREY HARRINGTON SR VP / CFO	40 0 4 0			X				536,625	0	101,732
(17) AMY CASSERI CHIEF STRATEGY OFFICER	40 0 0 0			X				503,455	0	39,228
(18) MICHELLE M LUCERO CHIEF LEGAL OFFICER	40 0 0 0			X				464,841	0	109,071
(19) MARY ANNE LEACH SR VP / CIO	40 0 0 0			X				436,453	0	97,845
(20) KELLY JOHNSON SR VP / CHIEF NURSING OFFICER	40 0 0 0			X				411,653	0	93,804
(21) Suzanne Jaeger Sr VP Experience and Access	40 0 0 0				X			336,078	0	83,530
(22) Gil Peri Sr VP Strategy	40 0 0 0				X			184,590	0	5,675
(23) TIMOTHY CROMBLEHOME MD SURGEON-IN-CHIEF	40 0 0 0					X		495,000	0	0
(24) STEPHEN DANIELS MD PEDIATRIC-IN-CHIEF	40 0 0 0					X		435,099	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) DANIEL HYMAN MD CHIEF QUALITY OFFICER	40 0 0 0					X		469,608	0	0
(1) FRED SUCHY MD CHIEF RESEARCH OFFICER	40 0 0 0					X		432,760	0	0
(2) DENNIS MATTHEWS MD PPARDI-IN-CHIEF	40 0 0 0					X		228,185	0	0
(3) LEONARD J DRYER JR FORMER SR VP / CFO	0 0 0 0						X	271,681	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Children's Hospital Colorado	Employer identification number 84-0166760
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ 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)	119,051	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	326,195	0												
c	Total lobbying expenditures (add lines 1a and 1b)	445,246	0												
d	Other exempt purpose expenditures	672,260,114	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	672,705,360	0												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a If zero or less, enter -0-		0												
i	Subtract line 1f from line 1c If zero or less, enter -0-		0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	226,371	226,371	231,750	445,246	1,129,738
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	4,000	4,000	4,000	119,051	131,051

Part II-B

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

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 37,734,642 | 33,820,766 | 31,068,294 | 31,490,541 | 29,283,714 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 2,029,994 | 4,746,146 | 3,971,679 | 213,181 | 3,172,990 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 830,947 | 756,379 | 1,148,212 | 566,993 | 900,247 |
| f Administrative expenses | 82,052 | 75,891 | 70,995 | 68,435 | 65,916 |
| g End of year balance | 38,851,637 | 37,734,642 | 33,820,766 | 31,068,294 | 31,490,541 |
- 2

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

Board designated or quasi-endowment
- b

Permanent endowment 100 000 %
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,575,643		26,575,643
b Buildings		872,289,864	153,266,852	719,023,012
c Leasehold improvements		12,041,902	6,632,796	5,409,106
d Equipment		379,667,437	234,887,649	144,779,788
e Other		63,088,086	3,950,565	59,137,521
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				954,925,070

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
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.
SCHEDULE D, PART X, LINE 2	MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 84-0166760

Name: Children's Hospital Colorado

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST ASSETS-TAMMEN	38,851,637
(2) OTHER MISCELLANEOUS RECEIVABLE	9,643,349
(3) SELF INSURANCE TRUST REC	7,628,000
(4) PENSION PLAN ASSETS	5,112,792
(5) DEFERRED DEBT ISSUANCE COSTS	4,649,515
(6) OTHER NON-CURRENT ASSETS	4,561,181
(7) RECEIVABLE FROM FOUNDATION	3,432,714
(8) RECEIVABLE FROM SYSTEM	1,699,533

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Colorado

Employer identification number
84-0166760

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,185,558	3,369,276	816,282	0 090 %
b Medicaid (from Worksheet 3, column a)			376,817,696	260,198,816	116,618,880	13 490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			23,019,002	21,768,930	1,250,072	0 140 %
d Total Financial Assistance and Means-Tested Government Programs			404,022,256	285,337,022	118,685,234	13 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,527,522	2,326,402	5,201,120	0 600 %
f Health professions education (from Worksheet 5)			26,016,560	7,032,933	18,983,627	2 200 %
g Subsidized health services (from Worksheet 6)			47,378,992	34,963,791	12,415,201	1 440 %
h Research (from Worksheet 7)			18,368,357		18,368,357	2 130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			438,705		438,705	0 050 %
j Total. Other Benefits			99,730,136	44,323,126	55,407,010	6 420 %
k Total. Add lines 7d and 7j			503,752,392	329,660,148	174,092,244	20 140 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			1,800		1,800	0 %
2Economic development			3,596		3,596	0 %
3Community support			25,310		25,310	0 %
4Environmental improvements			16,093		16,093	0 %
5Leadership development and training for community members			90,102	4,000	86,102	0 010 %
6Coalition building			24,793		24,793	0 %
7Community health improvement advocacy			32,455	2,837	29,618	
8Workforce development			464,868	77,400	387,468	0 050 %
9Other						
10Total			659,017	84,237	574,780	0 060 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

216,895,668

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

31,689,567

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

52,047,356

6Enter Medicare allowable costs of care relating to payments on line 5.

62,280,740

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-233,384

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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.

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

6
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

A

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

16

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ 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 significant 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 the community health 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) WWW.CHILDRENSCOLORADO.ORG		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW.CHILDRENSCOLORADO.ORG		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

A

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) <u>X</u>		
b	☐ The FAP application form was widely available on a website (list url) _____		
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____		
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☒ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19	No
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? 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 Section C) d ☐ Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its 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 Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23	No
	24	No

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 12

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
SCHEDULE H, 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 venues including Hospital website, media stories and publications such as the Colorado Hospital Association's annual report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	In 2014 Children's Hospital Colorado provided \$174,092,244 or 20.14% 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 \$118,685,234 or 13.72% of total operating expenses. Medicaid payment shortfalls continue to comprise the majority of this figure, accounting for \$116,618,880 of the total shortfall. The shortfall for financial assistance (charity care) provided in 2014 was \$816,282. This represents the cost of providing these services calculated using the Hospital's cost accounting system. Other benefits accounted for \$55,407,010 of total operating expenses. Other benefits include health professions education of \$18,983,627 or 2.20% of total operating expenses, research activity of \$18,368,357, or 2.13% of total operating expenses, subsidized health services of \$12,415,201 or 1.44% of total operating expenses, community health improvement services and community benefit operations of \$5,201,120 or 0.60% of total operating expenses and cash and in-kind contributions to community groups of \$438,705 or 0.05% 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 2014 programs associated with these losses are Mental Health, Dermatology, and Rehabilitation services. The number reflected in Subsidized Health Services excludes bad debt, Medicaid and other means tested government program shortfalls, financial assistance (charity care). Children's Hospital Colorado is committed to serving all patients regardless of their ability to pay.

