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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

% 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

City or town, state or province, country, and ZIP or foreign postal code
AURORA, CO 80045

D Employer identification number
84-0166760

E Telephone number
(720) 777-1234

G Gross receipts $ 1,031,199,569

F Name and address of principal officer
Jena Hausmann
13123 East 16th Avenue
Aurora, CO 80045

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHILDRENSCOLORADO ORG

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

L Year of formation 1908

M State of legal domicile CO

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

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 2015 (Part V, line 2a)	**5**	6,993
6	Total number of volunteers (estimate if necessary)	**6**	2,646
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,889,145
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-213,514

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,543,007	29,185,954
9	Program service revenue (Part VIII, line 2g)	893,154,291	949,352,509
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,771,803	1,333,947
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	443,148	232,137
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	926,912,249	980,104,547

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	678,722	845,301
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	445,927,118	471,786,908
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	417,779,064	436,400,452
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	864,384,904	909,032,661
19	Revenue less expenses Subtract line 18 from line 12	62,527,345	71,071,886

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,314,372,391	1,348,367,934
21	Total liabilities (Part X, line 26)	737,311,309	760,628,022
22	Net assets or fund balances Subtract line 21 from line 20	577,061,082	587,739,912

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2016-11-07

Jeffrey Harrington SVP and CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVEN T RUTTI	STEVEN T RUTTI			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 $ 713,170,002 including grants of $ 845,301) (Revenue $ 949,352,509)

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 $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 713,170,002

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . .	1a	646		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,993		
b	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)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		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? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	1a	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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) 777-6126

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								9,501,861	0	958,096

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 ▶ 518

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
University Physicians Inc, 13611 E Colfax Avenue Aurora, CO 80045	Physician Services	67,303,936
University of Colorado Denver, 13001 E 17th Place Aurora, CO 80045	Educational Services	17,977,879
University Hospital, 12605 E 16th Ave Aurora, CO 80045	Medical Research	6,881,349
Epic Systems Corp, 1979 Milky Way Verona, WI 53593	Medical Software SVS	3,024,877
Sterling Rice Group Inc, 1801 13st Street Suite 400 Boulder, CO 80302	Advertising/Branding	3,005,203
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 ▶ 107		

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 23,903,101				
	e	Government grants (contributions) 1e 5,280,838				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,015				
	g	Noncash contributions included in lines 1a-1f $ 0				
	h	**Total.** Add lines 1a-1f . . . . . ▶	29,185,954			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICES REVENUE 622110	908,163,373	908,163,373	0	0
	b	Research Funding 541900	9,050,674	9,050,674	0	0
	c	Cafeteria 722210	4,322,588	4,322,588	0	0
	d	Lab Billing 561000	4,077,949	326,404	3,751,545	0
	e	ALL OTHER PROGRAM SERVICE REVENUE 900099	23,737,925	23,600,325	137,600	0
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶	949,352,509			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,257,708			1,257,708
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 232,137				
	b	Less rental expenses				
	c	Rental income or (loss) 232,137 / 0				
	d	Net rental income or (loss) . . . . . ▶	232,137			232,137
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 50,712,072 / 188,129				
	b	Less cost or other basis and sales expenses 50,847,102 / 247,920				
	c	Gain or (loss) -135,030 / -59,791				
	d	Net gain or (loss) . . . . . ▶	76,239			76,239
	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 . . . . . ▶	980,104,547	945,463,364	3,889,145	1,566,084

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	845,301	845,301		
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	5,676,898	0	5,676,898	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)	2,476,277		2,476,277	0
7 Other salaries and wages	369,635,897	283,757,372	85,878,525	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,737,099	11,820,135	3,916,964	0
9 Other employee benefits	53,297,833	40,032,002	13,265,831	0
10 Payroll taxes	24,962,904	18,749,637	6,213,267	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	739,811	0	739,811	0
c Accounting	1,215	0	1,215	0
d Lobbying	486,949	486,949	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	6,734	0	6,734	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	134,441,395	100,978,932	33,462,463	
12 Advertising and promotion	6,532,614	4,906,646	1,625,968	0
13 Office expenses	3,232,640	2,428,036	804,604	0
14 Information technology	13,177,821	9,897,861	3,279,960	0
15 Royalties	0			0
16 Occupancy	23,970,088	18,003,933	5,966,155	0
17 Travel	2,619,653	1,967,621	652,032	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	1,220,115	916,428	303,687	0
20 Interest	14,799,093	11,115,599	3,683,494	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	62,109,983	46,659,280	15,450,703	0
23 Insurance	14,692,894	11,035,833	3,657,061	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	100,109,884	100,109,884	0	0
b Hospital provider fee	22,899,939	22,899,939	0	0
c EQUIPMENT RENTAL & MAINT	11,386,373	8,552,305	2,834,068	0
d Swap interest	6,407,939	4,813,003	1,594,936	0
e All other expenses	17,565,312	13,193,306	4,372,006	
25 **Total functional expenses.** Add lines 1 through 24e	909,032,661	713,170,002	195,862,659	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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		50,724,569	1	52,167,249
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		5,847,621	3	7,111,508
	4	Accounts receivable, net		110,160,809	4	111,223,462
	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		7,671,653	8	9,137,932
	9	Prepaid expenses and deferred charges		8,645,630	9	9,057,456
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,390,608,462			
	b	Less accumulated depreciation	10b 459,357,543	954,925,070	10c	931,250,919
	11	Investments—publicly traded securities		100,443,318	11	117,193,730
	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		75,578,721	15	110,850,678
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,314,372,391	16	1,348,367,934
Liabilities	17	Accounts payable and accrued expenses		122,479,108	17	125,325,039
	18	Grants payable		4,458,680	18	9,114,750
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		539,499,581	20	533,410,206
	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		13,377,882	24	13,255,501
	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		57,496,058	25	79,522,526
	26	**Total liabilities.** Add lines 17 through 25		737,311,309	26	760,628,022
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		501,297,012	27	505,594,740
	28	Temporarily restricted net assets		36,912,433	28	44,175,161
	29	Permanently restricted net assets		38,851,637	29	37,970,011
		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		577,061,082	33	587,739,912
	34	Total liabilities and net assets/fund balances		1,314,372,391	34	1,348,367,934