Form and Line Reference	Explanation
SCHEDULE H, PART II	In 2014, Children's Hospital Colorado provided \$574,780 in community building activities that promoted the health of the broader community. We continue to build on our long and strong record of collaboration with community groups, businesses, academic institutions, and governmental and non-governmental organizations with the goal of improving health outcomes and reducing health disparities for children and their families. Emphasis is placed on addressing both the social determinants of health and the health care delivery system. Selected community building activities are highlighted below. Community Support and Workforce Development-Community-Campus Partnership The Community-Campus Partnership (CCP) founded in 2013 fosters, promotes and supports mutually beneficial collaborations between Anschutz Medical Campus and the surrounding Aurora community to improve the health and economic well-being of the community. Anschutz Medical Campus includes Children's Hospital of Colorado, University of Colorado Hospital, University Physicians, Inc. and the University of Colorado's health science academic programs and research centers. Nearly 16,000 people are employed on the Anschutz Campus of which fewer than three percent are residents from area neighborhoods. North Aurora residents in neighborhoods immediately surrounding the campus - particularly those living in ZIP codes 80010 and 80011 - are largely low-income and a large percentage of residents in these neighborhoods have not graduated from high school. According to the most recent Census data, almost 30 percent of 80010 residents over age 25 lack a high school diploma or a GED. In 2014, the campus Community partnership developed a formal "hire local" program for the medical campus. The goal of "hire local" is to increase pipeline opportunities such as the healthcare training course at Community College of Aurora that funnel more local residents into entry-level jobs on the medical campus. Children's Hospital has identified two positions (sterile processing and patient services) that will serve as pipeline jobs for the "hire local" initiative. In addition, representatives for Children's serve on the CCP Authority and Implementation Committees. Leadership Development and Training for Community Members The Family Leadership Training Institute (FLTI) is a first-of-its-kind family civics program. The goals of FLTI are to effect positive family leadership development by 1) helping families become leaders in their communities through civic engagement, 2) expanding and facilitating the capacity of families to be change agents on a neighborhood, regional and state level, 3) developing supportive communities of families within regions of the state, 4) facilitating family involvement in state and local policy decision-making processes, 5) increasing parent-child interaction through family involvement. Children's Hospital Colorado along with the Colorado Department of Public Health and Environment, Colorado State University Extension, Colorado Department of Human Services, and Colorado Health Foundation are primary partners of this state-wide initiative. Program graduates spend more than 120 hours to develop skills needed to become effective leaders in their communities. Once recruited and accepted into the program, participants attend a 20-week curriculum that integrates personal and child development, leadership training, civic literacy and civic participation skills. In 2014, 15 community members graduated from the CHCO sponsored Institute. Coalition Building Children's Hospital Colorado's main hospital is located on the Anschutz Medical Campus in Aurora, Colorado. The community consists of many low-income neighborhoods and communities with significant unmet healthcare needs. Through Aurora Health Access (AHA), Children's Hospital Colorado has supported a multi-pronged approach to creating a culture of health in Aurora - an approach that aims to reduce the number of uninsured, promote access to care, improve care coordination, and encourage healthy behaviors. In particular, Children's Hospital Colorado leads the Pediatric Access to Care subcommittee and helps to focus the coalition's efforts on improving access to primary care and medical homes for children. Community Health Improvement (Advocacy) As part of its ongoing mission, Children's Hospital Colorado strives to strengthen our community and state by serving as advocates for children's health and well-being. We work to advance the mission of the hospital through comprehensive and strategic advocacy and legislative efforts on the local, state and national level. This includes researching and engaging in legislative and policy issues, directing advocacy campaigns, conducting public awareness/education, and fostering organizational relationships with community partners, advocacy groups/coalitions, elected officials, their staff, and policy makers. In January 2014, the sale of marijuana in Colorado was legalized. With th

Form and Line Reference	Explanation
SCHEDULE H, PART II	e increasing availability of marijuana, Children's was concerned that Colorado hospitals would see a rise in unintentional exposures in children. Accidental exposures of marijuana products to children in Colorado have increased in the past three years, based on the rate of emergency department visits and admissions at Children's Colorado. Most of the accidental ingestion incidents in Colorado requiring hospital admission involve young children, especially toddlers. Many of these children are getting into edible products with high concentrations of THC. Symptoms vary anywhere from mild sleepiness, to poor respiratory effort, to coma requiring insertion of a breathing tube. To address this concern, Children's played a major role in crafting and supporting a marijuana safe-packaging bill. Passed by the House and Senate and signed into law by the governor, House Bill 1122 contains a number of provisions intended to limit youth access to marijuana, including a series of changes that simplify and strengthen marijuana regulations. These include closing a loophole that allowed some marijuana edible products to be sold in non-child-resistant packaging, and aligning child-safe packaging laws governing medical and retail marijuana products. Why it's good for kids: All marijuana products will now be sold in child-resistant, opaque, and resealable packaging, and the laws regulating packaging for both medical and retail marijuana are clearer to understand and enforce. Community Health Improvement (Literacy) A critical component to living a healthy life is the ability for people to access information they need about their health. This cannot be done effectively without basic literacy skills. Understanding that Children's Hospital Colorado is invested in creating programs that address the entire picture of health, we committed significant resources to improve low income, high risk population literacy rates. Children's Hospital Colorado has teamed up with Reach Out and Read with the goal of enrolling 100% of low income children in this evidence based literacy program run through primary care offices during well child visits. Because 90% of brain development occurs between birth and age 5 we wanted to utilize a program that offers an effective intervention during a critical window for learning. We recognize that if children miss the opportunity to acquire foundational language skills, they are set up for immediate struggles that impact their overall health and well-being. We are using our relationships with community physicians and our advocacy expertise and resources to support our objective. Workforce Development Medical Career Collaborative program (MC2)- Founded in 1998, MC2 engages high school students in experiences that give them a jump start on careers in health, medicine and the biosciences. The program recruits students from underrepresented backgrounds and those from socio-economically disadvantaged groups. The two-year program familiarize students with different aspects of health care through internships, field trips, workshops, student seminars, service learning opportunities, mentoring by hospital staff, post-secondary coaching and when appropriate, career guidance and job placement assistance at Children's Hospital. The Medical Career Collaborative is a strategic program as part of HR's workforce development efforts. As the program invests in these students it is essentially increasing the diversity and cultural awareness of the healthcare workforce as it builds the next generation of professionals here at Children's Colorado and in the community. In 2014 there were 50 enrolled students.

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	Children's Hospital Colorado estimates bad debt reserves based on historical experience

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	THE HOSPITAL EXPENSES UNCOLLECTIBLE BALANCES 120 DAYS AFTER THE FIRST BILLING CYCLE THE HOSPITAL DOES NOT REPORT ANY BAD DEBT AMOUNT IN COMMUNITY BENEFIT

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	THE FOOTNOTE THAT DESCRIBES BAD DEBT IS ON PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	The shortfall reported in Line 7 represents Medicare shortfalls for high need pediatric patients served by Children's Hospital Colorado. If Children's Hospital Colorado did not subsidize the highly specialized care, access for this population would be limited, thus we view this care as community benefit. The Hospital utilized cost to charge ratio methodology to arrive at this number. The amount includes all costs less all payments received.