Part XI Reconcilliation 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	980,104,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	909,032,661
3	Revenue less expenses Subtract line 2 from line 1	3	71,071,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	577,061,082
5	Net unrealized gains (losses) on investments	5	-4,659,897
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-55,733,159
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	587,739,912

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

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			
LAURA BARTON CHAIR OF CHCO FDN (OUTGOING)	1.0 4.0	X						0	0	0
CONNIE BRAKKEN-SMITH PRESident - VOLUNTEERS	1.0 1.0	X						0	0	0
RUSSELL DISPENSE BOARD MEMBER	1.0 0.0	X						0	0	0
DONALD M ELLIMAN CHANCELLOR UOC ANSCHUTZ CAMPUS	1.0 0.0	X						0	0	0
MICHAEL GOULD BOARD MEMBER	1.0 0.0	X						0	0	0
BRIAN GREFFE MD PRESIDENT OF MEDICAL STAFF	1.0 0.0	X						0	0	0
JENA HAUSMANN PRESIDENT AND CEO	40.0 4.0	X		X				1,050,779	0	195,782
RANDY HERTEL BOARD MEMBER	1.0 0.0	X						0	0	0
DAVID HONEYFIELD TREASURER	1.0 1.0	X		X				0	0	0
DAVID HOOVER 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			
ROBERT HOTTMAN PAST CHAIR / BOARD MEMBER	1 0 0 0	X						0	0	0
J WAYNE HUTCHENS sec (OUTGOING) / BOARD MEMBER	1 0 1 0	X		X				0	0	0
JOHN IKARD BOARD MEMBER	1 0 0 0	X						0	0	0
JOY JOHNSON BOARD MEMBER	1 0 1 0	X						0	0	0
JUDITH KOFF BOARD MEMBER	1 0 0 0	X						0	0	0
RICHARD KRUGMAN MD BOARD MEMBER (OUTGOING)	1 0 0 0	X						0	0	0
KAREN LEAMER BOARD MEMBER	1 0 0 0	X						0	0	0
WILLIAM LINDSAY VICE CHAIR	1 0 0 0	X		X				0	0	0
LILLY MARKS BOARD MEMBER	1 0 1 0	X						0	0	0
ANNITA MENOGAN SECRETARY	1 0 0 0	X		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			
MARTHA MIDDLEMIST BOARD MEMBER	1.00	X						0	0	0
R SCOTT NYCUM BOARD MEMBER	1.00	X						0	0	0
CRAIG PONZIO BOARD MEMBER	1.00	X						0	0	0
VICTORIA QUINTANA BOARD MEMBER	1.00	X						0	0	0
KEVIN REIDY CHAIR	1.00	X		X				0	0	0
JOHN J REILLY VICE CHANCELLOR HEALTH AFFAIRS	1.00	X						0	0	0
KRISTIN RICHARDSON BOARD MEMBER	1.00	X						0	0	0
ROBYN ROGGENSACK PRESIDENT-VOLUNTEERS(OUTGOING)	1.00	X						0	0	0
JANE SCHUMAKER BOARD MEMBER	1.00	X						0	0	0
DAVID SHAPIRO BOARD MEMBER	1.00	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			
ANN SPERLING V Chair(OUTGOING)/BOARD MEMBER	1 0 1 0	X		X				0	0	0
HAL STEIN MD BOARD MEMBER (OUTGOING)	1 0 0 0	X						0	0	0
RICHARD STODDARD CHAIR - TCH FOUNDATION	1 0 0 0	X						0	0	0
BRUCE WAGNER BOARD MEMBER	1 0 0 0	X						0	0	0
STEVE WHITE BOARD MEMBER	1 0 0 0	X						0	0	0
BARTH WHITHAM BOARD MEMBER	1 0 0 0	X						0	0	0
JEFFREY HARRINGTON SR VP / CFO	40 0 4 0			X				660,821	0	116,67
JOAN BOTHNER MD CHIEF MEDICAL OFFICER	40 0 0 0			X				741,085	0	0
MICHELLE M LUCERO CHIEF LEGAL OFFICER	40 0 0 0			X				511,710	0	100,93
MARY ANNE LEACH SR VP / CIO	40 0 0 0			X				442,354	0	85,68

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			
KELLY JOHNSON SR VP / CHIEF NURSING OFFICER	40 0 0 0			X				410,117	0	85,11
GIL PERI SR VP / CHIEF STRATEGY OFFICER	40 0 0 0			X				372,935	0	103,82
SUZANNE JAEGER SR VP EXPERIENCE AND ACCESS	40 0 0 0				X			340,048	0	86,02
DWINITA HENRY MOSBY SVP HR/CHIEF INCLUSION OFFICER	40 0 0 0				X			310,325	0	62,68
JAMES JAGGERS MD SURGEON-IN-CHIEF	40 0 0 0					X		528,420	0	
TIMOTHY CROMBLEHOME MD SURGEON-IN-CHIEF	40 0 0 0					X		467,000	0	
DANIEL HYMAN MD CHIEF QUALITY OFFICER	40 0 0 0					X		452,556	0	
STEPHEN DANIELS MD PEDIATRIC-IN-CHIEF	40 0 0 0					X		449,149	0	
Fred Suchy MD CHIEF RESEARCH OFFICER	40 0 0 0					X		409,657	0	
JAMES E SHMERLING DHA FORMER CEO	0 0 0 0						X	2,354,905	0	121,37

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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*	1		
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*	2		

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)*	1		

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?	1		
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)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	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) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493312025816