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	Yes, the organization does have a written debt collection policy. Prior to debt referrals, accounts 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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	Across the hospital, numerous internal and external data sources are regularly monitored and utilized to identify trends and opportunities to impact child health. Additionally, hospital staff dedicates time to serving on community boards and other community groups that assess health needs of the community and proactively participate in the health improvement efforts led by these partners.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	Children's Hospital Colorado has a process for informing and educating families about how they may be billed for patient care and their eligibility for financial assistance. Children's Hospital Colorado's full time patient financial counselors are dedicated to working with families to provide guidance regarding available financial assistance which ensures that its patient population receives the critical care it needs. Additionally, Children's Hospital Colorado provides patient assistance to help identify community-based resources, facilitate services and provide appropriate referral assistance to help with continuity of care. Inpatient Process This process applies to patients who are being admitted for observation, surgery or other inpatient services. If the patient is pre-scheduled, Children's Hospital Colorado Patient Access works to contact the family prior to admission to arrange for a financial screening appointment. Regardless of whether an appointment is set prior to admission, the Patient Financial Counseling team works with the family to determine their self-pay status (either non-commercial or government insurance) and subsequently works with them to screen for financial assistance options. Outpatient Process When a patient schedules a non-emergent or urgent outpatient clinic visit, they will identify themselves as self-pay if they do not have either commercial or government insurance. At this point, they are given two options: (1) pay a \$200 deposit at the time of appointment and be billed any remaining balance or (2) schedule time with Patient Financial Counseling for assistance. If the patient was seen in the Emergency Department or Urgent Care without the pre-screen, they still 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 200 percent and revised from time to time. Families with adjusted gross income between 200 percent and 400 percent of Federal Poverty Guidelines may also be considered for charity care with a cap for out-of-pocket responsibility. Determination of eligibility will be effective for six months and apply to all patients regardless of immigration status. Children's Colorado works to provide necessary hospital-related services consistent with its mission, its status as a nonprofit hospital and its stewardship responsibility to its donors.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	Children's Colorado on the Anschutz Medical Campus provides comprehensive medical care for kids from birth through adolescence. In addition to being the only pediatric Level 1 trauma center in the region, Children's Colorado treats virtually all conditions, minor and serious, that affect children at its main campus, its 15 network of care locations and 400 clinics. In 2014, Children's Colorado saw 217,767 unique patients, provided 158,159 emergency and urgent care visits, and provided 526,887 outpatient visits. 96.4% of these patients came from Colorado, representing all 64 counties, of these, 76.1% came from Metro Denver and 17.4% from other Front Range counties. The hospital also saw patients from all 50 states and Washington D C, as well as many other countries. Children's Hospital Colorado is the largest provider of health care services for low income children in Colorado with 46.8% of patients receiving Medicaid benefits, 6.6% other government programs and 1.3% self-pay and indigent. 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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	In 2014, Children's Hospital Colorado provided 20.14% of financial assistance and other community benefits to the community by committing to improving the health of children through the provision of high-quality, coordinated programs of patient care, education, research and advocacy. Children's Hospital Colorado works to deliver on this mission not only in the Denver metro area and the state of Colorado, but also throughout the Rocky Mountain region. There are extensive efforts led by Children's Hospital Colorado that positively impact the health and safety of children in the community - to describe all of them in detail is not realistic in a limited space, thus below are some of the highlights. Medical Faculty Profile Children's Hospital Colorado has an open medical staff, meaning community practitioners can hold privileges at the hospital. It has approximately 2,330 medical staff and 230 residents and fellows including 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 community staff members are its front-line partners in advancing a continuum of care for young patients. Its community clinical staff members provide training opportunities in primary care 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 residency programs in Colorado and Wyoming. This provides for a pediatric rotation at the hospital 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 primary care perspective is addressed in discussions about how to best provide the broadest spectrum of care to the region's children. Additionally, both hospital and community medical staff serve on various boards and committees, such as the Colorado Chapter of the AAP, MDA National Clinical Advisory Committee, Colorado Children's Immunization Coalition, the State Trauma Board, various health advisory boards and numerous school health programs. Many participate in international medical missions to improve the health of children worldwide. Children's Health Advocacy Institute (CHAI) The mission of CHAI is to improve the health and safety of children by engaging public and private partners in creating a thriving community for children. CHAI serves as a centralized resource for the hospital to identify community child health needs and develop and implement evidence based programs and strategies in partnership with the community that seek to address these needs. Highlighted Activities Obesity TO address the obesity health issue identified in the 2012 CHNA, a plan was established to integrate healthy weight screening and counseling into the primary care setting. This included the development of a training program, resources and the establishment of a healthy weight action plan within the electronic health record. In 2014, this effort was implemented in the Child Health Clinic (primary care) at Children's Hospital Colorado. Concurrently, Children's Colorado staff is working with the Colorado Pediatric Collaborative to support implementation in primary care practices throughout the community. K-12 Health Education Launched in 2012, the 5th Gear Kids program is a collaborative effort between the University of Colorado Anschutz Health and Wellness Center, Children's Hospital Colorado, Aurora Public Schools and the Cherry Creek School District. 5th Gear Kids was designed to provide greater access to physical activity and healthy eating opportunities, and to increase the desirability among 5th graders to participate in healthy lifestyles. In 2014, 7,000 students in the Aurora Public Schools and Cherry Creek School Districts participated in the program. The data collected and analyzed is used to positively impact childhood obesity trends. With the design and implementation phase of the program complete, we're now working with partners to develop a scalable model to release the program across Colorado and the nation. Injury Prevention The "Each One Teach One" CPS Outreach Program is a collaborative effort between Street-Smart, Inc., a Denver-based NPO, and the Injury Prevention Program at Children's Hospital Colorado. The goals of this program are to (1) increase the number of Denver County children ages birth-8 who are properly restrained in a car or booster seat, with special emphasis on increasing usage rates among African-American families living in the underserved neighborhoods of Northeast Denver, Park Hill, and Montebello, (2) increase the community's knowledge of the proper use of child restraints by offering CPS education and outreach opportunities to residents of these three communities, and (3) reduce the barrier of cost of child restraints to parents and ca

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	regivers by providing them to families in need. The goals were accomplished by partnering with Denver Health to staff CPS inspection stations at the Eastside and Montebello Family Health Centers, partnering with Mile High Montessori Head Start Centers to conduct CPS education and distribution events in neighborhoods at greatest statistical risk for MVC injuries sustained by children, conducting quarterly booster seat usage surveys in targeted neighborhoods, and evaluating progress toward increasing parent and caregiver knowledge, attitude, and skills through implementation of a CPS inspection station survey. In 2014, results included staffing over 100 hours at inspection stations, providing an additional 25 hours of CPS education and inspections at Head Start centers, distribution of over 400 child restraints to low-income families qualifying for federal entitlement programs, an observed increase of 4% in the number of booster seat-sized children traveling in booster seats during the course of program efforts, and an assessment of CPS awareness of over 100 parents and caregivers. Violence Prevention Regarding child abuse prevention, the hospital continued to convene stakeholders to lead a comprehensive statewide prevention effort and monitor outcomes through a formal research study, public health campaign evaluation, and monitoring of abusive head trauma cases. Additionally, the hospital provided education sessions and train-the-trainer instruction for thousands of community providers, partners, and interested individuals. Finally, the hospital furthered its role as a Center of Excellence for child abuse prevention by opening the multi-disciplinary Non Accidental Brain Injury Care Clinic in 2013. So far the clinic has cared for more than 50 newly diagnosed young children. In the past, children like these did not have comprehensive treatment for their unique medical, social, emotional, and academic needs. Children's Hospital Colorado is currently one of only a few hospitals in the U.S. to offer a multidisciplinary follow-up clinic for these young victims. Access to Care To address the multiple dimensions of increasing Access to Care, a priority identified in the 2012 CHNA, Children's Hospital Colorado continues to work in collaboration with several organizations to accomplish this end. Children's Hospital Colorado, Colorado Community Managed Care Network, and University of Colorado Hospital founded Colorado Access, a non-profit health plan that provides access to behavioral and physical health services for Coloradans. Colorado Access is a community oriented organization driven by the needs of its members. Through regular provider and consumer advisory, engagement, and partnerships, Colorado Access works to strengthen the communities they serve through access to quality care. Over the past 20 years, Children's Hospital Colorado has provided consistent leadership to the organization. The Colorado Children's Healthcare Access Program (CCHAP) is a nonprofit organization that has grown from awareness that private practice healthcare providers throughout Colorado want to do their share in taking care of underserved children, but numerous barriers prevent them from doing so. Although the barriers to private practices serving these children were numerous, CCHAP, in coordination with private pediatric practices and family practices, have shown that these barriers can be overcome. Since 2006, CCHAP has recruited, coached and supported over 250 pediatric and family practices, which includes over 800 providers, to provide a Medical Home for over 200,000 children on Medicaid and CHP+. A Medical Home is a family-centered, cost-effective, and coordinated approach to care that ensures a child receives preventive physical, mental, and oral health services. CCHAP serves as the implementation arm of the Access-to-Care mission of the Children's Hospital Advocacy Institute (CHAI) by providing assistance to all medical homes that serve children both in the

Additional Data

Software ID:
Software Version:
EIN: 84-0166760
Name: Children's Hospital Colorado

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

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

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

Name and address	Type of Facility (describe)
CHILDREN'S HOSPITAL CO PARKER ADVENTIST 19284 COTTONWOOD DRIVE PARKER,CO 80138	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO SPECIALTY CARE 9399 CROWN CREST BLVD PARKER,CO 80138	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO OP SPECIALTY CARE 4125 BRIARGATE PARKWAY COLORADO SPRINGS,CO 80920	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO THERAPY CARE Printers Park Medical Plaza COLORADO SPRINGS,CO 80910	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO THERAPY CARE 8401 ARISTA PLACE BROOMFIELD,CO 80021	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO UC & OP CARE 3455 LUTHERAN PARKWAY WHEAT RIDGE,CO 80033	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO UC & OP CARE 151 W COUNTY LINE ROAD LITTLETON,CO 80129	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO CCBD 7720 S BROADWAY LITTLETON,CO 80122	OT/PT, SPEECH & AUDIOLOGY
KIDSTREET 3615 MARTIN LUTHER KING BLVD DENVER,CO 80205	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO OP SPECIALTY CARE 7960 UNIVERSITY BLVD CENTENNIAL,CO 80112	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO ORTHOPEDIC CARE 9094 E MINERAL AVE STE 110 CENTENNIAL,CO 80112	OT/PT, SPEECH & AUDIOLOGY
CHILDREN'S HOSPITAL CO THERAPY CARE 704 FORTINO BLVD SUITE A PUEBLO,CO 81008	OT/PT, SPEECH & AUDIOLOGY

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Children's Hospital Colorado

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.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number

84-0166760

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

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

21

3

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

5

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

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

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

Additional Data

Software ID:
Software Version:
EIN: 84-0166760
Name: Children's Hospital Colorado

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
American Heart Association 1777 S Harrison Street Denver,CO 80210	13-5613797	501(c)(3)	13,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Arapahoe Youth League Inc 6834 S University Centennial, CO 80122	51-0160095	501(c)(3)	8,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Commerce14305 E Alameda Ave Aurora, CO 80012	84-0417773	501(c)(6)	12,957	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Council14001 E Ilif Ave Aurora, CO 80014	84-0776480	501(c)(6)	22,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Benevolent Healthcare Foundation10377 E Geddes Ave Centennial, CO 80112	84-1568556	501(c)(3)	15,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Brent Eley Foundation11980 E 16th Ave Aurora, CO 80110	84-1387528	501(c)(3)	9,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Cheyenne Mounatin Zoological Society4250 Cheyenne Mtn Zoo CO Springs, CO 80906	84-0407039	501(c)(3)	81,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Child Health Corporation of America6803 W 64th Street Shawnee Misson, KS 66202	52-1421302		36,700	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Colorado Childrens Campaign Annual Lunch 1580 Lincoln St Ste 420 Denver, CO 80203	74-2374672	501(c)(3)	10,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Colorado Nurses Foundation 9200 E Mineral Ave Centennial,CO 80112	74-2523583	501(c)(3)	6,000	0			GENERAL PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Colorado Springs Regional Bus Alliance102 S Tejon Street CO Springs,CO 80903	84-1339670	501(c)(3)	50,465	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Columbine Lakewood Colorado Soccer8101 S Shaffer Parkway Littleton, CO 80127	84-1411827	501(c)(3)	15,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Crohns & Colitis Foundation of America1805 S Bellaire St Denver, CO 80222	13-6193105	501(c)(3)	26,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Art Museum100 West 14th Avenue Parkway Denver, CO 80204	84-6038240	501(c)(3)	46,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Zoo2300 Steele Street Denver, CO 80205	84-0502539	501(c)(3)	80,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Highlands Ranch Community Assoc9568 University Highlands Ranch, CO 80126	84-0869474	501(c)(3)	20,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
IMG College IncPO Box 16533 Palatine,IL 60055	27-3646546		30,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
March of Dimes1325 S Colorado Blvd Denver, CO 80222	13-1846366	501(c)(3)	22,500	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
March of Dimes Southern Colorado Division421 S Tejon St Colorado Springs, CO 80903	13-1846366	501(c)(3)	5,500	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Memorial Administrative Center2420 E Pikes Peak CO Springs, CO 80909	84-1179794	501(c)(3)	12,500	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Memorial Health System Foundation1519 E Boulder Colorado Springs, CO 80909	84-1576338	501(c)(3)	8,100	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Northwest Douglas Cty Economic Dev Corp8351 Rampart Range Rd Littleton,CO 80125	45-3723816	501(c)(6)	10,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
REAL Colorado8200 S Akron Centennial, CO 80112	84-0728422	501(c)(3)	60,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 House of Charities1300 E 21st Avenue Denver,CO 80205	84-0728926	501(c)(3)	10,500	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 House of Charities South311 North Logan Colorado Springs, CO 80909	84-1013843	501(c)(3)	12,500	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 Health Foundation11600 W 2nd Pl Lakewood, CO 80228	74-2262028	501(c)(3)	6,000	0			General Program Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
University of Colorado13001 E 17th Avenue C290 Aurora, CO 80045	84-6000555	501(c)(3)	10,000	0			General Program Support

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, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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:		
4a Receive a severance payment or change-of-control payment?	Yes	
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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:		
5a The organization?		No
5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
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:		
6a The organization?		No
6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
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.	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	LEONARD J DRYER, JR RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$224,468 SCHEDULE J, PART I, LINE 4B THE FOLLOWING INDIVIDUALS RECEIVED PAYOUTS FROM A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN LEONARD J DRYER \$47,213 AMY CASSERI \$155,563
SCHEDULE J, PART I, LINE 7	CERTAIN INDIVIDUALS ARE ELIGIBLE TO PARTICIPATE IN THE INCENTIVE PLAN FOR CHILDREN'S COLORADO, THE COMPONENTS OF WHICH INCLUDE ACHIEVEMENT OF ORGANIZATIONAL PERFORMANCE GOALS AND INDIVIDUAL PERFORMANCE GOALS BECAUSE THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE THIS PLAN AT ANY TIME, FOR ANY REASON, AT ITS SOLE DISCRETION AND BECAUSE OF CERTAIN OTHER CONDITIONS OF THE PLAN, LINE 7 REGARDING "NON-FIXED PAYMENTS" IS ANSWERED YES NOTE THAT PRIOR TO THE PAYMENT OF ANY AMOUNTS TO AN INDIVIDUAL WHO IS CONSIDERED A DISQUALIFIED PERSON, THE COMPENSATION COMMITTEE SHALL CERTIFY IN WRITING THE EXTENT TO WHICH THE PERFORMANCE FACTORS ESTABLISHED BY THE COMPENSATION COMMITTEE HAVE BEEN SATISFIED AND SHALL APPROVE THE PAYMENT OF SUCH BONUSES TO SUCH INDIVIDUALS SEE PART VI, LINES 15A/B FOR ADDITIONAL INFORMATION ON EXECUTIVE COMPENSATION
SCHEDULE J, PART II	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 - \$505,386 base compensation and \$177,589 of 2013 bonus paid in 2014 Fred Suchy, M D - \$284,824 base compensation and \$147,936 of 2013 bonus paid in 2014 Daniel Hyman, M D - \$354,431 base compensation and \$115,177 of 2013 bonus paid in 2014 Stephen Daniels, M D - \$335,641 base compensation and \$99,458 of 2013 bonus paid in 2014 Timothy Crombleholme, M D - \$295,000 base compensation and \$200,000 of 2013 bonus paid in 2014 Dennis Matthews, M D - \$152,616 base compensation and \$75,569 of 2013 bonus paid in 2014