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

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities 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-
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	82,676	0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	404,273	0
c	Total lobbying expenditures (add lines 1a and 1b)	486,949	0
d	Other exempt purpose expenditures	687,765,703	0
e	Total exempt purpose expenditures (add lines 1c and 1d)	688,252,652	0
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(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	231,750	445,246	486,949	1,390,316
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	119,051	82,676	209,727

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	38,851,637	37,734,642	33,820,766	31,068,294	31,490,541
b Contributions					
c Net investment earnings, gains, and losses	-42,145	2,029,994	4,746,146	3,971,679	213,181
d Grants or scholarships					
e Other expenditures for facilities and programs	654,207	830,947	756,379	1,148,212	566,993
f Administrative expenses	185,274	82,052	75,891	70,995	68,435
g End of year balance	37,970,011	38,851,637	37,734,642	33,820,766	31,068,294

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		32,317,795		32,317,795
b Buildings		880,394,154	179,048,461	701,345,693
c Leasehold improvements		12,117,066	7,728,456	4,388,610
d Equipment		405,013,545	267,168,892	137,844,653
e Other		60,765,902	5,411,734	55,354,168
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				931,250,919

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST ASSETS-TAMMEN	37,970,011
(2) SELF INSURANCE TRUST REC	24,042,000
(3) RECEIVABLE FROM SYSTEM	17,445,687
(4) OTHER MISCELLANEOUS RECEIVABLE	12,171,771
(5) PENSION PLAN ASSETS	5,928,448
(6) OTHER NON-CURRENT ASSETS	5,790,181
(7) DEFERRED DEBT ISSUANCE COSTS	4,225,090
(8) RECEIVABLE FROM FOUNDATION	3,277,490
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	110,850,678

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

1. (a) Description of liability	(b) Book value
Federal income taxes	245,614
VALUE OF INTEREST RATE SWAP	36,400,796
SELF INSURANCE TRUST	34,412,000
PENSION PLAN LIABILITY	5,523,538
INVESTMENT IN NORTH ASC	2,531,887
DEFERRED COMP PAYABLE	408,691
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	79,522,526

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
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' on 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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	37,970,011
(2) SELF INSURANCE TRUST REC	24,042,000
(3) RECEIVABLE FROM SYSTEM	17,445,687
(4) OTHER MISCELLANEOUS RECEIVABLE	12,171,771
(5) PENSION PLAN ASSETS	5,928,448
(6) OTHER NON-CURRENT ASSETS	5,790,181
(7) DEFERRED DEBT ISSUANCE COSTS	4,225,090
(8) RECEIVABLE FROM FOUNDATION	3,277,490

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
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 eligibile 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)			3,655,879	3,655,879	0	0 %
b Medicaid (from Worksheet 3, column a)			382,505,123	281,175,473	101,329,650	11 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			20,855,934	20,218,868	637,066	0 070 %
d **Total** Financial Assistance and Means-Tested Government Programs			407,016,936	305,050,220	101,966,716	11 220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,691,240	2,751,183	4,940,057	0 540 %
f Health professions education (from Worksheet 5)			22,161,912	6,172,536	15,989,376	1 760 %
g Subsidized health services (from Worksheet 6)			290,660,535	243,634,678	47,025,857	5 170 %
h Research (from Worksheet 7)			27,104,236	0	27,104,236	2 980 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			414,320	0	414,320	0 050 %
j **Total.** Other Benefits			348,032,243	252,558,397	95,473,846	10 500 %
k **Total.** Add lines 7d and 7j			755,049,179	557,608,617	197,440,562	21 720 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			9,600	0	9,600	0 %
2	Economic development			15,673	0	15,673	0 %
3	Community support			33,137	0	33,137	0 %
4	Environmental improvements			11,936	0	11,936	0 %
5	Leadership development and training for community members			23,999	4,894	19,105	0 %
6	Coalition building			18,024	0	18,024	0 %
7	Community health improvement advocacy			49,302	2,837	46,465	0 010 %
8	Workforce development			605,114	107,000	498,114	0 050 %
9	Other			0	0	0	0 %
10	Total			766,785	114,731	652,054	0 070 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	10,328,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,245,000		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	1,328,240
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,493,377
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-165,137
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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? 3

	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)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

			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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The 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 15			
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	
6 a	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?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
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) www.childrenscolorado.org			
b	☐ The FAP application form was widely available on a website (list url) www.childrenscolorado.org			
c	☐ A plain language summary of the FAP was widely available on a website (list url) www.childrenscolorado.org			
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 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?	**19**		No
	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 19 (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			
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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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? **13**

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

Part VI Supplemental Information

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	CHILDRENS HOSPITAL COLORADO INCLUDES SELECT COMMUNITY BENEFIT INFORMATION IN THE HOSPITALS ANNUAL REPORT THIS REPORT DESCRIBES A NUMBER OF THE ORGANIZATIONS PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH OF THE COMMUNITY THE REPORT IS MADE PUBLIC THROUGH POSTING IT ON THE WEBSITE AND DISTRIBUTION VIA STAKEHOLDER ENGAGEMENT GROUPS AND PARTNER MEETINGS FOR EXAMPLE, THROUGH CONVENING STAKEHOLDER MEETINGS SUCH AS THE 2015 KIDS CONVENING, WHICH FOCUSED ON THE IDENTIFICATION OF CHILDRENS NEEDS IN THE AURORA COMMUNITY SURROUNDING THE HOSPITAL, WE WERE ABLE TO SHARE INFORMATION ABOUT OUR COMMUNITY BENEFIT EFFORTS THE HOSPITAL ALSO REGULARLY HIGHLIGHTS COMMUNITY BENEFIT EFFORTS IN A NUMBER OF COMMUNICATION PLATFORMS, INCLUDING ON THE HOSPITAL WEBSITE, IN MEDIA STORIES AND THROUGH VARIOUS PUBLICATIONS LIKE THE COLORADO HOSPITAL ASSOCIATIONS ANNUAL REPORT

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	IN 2015 CHILDREN'S HOSPITAL COLORADO PROVIDED $197,440,562 OR 21 72% OF TOTAL OPERATING EXPENSES, IN BENEFIT TO THE COMMUNITY MEDICAID AND MEANS TESTED GOVERNMENT PROGRAMS AT CHILDREN'S HOSPITAL COLORADO ACCOUNTED FOR $101,966,716 OR 11 22% OF TOTAL OPERATING EXPENSES MEDICAID PAYMENT SHORTFALLS CONTINUE TO COMPRISE THE MAJORITY OF THIS FIGURE, ACCOUNTING FOR $101,329,650 OF THE TOTAL SHORTFALL OTHER BENEFITS ACCOUNTED FOR $95,473,846 OR 10 50% OF TOTAL OPERATING EXPENSES OTHER BENEFITS INCLUDE HEALTH PROFESSIONS EDUCATION OF $15,989,376 OR 1 76% OF TOTAL OPERATING EXPENSES, RESEARCH ACTIVITY OF $27,104,236 OR 2 98% OF TOTAL OPERATING EXPENSES, SUBSIDIZED HEALTH SERVICES OF $47,025,857 OR 5 17% OF TOTAL OPERATING EXPENSES, COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS OF $4,940,057 OR 54% OF TOTAL OPERATING EXPENSES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF $414,320 OF 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 2015 PROGRAMS ASSOCIATED WITH THESE LOSSES ARE MENTAL HEALTH, GENERAL MEDICINE, REHABILITATION SERVICES, TRAUMA, DERMATOLOGY, RESPIRATORY, ENDOCRINOLOGY, NEUROSCIENCES, AND INFECTIOUS DISEASE 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 2015, CHILDRENS HOSPITAL COLORADO PROVIDED $652,054 IN COMMUNITY BUILDING ACTIVITIES TH AT PROMOTED THE HEALTH OF THE BROADER COMMUNITY WE CONTINUE TO BUILD ON OUR LONG AND STRO NG RECORD OF COLLABORATION WITH COMMUNITY GROUPS, BUSINESSES, ACADEMIC INSTITUTIONS AND GO VERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS, WITH THE GOAL OF IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH DISPARITIES FOR CHILDREN AND THEIR FAMILIES EMPHASIS IS PLACED ON ADD RESSING BOTH THE SOCIAL DETERMINANTS OF HEALTH AND THE HEALTH CARE DELIVERY SYSTEM ADDITI ONALLY, SIGNIFICANT RESOURCES WERE ALLOCATED IN 2015 TO SUPPORT EFFORTS TO ENGAGE COMMUNIT Y MEMBERS IN ADVOCATING FOR ACCESS TO HEALTH CARE AS WELL AS PROVIDING EDUCATIONAL SESSION S FOR BOTH POLICYMAKERS AND ADVOCATES ON CHILD HEALTH ISSUES OF IMPORTANCE IMPROVING THE HEALTH OF THE COMMUNITY THROUGH ENVIRONMENTAL EFFORTS WAS ALSO A PRIORITY, INCLUDING A CAR POOL NETWORK FOR EMPLOYEES, AS WELL AS RECYCLING AND RETRO COMMISSIONING EFFORTS FINALLY , THE HOSPITAL CONTRIBUTED SUBSTANTIAL RESOURCES TO PROGRAMS, SUCH AS OUR HIRE LOCAL PROGR AM, THAT PROVIDE A PIPELINE FOR AT-RISK HIGH SCHOOL STUDENTS, AND UNDERSERVED COMMUNITY ME MBERS TO PURSUE HEALTHCARE SPECIFIC CAREERS SELECTED COMMUNITY BUILDING ACTIVITIES ARE HI GHLIGHTED BELOW WORKFORCE DEVELOPMENT THE HIRE LOCAL INITIATIVE IS A JOINT EFFORT BY THE ANSCHUTZ MEDICAL CAMPUS COMMUNITY CAMPUS PARTNERSHIP (CCP) TO PROVIDE THE AURORA COMMUNIT Y (SURROUNDING THE CAMPUS) ACCESS TO EMPLOYMENT OPPORTUNITIES IN THE MEDICAL FIELD THE VI SION FOR THE HIRE LOCAL PROGRAM IS TO SERVE AS A CENTRAL POINT OF CONTACT FOR ALL LOCAL RE SIDENTS, ESPECIALLY UNDERREPRESENTED RESIDENTS, TO ACCESS INFORMATION, SERVICES AND PROGRA MS RELATED TO JOBS ON ANSCHUTZ MEDICAL CAMPUS ONE PROGRAM UNDER THIS INITIATIVE IS THE HE ALTHCARE BRIDGE JOB PIPELINE PROGRAM WHICH IS A FULL-TIME, 