Additional Data

Software ID:
Software Version:
EIN: 84-0166760
Name: Children's Hospital Colorado

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENA HAUSMANN, PRESIDENT AND COO	(i) (ii)	496,890 0	283,038 0	2,132 0	133,108 0	20,740 0	935,908 0	0 0
1 JOAN BOTHNER MD, CHIEF MEDICAL OFFICER	(i) (ii)	505,386 0	177,589 0	0 0	0 0	0 0	682,975 0	0 0
2 TIMOTHY CROMBLEHOME MD, SURGEON-IN-CHIEF	(i) (ii)	295,000 0	200,000 0	0 0	0 0	0 0	495,000 0	0 0
3 STEPHEN DANIELS MD, PEDIATRIC-IN-CHIEF	(i) (ii)	335,641 0	99,458 0	0 0	0 0	0 0	435,099 0	0 0
4 LEONARD J DRYER JR, FORMER SR VP / CFO	(i) (ii)	0 0	0 0	271,681 0	0 0	0 0	271,681 0	47,213 0
5 JEFFREY HARRINGTON, SR VP / CFO	(i) (ii)	385,367 0	148,920 0	2,338 0	83,271 0	18,461 0	638,357 0	0 0
6 AMY CASSERI, CHIEF STRATEGY OFFICER	(i) (ii)	155,589 0	137,497 0	210,369 0	31,413 0	7,815 0	542,683 0	155,563 0
7 DANIEL HYMAN MD, CHIEF QUALITY OFFICER	(i) (ii)	354,431 0	115,177 0	0 0	0 0	0 0	469,608 0	0 0
8 Suzanne Jaeger, Sr VP Experience and Access	(i) (ii)	247,539 0	86,223 0	2,316 0	65,069 0	18,461 0	419,608 0	0 0
9 MICHELLE M LUCERO, CHIEF LEGAL OFFICER	(i) (ii)	351,090 0	110,957 0	2,794 0	92,592 0	16,479 0	573,912 0	0 0
10 MARY ANNE LEACH, SR VP / CIO	(i) (ii)	306,312 0	125,626 0	4,515 0	90,948 0	6,897 0	534,298 0	0 0
11 KELLY JOHNSON, SR VP / CHIEF NURSING OFFICER	(i) (ii)	304,343 0	102,341 0	4,969 0	75,343 0	18,461 0	505,457 0	0 0
12 Gil Peri, Sr VP Strategy	(i) (ii)	102,054 0	77,829 0	4,707 0	0 0	5,675 0	190,265 0	0 0
13 JAMES E SHMERLING DHA, CEO	(i) (ii)	863,793 0	619,500 0	10,070 0	240,944 0	1,630 0	1,735,937 0	0 0
14 FRED SUCHY MD, CHIEF RESEARCH OFFICER	(i) (ii)	284,824 0	147,936 0	0 0	0 0	0 0	432,760 0	0 0
15 DENNIS MATTHEWS MD, PPARDI-IN-CHIEF	(i) (ii)	152,616 0	75,569 0	0 0	0 0	0 0	228,185 0	0 0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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	SERIES 2008 - SEE PART VI		X		X		X
B CITY OF AURORA CO	84-6000564	05155XBX6	05-25-2010	59,999,130	SERIES 2010A - SEE PART VI		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648AL52	08-14-2013	309,252,566	SERIES 2013 - SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	50,375,000		0		155,000			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	258,814,487		59,999,130		309,252,566			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	2,381,234		709,432		1,844,600			
8	Credit enhancement from proceeds	183,253		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		59,289,698		197,052,966			
11	Other spent proceeds	256,250,000		0		110,355,000			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2008		2012		2013			
		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 of bond-financed property?		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 %		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 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
	SCHEDULE K, PART I, COLUMN (F) BOND A - HOSPITAL REVENUE BONDS SERIES 2008 - THE PURPOSE OF THIS BOND ISSUE 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 BOND B - 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 BOND C - HOSPITAL REVENUE BONDS SERIES 2013 - THE PURPOSE OF THIS BOND ISSUE IS TO FINANCE LONG-TERM PROJECTS AND TO REFUND SERIES 2008B AND 2008C BONDS SCHEDULE K, PART IV, LINE 2C BOND B - THE REBATE COMPUTATION WAS PERFORMED JUNE 1, 2013

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization Children's Hospital Colorado	Employer identification number 84-0166760
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	▶ \$			
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Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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) MATTHEW M DRYER	SON OF FORMER OFFICER	106,203	compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
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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 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
Children's Hospital Colorado**Employer identification number**