10-WEEK TRAINING PROGRAM THROUG H THE COMMUNITY COLLEGE OF AURORA (CCA), IN PARTNERSHIP WITH THE CCP, WHERE STUDENTS LEARN THE SKILLS NEEDED TO BE BETTER QUALIFIED FOR SPECIFIC HEALTH-RELATED JOBS WHILE RECEIVING COLLEGE CREDIT AT NO COST TO THEM FUNDED BY ARAPAHOE/DOUGLAS AND ADAMS COUNTY WORKFORCE CENTERS, THE CURRICULUM IS COMPRISED OF CORE CLASSES THAT INCLUDE ADULT EDUCATION, MEDICA L TERMINOLOGY, COMPUTERS IN HEALTHCARE, CUSTOMER SERVICE IN HEALTHCARE, AND CAREERS AND JO B SEARCH NAVIGATION STUDENTS HAVE THE OPTION OF SPECIALIZING IN EITHER STERILE PROCESSING OR PATIENT SERVICES, AND RECEIVE SPECIFIC TRAINING FROM INSTRUCTORS FROM CHILDRENS HOSPIT AL COLORADO AND UNIVERSITY OF COLORADO HOSPITAL IN ORDER TO ENHANCE PIPELINE OPPORTUNITIES FOR THE GRADUATES TO THOSE EMPLOYERS IN 2015, 47 STUDENTS COMPLETED THE PROGRAM WITH PAR TICIPANTS RANGING IN AGE FROM 18 TO 60 SEVENTEEN GRADUATES HAVE BEEN HIRED BETWEEN UNIVER SITY OF COLORADO HEALTH AND CHILDRENS HOSPITAL COLORADO TO DATE, THERE IS A 100% RETENTIO N RATE OF THOSE STUDENTS HIRED OUR DIVERSITY AND INCLUSION EFFORTS ENCOMPASS RECRUITMENT AND RETENTION OF UNDERREPRESENTED EMPLOYEE GROUPS WITHIN THE HOSPITAL SYSTEM FOR EXAMPLE, WE ACTIVELY PARTICIPATE IN TWO PROGRAMS THAT TRAIN REFUGEES FOR EMPLOYMENT IN THE U S WE ARE ALSO INVOLVED WITH THE BLACK NURSES ASSOCIATION AND THE LATINO NURSES ASSOCIATION FOR RECRUITMENT OF BEDSIDE NURSES WE PARTICIPATE IN LOCAL AND NATIONAL JOB FAIRS THAT SUPPOR T DIVERSITY HIRING INITIATIVES, INCLUDING THE DIVERSITY AND EMPLOYMENT CAREER DAY PROGRAM IN COLORADO AND LATPRO BILINGUAL JOB FAIR SPONSORED BY THE SOCIETY OF HISPANIC HUMAN RESOU RCES PROFESSIONALS WE HAVE MEMBERS OF OUR TEAM WHO PARTICIPATE IN THE HOSPITAL-WIDE DIVER SITY & INCLUSION SPROCKET PROGRAM AND WE ACTIVELY PARTICIPATE IN JOB FAIRS AND RECRUITMENT EFFORTS FOR THE HIRING OF VETERANS WE UTILIZE AMERICAS JOB EXCHANGE TO POST OUR POSITION S TO NUMEROUS DIVERSITY OUTREACH SITES THE DIRECTOR OF TALENT ACQUISITION AND WORKFORCE P LANNING ALSO SITS ON THE ADAMS COUNTY WORKFORCE DEVELOPMENT BOARD AND THE GREATER METRO DE NVER HEALTHCARE PARTNERSHIP BOARD AND ADVISORY COMMITTEE TO ENSURE OUR HOSPITAL STAFF APPR OPRIATELY REPRESENTS THE DIVERSITY OF OUR COMMUNITY COMMUNITY HEALTH IMPROVEMENT (ADVOCAC Y) AS PART OF ITS ONGOING MISSION, CHILDRENS HOSPITAL COLORADO DILIGENTLY MONITORS AND AD VOCATES FOR POLICIES THAT PROACTIVELY ADDRESS THE HEALTH OF CHILDREN ALL OF OUR ADVOCACY EFFORTS RELY ON THE STRENGTH AND ACTION OF CHILDRENS HOSPITAL COLORADO GRASSROOTS ADVOCACY NETWORK-THE CHILD HEALTH CHAMPIONS THIS IS A GROUP OF PEOPLE WHO CARE ABOUT KIDS' HEALTH AND WELL-BEING AND WANT TO MAKE A DIFFERENCE THROUGH POLICY AND ADVOCACY MORE THAN 4,000 PEOPLE CURRENTLY PARTICIPATE IN THE NETWORK, WHICH JOINS THE VOICES OF PHYSICIANS, HEALTH CARE PROFESSIONALS, PATIENTS AND FAMILIES WITH BUSINESS LEADERS AND COMMUNITY MEMBERS TO S PEAK UP CLEARLY AND POWERFULLY FOR KIDS WHEN PUBLIC POLICY DECISIONS ARE MADE ADVOCATES W RITE LETTERS, MAKE PHONE CALLS AND SHARE INFORMATION WHEN NEEDED TO INFLUENCE PUBLIC POLIC Y THAT IMPACTS CHILD HEALTH IN 2015, THE ADVOCACY