84-0166760

Return Reference	Explanation
FORM 990, PART I, LINE 6	FROM TEENAGERS TO GREAT GRANDPARENTS, FROM HOMEMAKERS TO PROFESSIONAL ATHLETES, CHILDREN'S HOSPITAL COLORADO VOLUNTEERS ENCOMPASS ALL WALKS OF LIFE AND ALL INCOME LEVELS, EACH VOLUNTEER WITH SOMETHING UNIQUE TO OFFER. OUR DIVERSE GROUP OF VOLUNTEERS HAS ONE THING IN COMMON, HOWEVER, THE DESIRE TO HELP SICK CHILDREN AND THEIR FAMILIES. CHILDREN'S HOSPITAL COLORADO IS FORTUNATE TO HAVE HUNDREDS OF DEDICATED VOLUNTEERS WHO WORK REGULARLY, FROM SEVERAL HOURS A YEAR TO SEVERAL HOURS A WEEK, TO PROVIDE BETTER CARE FOR THE CHILDREN OF CHILDREN'S HOSPITAL COLORADO. THE ASSOCIATION OF VOLUNTEERS THE VOLUNTEERS AT CHILDREN'S HOSPITAL COLORADO ARE ALL PART OF A GROUP CALLED CHILDREN'S HOSPITAL COLORADO ASSOCIATION OF VOLUNTEERS (AOV). THE AOV COORDINATES PLACEMENTS FOR VOLUNTEERS AND ENSURES THAT COMPLETE ORIENTATION AND TRAINING IS PROVIDED TO ALL VOLUNTEERS. OUR VOLUNTEER'S SKILLS AND INTERESTS ARE ALL SO APPRECIATED AND WE TRY TO PLACE EVERYONE IN A ROLE THAT SUITS THEM AND OUR NEEDS. THE EXAMPLES BELOW ARE JUST SOME OF THE WAYS THAT OUR VOLUNTEERS CONTRIBUTE - VOLUNTEERS SPEND TIME WITH OUR PATIENTS BY HOLDING, COMFORTING, PLAYING WITH THEM AND MAKING THEM LAUGH - VOLUNTEERS BRING SPECIALLY-SCREENED DOGS TO PROVIDE ANIMAL-ASSISTED THERAPY FOR THE PRESCRIPTION PET PROGRAM - SPECIALLY TRAINED VOLUNTEERS SERVE AS AMBASSADORS WITH THE WELCOME PROGRAM. VOLUNTEERS GREET NEWLY ADMITTED PATIENT FAMILIES UPON THEIR ARRIVAL AND INTRODUCE THEM TO THE HOSPITAL'S MANY AMENITIES. THE GOAL IS TO PROVIDE A WARM AND WELCOMING ENVIRONMENT AND TO ANSWER ANY NON-MEDICAL QUESTIONS - THE WINE EVENT IS THE ASSOCIATION OF VOLUNTEERS' SIGNATURE EVENT. THE SPECIAL EVENING FEATURES A SILENT AND LIVE AUCTION OF FINE WINES AND EXPERIENCES WITH ALL PROCEEDS BENEFITING THE MATERNAL FETAL MEDICINE PROGRAM - MANY GROUPS OF VOLUNTEERS DO NOT SPEND TIME DIRECTLY WITH OUR PATIENTS, BUT PERFORM MORE ADMINISTRATIVE DUTIES, WHICH CAN BE JUST AS IMPORTANT TO THE DAY-TO-DAY OPERATIONS OF CHILDREN'S HOSPITAL COLORADO - TEENAGERS BETWEEN 13 AND 18 YEARS OF AGE PARTICIPATE IN THE JUNIOR VOLUNTEER PROGRAM. THEY SUPPORT THE HOSPITAL BY WORKING IN A NUMBER OF DEPARTMENTS AS WELL AS SUPPORTING FUNDRAISING ACTIVITIES - VOLUNTEERS ALSO ASSIST IN FUNDRAISING BY STAFFING CHILDREN'S HOSPITAL COLORADO GIFT SHOP AND LA CACHE - CHAPTER VOLUNTEERS IN THE COMMUNITY ARE VERY ACTIVE IN FUNDRAISING EVENTS THROUGHOUT THE YEAR THAT HELP TO FUND SPECIAL EQUIPMENT, FACILITIES AND PROGRAMS FOR THE PATIENTS OF CHILDREN'S HOSPITAL COLORADO.

Return Reference	Explanation	
	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 OUR MISSION IS TO IMPROVE THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH-QUALITY, COORDINATED PROGRAMS OF PATIENT CARE, EDUCATION, RESEARCH AND ADVOCACY 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 2,450 PEDIATRIC SPECIALISTS AND MORE THAN 5,700 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, MULTI-SPECIALITY AMBULATORY SERVICES INCLUDING 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 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 TERTIARY SERVICES CHILDREN'S COLORADO PROVIDES A COMPREHENSIVE ARRAY OF DIAGNOSTIC AND THERAPEUTIC PEDIATRIC SERVICES ON BOTH AN INPATIENT AND OUTPATIENT BASIS THE WIDE RANGE OF TERTIARY SERVICES AT THE CHILDREN'S COLORADO ANSCHUTZ CAMPUS HOSPITAL INCLUDES LEVEL I PEDIATRIC TRAUMA CENTER - THE ONLY SUCH FACILITY IN THE ROCKY MOUNTAIN REGION, APPROXIMATELY 70% OF PATIENTS ARE TRANSFERRED FROM OTHER HOSPITALS OR CLINICS LEVEL III NEONATAL INTENSIVE CARE UNIT - SERVES AS A REFERRAL CENTER FOR COLORADO AND SURROUNDING STATES NEUROSURGERY - CHILDREN'S COLORADO IS A REFERRAL CENTER FOR PEDIATRIC NEUROSURGERY FOR A LARGE PORTION OF THE WESTERN UNITED STATES OFFERING THE REGION'S ONLY COMPREHENSIVE TREATMENT PROGRAM FOR CHRONIC SEIZURE DISORDERS AND THE FIRST PEDIATRIC NEUROFIBROMATOSIS CLINIC CARDIOTHORACIC AND VASCULAR SURGERY - IN ADDITION TO THE HEART TRANSPLANT PROGRAM, CHILDREN'S COLORADO HAS THE ONLY PEDIATRIC VENTRICULAR-ASSIST DEVICE PROGRAM IN THE ROCKY MOUNTAIN REGION BURN CENTER - THE ONLY MULTIDISCIPLINARY PROVIDER OF ACUTE AND REHABILITATIVE PEDIATRIC BURN CARE IN COLORADO NEUROTRAUMA REHABILITATION PROGRAM - THE ROCKY MOUNTAIN REGION'S ONLY PEDIATRIC NEUROTRAUMA REHABILITATION PROGRAM ONCOLOGY/HEMATOLOGY/BONE MARROW TRANSPLANT - THE CANCER CENTER AT CHILDREN'S COLORADO OFFERS THE ROCKY MOUNTAIN REGION'S MOST COMPREHENSIVE DIAGNOSTIC, TREATMENT AND SUPPORT SERVICES FOR PEDIATRIC AND ADOLESCENT PATIENTS AND INCLUDES THE ONLY PEDIATRIC BONE MARROW TRANSPLANT CENTER IN THE REGION EATING DISORDERS TREATMENT PROGRAMS - THE ROCKY MOUNTAIN REGION'S MOST COMPREHENSIVE CENTER FOR EVALUATION AND TREATMENT OF EATING DISORDERS IN CHILDREN, ADOLESCENTS AND YOUNG ADULTS, INCLUDES AN INPATIENT CENTER PROVIDING SPECIALIZED INPATIENT CARE AND A DAY TREATMENT PROGRAM PROVIDING INTENSIVE OUTPATIENT CARE INCLUDING GROUP AND FAMILY THERAPY CHILDREN'S HOSPITAL IMMUNODEFICIENCY PROGRAM ("CHIP") - A REGIONAL REFERRAL CENTER FOR PEDIATRIC PATIENTS WITH HIV INFECTION OR AIDS, CHIP PROVIDES COMPREHENSIVE MEDICAL TREATMENT AND WIDE-RANGING SUPPORT IN THE CONTEXT OF A PROGRAM AFFILIATED WITH THE NIH THE ANSCHUTZ CAMPUS HOSPITAL IS A RESEARCH SITE FOR THE PEDIATRIC AIDS CLINICAL TRIALS GROUP CYSTIC FIBROSIS CENTER - A TREATMENT AND RESEARCH CENTER DESIGNATED BY THE CYSTIC FIBROSIS FOUNDATION AS ONE OF NINE NATIONAL RESOURCE CENTERS IN THE UN