Form and Line Reference	Explanation
SCHEDULE H, PART II	TEAM WORKED WITH A STATEWIDE COALITION TO ADDRESS NEW COLORADO DEPARTMENT OF HUMAN SERVIC ES CHILD CARE POLICIES THE NEW HEALTHY EATING ACTIVE LIVING POLICIES LIMITS ACCESS TO SUG AR-SWEETENED BEVERAGES AND "SCREEN TIME" IN CHILD CARE CENTERS, INCREASES ANNUAL IMMUNIZAT ION TRAINING REQUIREMENTS FOR STAFF, IMPROVED SAFEGUARDS FOR MEDICATION STORAGE AND REQUIR ED CHILD CARE CENTERS TO ESTABLISH POLICIES RELATED TO CARING FOR CHILDREN IN NEED OF SOCI AL AND EMOTIONAL HEALTH SERVICES THE TEAM ALSO WORKED WITH A STATEWIDE WORKGROUP TO ADDRE SS MARIJUANA RULES WITH THE COLORADO DEPARTMENT OF REVENUE THEY SUCCESSFULLY ADVOCATED FO R A UNIVERSAL SYMBOL ON ALL EDIBLE MARIJUANA PRODUCTS AND WARNING LABELS FOR PREGNANT WOME N IN ADDITION, THE TEAM ADVOCATED FOR NEW RULES ABOUT HOW MUCH MARIJUANA CAN BE SOLD AT O NE TIME (KNOWN AS "MARIJUANA EQUIVALENCIES"), THEREBY REDUCING THE LIKELIHOOD OF CHILDREN GETTING INTO LARGE AMOUNTS OF MARIJUANA LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS CHILDRENS ADVOCACY BOOT CAMP IS A NEW LEADERSHIP DEVELOPMENT PROGRAM FOR COMMUNI TY MEMBERS WHO WANT TO LEARN HOW TO ADVOCATE FOR CHILD HEALTH ISSUES THAT MATTER TO THEM CONSISTING OF SEVEN MONTHLY HALF-DAY SESSIONS FEATURING EXPERT SPEAKERS ON A VARIETY OF AD VOCACY-RELATED TOPICS, ADVOCACY BOOT CAMP RESEMBLES A TRADITIONAL LEADERSHIP PROGRAM GEARE D TOWARD TEACHING THE FUNDAMENTALS OF BECOMING AN EFFECTIVE ADVOCATE-WHETHER THAT'S AT THE CAPITOL, IN THE COMMUNITY OR IN A HEALTHCARE SETTING SKILLS DEVELOPMENT INCLUDES IDENTI FICATION OF COMMUNITY RESOURCES THAT SUPPORT CHILDREN AND UNDERSTANDING OF HOW TO EFFECTIV ELY UTILIZE THEM, BUILDING CONFIDENCE IN COMMUNICATING WITH ELECTED OFFICIALS AND OTHER CO MMUNITY LEADERS ON BEHALF OF CHILDREN, DEVELOPING PUBLIC SPEAKING SKILLS AND STRATEGIES, L EARNING THE IMPORTANCE OF THE MEDIA AND HOW TO LEVERAGE IT TO MAKE POSITIVE SOCIETAL IMPRO VEMENTS FOR CHILDREN, GAINING AN UNDERSTANDING OF THE LEGISLATIVE PROCESS AND STATE BUDGET ING, AND NAVIGATING THE STATE CAPITOL THE PROGRAM HAD 16 GRADUATES IN 2015 COALITION BUI LDING CHILDRENS COLORADOS MAIN HOSPITAL IS LOCATED ON THE ANSCHUTZ MEDICAL CAMPUS IN AURO RA, COLORADO THE COMMUNITY CONSISTS OF MANY LOW-INCOME NEIGHBORHOODS AND COMMUNITIES WITH SIGNIFICANT UNMET HEALTHCARE NEEDS THROUGH AURORA HEALTH ACCESS (AHA), CHILDRENS HOSPITA L COLORADO HAS SUPPORTED A MULTI-PRONGED APPROACH TO CREATING A CULTURE OF HEALTH IN AUROR A AN APPROACH THAT AIMS TO REDUCE THE NUMBER OF UNINSURED, PROMOTE ACCESS TO CARE, IMPROVE CARE COORDINATION AND ENCOURAGE HEALTHY BEHAVIORS IN PARTICULAR, CHILDRENS HOSPITAL COLO RADO LEADS THE PEDIATRIC ACCESS TO CARE SUBCOMMITTEE AND HELPS TO FOCUS THE COALITIONS EFF ORTS ON IMPROVING ACCESS TO PRIMARY CARE AND MEDICAL HOMES FOR CHILDREN CHILDRENS HOSTED THE 2015 KIDS CONVENING WHICH PULLED TOGETHER PARTNERS FROM THE AURORA COMMUNITY TO IDENTI FY CHILD HEALTH PRIORITIES IN THE AURORA COMMUNITY BASED ON COMMUNITY INPUT, THE COMMITTE E BEGAN WORKING ON REFUGEE AND IMMIGRANT ACCESS TO CARE IN THE AURORA COMMUNITY ANOTHER E XAMPLE IS AN ISSUE PAPER PUBLISHED IN JULY OF 2015, TITLED "NON-EMERGENT MEDICAL TRANSPORT ATION AS A BARRIER TO CARE" EFFORTS LIKE THESE DEMONSTRATE HOW CHILDRENS SERVES AS A PRIM ARY CONVENER IN THE COMMUNITY WHEN IT COMES TO WORKING TOGETHER TO ADDRESS URGENT HEALTH N EEDS FOR CHILDREN

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	CHILDREN'S HOSPITAL COLORADO ESTIMATES BAD DEBT RESERVES BASED ON HISTORICAL EXPERIENCE, USING A LOOK BACK METHODOLOGY BY PAYOR AND AGING CATEGORIES APPLIED TO OPEN ACCOUNTS RECEIVABLE BALANCES SCHEDULE H, PART III, LINE 3 THE HOSPITAL WRITES-OFF 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	IN ADDITION TO THE CHNA, CHILDRENS HOSPITAL COLORADO REGULARLY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY WE SERVE 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 SIGNIFICANT TIME TO SERVING ON COMMUNITY BOARDS AND OTHER COMMUNITY GROUPS THAT ASSESS HEALTH NEEDS OF THE COMMUNITY AND PROACTIVELY PARTICIPATES 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 CHILDRENS HOSPITAL COLORADOS FINANCIAL ASSISTANCE PUBLIC POLICY AND PLAIN LANGUAGE SUMMARY ARE LISTED ON THE ORGANIZATIONS HOMEPAGE WWW CHILDRENSCOLORADO ORG

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	CHILDRENS HOSPITAL COLORADO PROVIDES COMPREHENSIVE MEDICAL CARE FOR KIDS FROM BIRTH THROUGH ADOLESCENCE CHILDRENS HOSPITAL COLORADO SERVES A SEVEN-STATE REGION, HOWEVER, THE MAJORITY OF OUR PATIENTS COME FROM COLORADO AND SPECIFICALLY THE DENVER METRO AREA ADDITIONALLY, CHILDRENS HOSPITAL COLORADO IS THE ONLY LEVEL 1 PEDIATRIC TRAUMA CENTER IN OUR SEVEN STATE REGION DEMOGRAPHICALLY, CHILDREN SERVED COME FROM DIVERSE CULTURAL AND ETHNIC BACKGROUNDS NORTHWEST AURORA, SURROUNDING THE MAIN CAMPUS IS ONE OF THE MOST DIVERSE AREAS IN THE CITY MORE THAN HALF OF AURORAS 350,000 RESIDENTS BELONG TO A MINORITY POPULATION, AND OVER 100 LANGUAGES ARE SPOKEN IN AURORA PUBLIC SCHOOLS ALONG WITH ITS DIVERSITY, AURORA FACES CHALLENGES WITH HEALTH DISPARITIES, LOWER INCOME AND EMPLOYMENT LEVELS AND OTHER SOCIAL DETERMINANTS OF HEALTH AND ECONOMIC WELL-BEING AS COMPARED TO OTHER PARTS OF AURORA, THE METRO DENVER AREA AND THE STATE OF COLORADO AS A WHOLE IN RESPONSE TO OUR DIVERSE POPULATION, CHILDRENS HOSPITAL COLORADO TRANSLATES MEDICAL CARE AND EDUCATION INSTRUCTIONS INTO 65 LANGUAGES, INCLUDING SIGN LANGUAGE, TO DELIVER CULTURALLY SENSITIVE, HIGH-QUALITY PEDIATRIC HEALTH CARE THE MAJORITY OF PATIENTS SPEAK ENGLISH, FOLLOWED BY A SIGNIFICANT NUMBER OF FAMILIES WHO SPEAK SPANISH, ARABIC, BURMESE, VIETNAMESE, SOMALIAN, RUSSIAN AND KOREAN THE PAYER MIX OF THE EIGHT COMMUNITIES (ADAMS, ARAPAHOE, BOULDER, BROOMFIELD, DENVER, DOUGLAS, JEFFERSON AND EL PASO) WHICH FRAMED THE CHNA IS AS FOLLOWS 44 1 % COMMERCIAL INSURANCE, 47 7 % MEDICAID, 3 1 % TRI-CARE, AND 3 3 % SELF -PAY, INDIGENT CARE AND OTHER WITHIN THOSE RESPECTIVE COUNTIES THERE ARE 52 FEDERALLY QUALIFIED HEALTH CENTERS, 54 COMMUNITY MENTAL HEALTH CLINICS AND 20 COMMUNITY SAFETY NET CLINICS, ONE OF WHICH CHILDRENS HOSPITAL COLORADO OPERATES TO INFORM THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY, CHILDRENS HOSPITAL COLORADO IS WORKING WITH THE COLORADO HEALTH INSTITUTE TO IDENTIFY FACTORS CLOSELY ASSOCIATED WITH THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE 2015 CHNA THIS WORK ENTAILS THE DEVELOPMENT OF STATISTICAL MODELS, BASED ON THE LATEST DATA AVAILABLE, TO IDENTIFY THE LIKELIHOOD OF POOR OUTCOMES AT THE ZIP CODE LEVEL FOR EACH OF THE PRIORITY HEALTH NEEDS IN THE RESPECTIVE COUNTIES