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	UNITED STATES CENTER FOR GAIT AND MOVEMENT ANALYSIS - THE ROCKY MOUNTAIN REGION'S ONLY CLINICAL GAIT ANALYSIS FACILITY, THE CENTER ACCEPTS REFERRALS FOR BOTH CHILDREN AND ADULTS. THE CENTER USES SPECIALIZED MEASUREMENT TOOLS TO IDENTIFY FUNCTIONAL CAUSES OF A PATIENT'S MOVEMENT PROBLEM. TREATMENT PLANS INCLUDE SURGERY AND NON-SURGICAL TREATMENTS, SUCH AS NEUROMUSCULAR INJECTIONS, PHYSICAL THERAPY, BIOFEEDBACK AND ORTHO-PROSTHETIC MODIFICATIONS. THE CENTER HAS TREATED MORE THAN 1,000 PATIENTS. EXPERIMENTAL THERAPEUTICS PROGRAM - PROVIDES ACCESS TO NEW AND PROMISING EXPERIMENTAL THERAPIES TO CANCER AND BLOOD DISORDER PATIENTS WITH RECURRENT DISEASE, THOSE RESISTANT TO TRADITIONAL TREATMENT OR WITH A DIAGNOSIS THAT HAS NO REASONABLE CURATIVE PROSPECT. IT IS THE ONLY PROGRAM OF ITS KIND IN THE ROCKY MOUNTAIN REGION, AND HAS PROVIDED CONSULTATION AND TREATMENT FOR PATIENTS FROM 32 STATES AND 11 FOREIGN COUNTRIES SINCE 2004. CHILDREN'S COLORADO IS A FOUNDING MEMBER (WITH MEMORIAL SLOAN-KETTERING CANCER CENTER) OF THE PEDIATRIC ONCOLOGY EXPERIMENTAL THERAPEUTICS INVESTIGATORS' CONSORTIUM, AN INTERNATIONAL ASSOCIATION DEDICATED TO THE ADVANCEMENT OF PROMISING THERAPIES FOR THE TREATMENT OF CANCER IN CHILDREN, ADOLESCENTS AND YOUNG ADULTS. THIS PROGRAM ALSO PARTICIPATES IN THE NEW APPROACHES TO NEUROBLASTOMA TREATMENT AND THE THERAPEUTIC ADVANCES FOR CHILDHOOD LEUKEMIA COOPERATIVE GROUPS, AND HAS LED AN INTERNATIONAL EFFORT IN WORLDWIDE CHILDHOOD CANCER DRUG DEVELOPMENT COLLABORATION. COLORADO INSTITUTE FOR MATERNAL AND FETAL HEALTH ("CIMFH") - CHILDREN'S COLORADO AND UNIVERSITY HOSPITAL HAVE COLLABORATED SINCE 2008 TO ESTABLISH A PREEMINENT MATERNAL-FETAL/NEONATAL MEDICINE PROGRAM. CHILDREN'S COLORADO OPENED ITS BRANCH OF THE CIMFH IN OCTOBER 2012 IN THE RECENTLY COMPLETED EAST TOWER OF THE ANSCHUTZ CAMPUS HOSPITAL. A COLLABORATION AMONG CHILDREN'S COLORADO, UNIVERSITY HOSPITAL AND UCSOM, THE CIMFH OFFERS MOTHERS, BABIES AND THEIR FAMILIES UNPARALLELED MULTIDISCIPLINARY CARE AND TREATMENT BEFORE, DURING AND AFTER LOW- OR HIGH-RISK PREGNANCIES. THE CIMFH SPACE IN THE EAST TOWER INCLUDES A DISCRETE ENTRANCE/EXIT, TWELVE LDRP (LABOR, DELIVERY AND RECOVERY AND POSTPARTUM) ROOMS EQUIPPED FOR FULL MATERNAL CARE, AS WELL AS CARE OF THE BABY, ONE MATERNAL OPERATING ROOM (FOR C-SECTIONS), ONE FETAL INTERVENTION SUITE (FOR FETAL CARE, SURGERIES AND RELATED PROCEDURES), AND TWO INFANT STABILIZATION ROOMS. CAPABILITIES INCLUDE PRENATAL AND FETAL DIAGNOSTIC TECHNIQUES, FETOSCOPIC SURGERY, EX UTERO INTRAPARTUM TREATMENT, AND OPEN-FETAL PROCEDURES. THE MATERNAL AND CHILD HEALTH DIVISION WITHIN THE COLORADO SCHOOL OF PUBLIC HEALTH'S CENTER FOR GLOBAL HEALTH WAS DESIGNATED IN 2012 BY THE WORLD HEALTH ORGANIZATION AS A WHO COLLABORATING CENTER FOR PROMOTING FAMILY AND CHILD HEALTH. THE DIVISION IS A PARTNERSHIP BETWEEN CHILDREN'S COLORADO AND UCSOM AND IS ONE OF ONLY TWO PROGRAMS IN THE AMERICAS TO RECEIVE THIS DESIGNATION IN MATERNAL AND CHILD HEALTH. THE MIBG PROGRAM (CALLED "MIBG" FOR SHORT) IN THE CENTER FOR CANCER AND BLOOD DISORDERS IS DEDICATED TO THE SAFE ADMINISTRATION OF MIBG, AN INNOVATIVE THERAPY THAT USES INTRAVENOUS (IV) RADIATION TARGETED TO CERTAIN CANCER CELLS. CHILDREN'S COLORADO IS THE ONLY HOSPITAL IN THE ROCKY MOUNTAIN REGION AND ONE OF ONLY APPROXIMATELY 12 HOSPITALS IN THE UNITED STATES THAT OFFERS MIBG THERAPY FOR KIDS. IN ADDITION, CHILDREN'S COLORADO HAS SPECIALISTS IN RARE PEDIATRIC DISORDERS, SUCH AS INHERITED METABOLIC DISEASE AND HYPOPLASTIC LEFT HEART SYNDROME. OTHER SERVICES, PHYSICIAN OUTREACH, TELEMEDICINE AND SCHOOL HEALTH PROGRAMS. CHILDREN'S COLORADO PROVIDES A VARIETY OF OTHER SERVICES RELATED TO AND IN SUPPORT OF ITS INPATIENT AND OUTPATIENT CLINICAL SERVICES. THESE SERVICES RANGE FROM THE AFTER HOURS TELEPHONE CARE PROGRAM TO THE HANDICAPPED SPORTS PROGRAM, WHICH SPONSORS CAMPS FOR CHILDREN WITH PHYSICAL DISABILITIES. EDUCATIONAL SERVICES ARE PROVIDED IN SCHOOLS AS WELL AS IN THE COMMUNITY, AND THE CHILDREN'S COLORADO

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	CHILDREN'S HOSPITAL COLORADO'S EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, PRESIDENT, SECRETARY , TREASURER, IMMEDIATE PAST CHAIR, AND THE CHAIR OF THE CHILDREN'S HOSPITAL COLORADO FOUNDATION THE EXECUTIVE COMMITTEE HAS ALL THE POWERS OF THE BOARD OF DIRECTORS, EXCEPT AS LIMITED BY LAW, DURING THE PERIOD BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD

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

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	THE WRITTEN CONSENT OF CHILDREN'S HOSPITAL COLORADO HEALTH SYSTEM IS REQUIRED TO APPROVE THE BOARD OF DIRECTORS OF CHILDREN'S HOSPITAL COLORADO

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

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	CHILDREN'S HOSPITAL COLORADO'S FINANCE DEPARTMENT WORKS CLOSELY WITH HUMAN RESOURCES, CORPORATE COMPLIANCE, LEGAL AND PUBLIC RELATIONS TO GATHER ALL OF THE DATA REQUIRED TO COMPLETE THE FORM 990 THE VP Of Finance and the Director of Acctg & Reporting CONDUCT A REVIEW WITH THE CFO PRIOR TO THE DRAFT BEING DISTRIBUTED TO THE BOARD OF DIRECTORS ANY NECESSARY CHANGES ARE MADE, THE FORM IS SIGNED BY THE CFO, REVIEWED BY THE AUDIT COMMITTEE, AND A FINAL COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS VIA A SECURED WEBSITE

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	BOARD MEMBERS ARE REQUIRED TO DISCLOSE, ON AN ANNUAL BASIS, POTENTIAL CONFLICT OF INTERESTS PURSUANT TO THE WRITTEN POLICIES OF CHILDREN'S HOSPITAL COLORADO (CHCO) AND CHILDREN'S HOSPITAL COLORADO FOUNDATION (CHCF). ALL EMPLOYEES AND BOARD MEMBERS MUST PROMPTLY PROVIDE A WRITTEN DESCRIPTION OF MATERIAL FACTS OF AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST TO CORPORATE COMPLIANCE AND/OR GENERAL COUNSEL ON THE APPROPRIATE DISCLOSURE FORM. SUCH DISCLOSURE WILL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF THE CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST. POLICIES AND PROCEDURES FOR DISCLOSING CONFLICTS OF INTEREST ARE TO BE FOLLOWED ACCORDING TO THE INDIVIDUAL'S FUNCTION, IN COMPLIANCE WITH STATE AND FEDERAL REGULATIONS. COMPLETED DISCLOSURE FORMS ARE SUBJECT TO AUDIT REVIEW BY LEGAL, THE CORPORATE COMPLIANCE PROGRAM, AND THE 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 CHCO COULD OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES.

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	CHILDREN'S COLORADO HAS AN EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THAT REVIEWS AND APPROVES ANY PROPOSED INCREASES RELATED TO ANY OFFICERS AND KEY EMPLOYEES OF THE COMPANY THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE ALONG WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EACH YEAR ONCE A CHANGE IN COMPENSATION IS APPROVED, FORMAL DOCUMENTS ARE COMPLETED AND MINUTES OF THE MEETING ARE PREPARED, REVIEWED AND APPROVED REVIEW PROCESS INCLUDES ○ REVIEW MARKET RATIO - SHOULD FALL BETWEEN 80% TO 120% OF MARKET ○ REVIEW 25TH, 50TH, AND 75TH PERCENTILE -- - BASE SALARY - INDIVIDUAL QUALIFICATIONS AND PERFORMANCE DETERMINES MARKET POSITION -- - VARIABLE PAY - LEADERSHIP INCENTIVE IS IN PLACE WHICH REWARDS FOR ORGANIZATIONAL PERFORMANCE WITH A COMPONENT ALSO BASED ON DIVISION PERFORMANCE FOR ALL EXCEPT THE CEO ○ AWARDS ARE BASED ON ACHIEVEMENT OF PRE-ESTABLISHED CHILDREN'S COLORADO GOALS WHICH SUPPORT THE STRATEGIC PLAN -- - BENEFITS - TARGETED AT THE "MIDDLE OF MARKET" DECISION FACTORS IN EXECUTIVE COMPENSATION DECISIONS -- - MARKET DATA FROM INDEPENDENT COMPENSATION SURVEYS THAT REFLECT FUNCTIONALLY COMPARABLE POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE AND SCOPE -- - DIFFICULTIES IN RECRUITING AND RETAINING EXECUTIVES -- - SKILLS, EXPERIENCE AND PERFORMANCE HISTORY OF INDIVIDUAL EXECUTIVES -- - CRITICAL BUSINESS OR STRATEGIC ISSUES THAT THE ORGANIZATION MAY FACE ○ WHEN ASSESSING EXECUTIVE COMPENSATION, CHILDREN'S COLORADO CONSIDERS BOTH MARKET RATIOS ○ UTILIZED APPROVED PEER GROUP FROM JANUARY 2014 MEETING ○ ON POSITIONS WITH INSUFFICIENT DATA (LESS THAN 10 MATCHES) -- - USED EXPANDED PEER GROUP OF ALL ACUTE CARE ORGANIZATIONS ○ BENCHMARKED BASE PAY, TOTAL CASH COMPENSATION, AND BENEFITS 2014 CUSTOM PEER GROUP ○ ATLANTA ○ BOSTON ○ CHICAGO ○ CINCINNATI ○ COLUMBUS ○ DALLAS ○ HOUSTON ○ KANSAS CITY ○ LOS ANGELES ○ MIAMI ○ MILWAUKEE ○ MINNEAPOLIS ○ PALO ALTO ○ PHILADELPHIA ○ WASHINGTON, DC ○ FORT WORTH ○ SEATTLE

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	Equity transfer to parent (CHCHS) (80,000,000) Change in value of interest rate sw aps (15,935,901) Change in pension assets (10,444,842) Net income reported on other tax returns (549,801) Change in Restricted Net Assets 4,788,157 Other changes in net assets 888,220 ----- TOTAL \$(101,257,167) =====

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES - UPI TOTAL FEES 87582750

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 28777917

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ENVIRONMENTAL SERVICES TOTAL FEES 8532365

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SECURITY SERVICES TOTAL FEES 2510107

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION THIRD PARTY BILLING SERVICES TOTAL FEES 2397868

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY SERVICES TOTAL FEES 1827414

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ALL OTHER SERVICES TOTAL FEES 108209

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Colorado

Employer identification number
84-0166760

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHILDRENS' HOSPITAL COLORADO HLTH SYSTEM 13123 EAST 16TH AVENUE Aurora, CO 80045 45-4182666	Healthcare	CO	501(c)(3)	11-III, fi	na		No
(2) CHILD HEALTH MANAGEMENT SERVICES INC 13123 EAST 16TH AVENUE Aurora, CO 80045 74-2266667	IT Svcs	CO	501(c)(3)	3	CH-Colorado	Yes	
(3) THE CHILDREN'S HOSPITAL FOUNDATION 13123 EAST 16TH AVENUE Aurora, CO 80045 84-0813462	Foundation	CO	501(c)(3)	7	CHCHS	Yes	
(4) Children's Health Corporation 13123 EAST 16th AVENUE AURORA, CO 80045 74-2235572	SUPPORTING	CO	501(C)(3)	11, TYPE I	CH-COLORADO	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) 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	
(1) CHILDREN'S NORTH SURGERY CTR SEE PART VII AURORA, CA 80045 26-2394578	OUTPATIENT SURG	CO	CH-COLORADO	RELATED	-95,322	1,964,455		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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) RMCHS MANAGEMENT SERVICES INC 13123 EAST 16TH AVENUE AURORA, CO 80045 84-0957415	BILLING	CO	CH-COLORADO	C Corp	5,255,159	115,488	100 000 %	Yes	
(2) Perpetual Trust	HOSPITAL SUPPORT	CO	CH-COLORADO					Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e

1f

1g

1h

1i

1j

1k

1l Yes

1m Yes

1n Yes

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S NORTH SURGERY CENTERLLC	d	4,301,000	LOAN GUARANTEED
(2) CHILDREN'S NORTH SURGERY CENTERLLC	a	248,000	FINANCIAL STMT
(3) THE CHILDREN'S HOSPITAL FOUNDATION	C	19,452,297	FINANCIAL STMT

Schedule R (Form 990) 2014

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	

Part VII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III, COLUMN (A)	CHILDREN'S NORTH SURGERY CENTER EIN 26-2394578 ADDRESS 13123 EAST 16TH AVENUE AURORA, CO 80045