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	IN 2015, CHILDRENS HOSPITAL COLORADO PROVIDED 21 72% OF TOTAL OPERATING EXPENSES IN BENEFI T 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 CHILDRENS HOSPITAL COLORADO WORKS TO DELIVER ON THIS MISSION NOT ONLY IN THE DENVER METRO AREA AND IN THE STATE OF COLORADO, BUT ALSO THROUGHOUT THE ROCKY MOUNTAIN REGION THERE AR E EXTENSIVE EFFORTS LED BY CHILDRENS HOSPITAL COLORADO THAT POSITIVELY IMPACT THE HEALTH A ND SAFETY OF CHILDREN IN THE COMMUNITY BOARD OF DIRECTORS AT THE TIME OF FILING THIS FOR M 990, CHILDRENS HOSPITAL COLORADOS BOARD OF DIRECTORS IS MADE UP OF 32 VOLUNTEERS FROM TH E DENVER AREA COMMUNITY AND 28 EXECUTIVE LEADERS FROM THE HOSPITAL AND ITS AFFILIATED INST ITUTIONS BOARD SERVICE IS A COMMITMENT TO HELP FURTHER THE HOSPITALS MISSION OF IMPROVING THE HEALTH OF CHILDREN THROUGH THE PROVISION OF HIGH QUALITY, COORDINATED PROGRAMS OF PAT IENT CARE, EDUCATION, RESEARCH AND ADVOCACY THE BOARD REPRESENTS THE COMMUNITY AT LARGE I NCLUDING THE BROADER MEDICAL COMMUNITY AND PROVIDES EXPERTISE IN MANY AREAS OF BUSINESS AN D COMMUNITY RELATIONS, SUCH AS BANKING, REAL ESTATE, INSURANCE, MARKETING/PR, ETC MEDICAL FACULTY PROFILE CHILDRENS HOSPITAL COLORADO HAS AN OPEN MEDICAL STAFF, MEANING COMMUNITY PRACTITIONERS CAN HOLD PRIVILEGES AT THE HOSPITAL THERE ARE APPROXIMATELY 2,078 MEDICAL STAFF AND 225 RESIDENTS AND FELLOWS, INCLUDING ADVANCED PRACTICE NURSES, MORE THAN HALF OF WHOM ARE COMMUNITY-BASED CURRENTLY, THERE ARE 787 COMMUNITY PHYSICIANS ON STAFF THOUGH THERE ARE THOUSANDS OF REFERRING PROVIDERS ALONG THE FRONT RANGE OF THE ROCKY MOUNTAINS AN D THE PRAIRIES, CHILDREN'S COLORADOS COMMUNITY STAFF MEMBERS ARE ITS FRONT-LINE PARTNERS I N ADVANCING A CONTINUUM OF CARE FOR YOUNG PATIENTS ITS COMMUNITY CLINICAL STAFF MEMBERS P ROVIDE TRAINING OPPORTUNITIES IN PRIMARY CARE FOR MEDICAL STUDENTS AND RESIDENTS, HELPING TO BROADEN THE MEDICAL EDUCATION OF TOMORROW'S PEDIATRIC DOCTORS CHILDRENS HOSPITAL COLOR ADO IS AFFILIATED WITH FAMILY MEDICINE RESIDENCY PROGRAMS IN COLORADO AND WYOMING, WHICH P ROVIDES A SIGNIFICANT BENEFIT TO THE REGION WITH A LARGE RURAL POPULATION AND A SHORTAGE O F RURAL PHYSICIANS CHILDRENS HOSPITAL COLORADO ALSO ENSURES THAT THE PRIMARY CARE PERSPEC TIVE IS ADDRESSED IN DISCUSSIONS ABOUT HOW TO BEST PROVIDE THE BROADEST SPECTRUM OF CARE T O 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 CLINI CAL ADVISORY COMMITTEE, COLORADO CHILDREN'S IMMUNIZATION COALITION, THE STATE TRAUMA BOARD , VARIOUS HEALTH ADVISORY BOARDS AND NUMEROUS SCHOOL HEALTH PROGRAMS MANY ALSO PARTICIPAT E IN INTERNATIONAL MEDICAL MISSIONS TO IMPROVE THE HEALTH OF CHILDREN WORLDWIDE HEALTH PR OFESSION EDUCATION THE PROFESSIONAL DEVELOPMENT DEPARTMENT FACILITATES BSN AND GRADUATE E DUCATION FOR NURSING STUDENTS AND WORKS COLLABORATIVELY WITH SCHOOLS OF NURSING TO MEET TH EIR ACADEMIC MISSIONS CHILDRENS COLORADOS ADVANCED PRACTICE NURSES (APNS) ACT AS CONTENT EXPERTS IN PROVIDING CLASSROOM/SIMULATED INSTRUCTION FOR PEDIATRIC COURSES STUDENTS ARE S UPERVISED BY CHILDRENS HOSPITAL COLORADO CLINICAL SCHOLARS AND ASSISTED AT THE BEDSIDE BY EXPERIENCED STAFF NURSES THE GROWTH OF THIS PROGRAM EACH YEAR, AS WELL AS THE 10 IN-STATE AND 7 OUT-OF-STATE SCHOOL PARTNERSHIPS, REFLECT CHILDRENS COLORADOS STRONG COMMITMENT TO TRAINING THE NEXT GENERATION OF PEDIATRIC NURSES IN 2015, WE PLACED 603 NURSING STUDENTS THROUGHOUT OUR ORGANIZATION, TOTALING 60,426 HOURS OF CLINICAL INSTRUCTION, REFLECTING A 3 % INCREASE IN 2015 THE STUDENT COMPOSITION WAS AS FOLLOWS 420 BASIC PEDIATRIC STUDENTS, 58 MENTAL HEALTH STUDENTS, AND 125 SENIOR PRACTICUM STUDENTS THE GRADUATE STUDENT PROGRAM SAW A 17 5% INCREASE IN 2015, WITH 188 STUDENTS COMPLETING 17,206 HOURS OF INSTRUCTION T HERE WAS AN INCREASE IN THE TOTAL NUMBER OF UNDERGRADUATE NURSING STUDENTS RECEIVING CLINI CAL EDUCATION IN 2015 THE INCREASE WAS EXPLAINED BY ADDITIONAL CLINICAL SCHOLARS, AND THE ADDITION OF NIGHT SHIFT ROTATIONS THERE WAS A 66% INCREASE IN THE NUMBER OF SENIOR PRACT ICUM STUDENTS, SECONDARY TO THE UTILIZATION OF UNIT EDUCATORS WITH GRADUATE DEGREES SERVIN G AS CLINICAL SCHOLARS CHILD HEALTH ADVOCACY INSTITUTE (CHAI) THE MISSION OF CHAI IS TO IMPROVE THE HEALTH AND SAFETY OF CHILDREN BY ENGAGING PUBLIC AND PRIVATE PARTNERS IN CREAT ING A THRIVING COMMUNITY FOR CHILDREN CHAI SERVES AS A CENTRALIZED RESOURCE FOR THE HOSPI TAL TO IDENTIFY COMMUNITY CHILD HEALTH NEEDS AND DEVELOP AND IMPLEMENT EVIDENCE-BASED PROG RAMS AND STRATEGIES IN PARTNERSHIP WITH THE COMMUNITY THAT SEEK TO ADDRESS THESE NEEDS BE LOW ARE EXAMPLES OF KEY HIGHLIGHTED PROGRAMS THAT DELIVER SIGNIFICANT BENEFIT TO THE COMMU NITY AND ADDRESS THE CHNA PRIORITY NEEDS OBESITY TO ADDRESS THE OBESITY HEALTH ISSUE IDE NTIFIED IN THE 2012 CHNA, THE HOSPITAL HAS EMPLOYE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	D A MULTI-PRONGED APPROACH IN 2014, THE CHILD HEALTH CLINIC (PRIMARY CARE) AT CHILDRENS H OSPITAL COLORADO INTEGRATED HEALTHY WEIGHT SCREENING AND COUNSELING INTO THE PRIMARY CARE SETTING ADDITIONALLY, CHILDRENS HOSPITAL COLORADO STAFF PARTNERED WITH THE COLORADO PEDIA TRIC COLLABORATIVE TO SUPPORT IMPLEMENTATION IN PRIMARY CARE PRACTICES THROUGHOUT THE COMM UNITY AS AN ADDITIONAL ELEMENT OF THIS APPROACH, THE HEALTHY KIDS PROGRAM AT CHILDRENS HO SPITAL COLORADO OFFERS SEVERAL HEALTHY LIFESTYLE PROGRAMS TARGETED AT INCREASING OPPORTUNI TY FOR LOW-INCOME FAMILIES TO LEARN ABOUT AND IMPLEMENT HEALTHY BEHAVIORS IN THEIR HOMES IN 2011, CHILDRENS HOSPITAL COLORADO LAUNCHED BIKES FOR LIFE, ONE OF THE PROGRAMS CREATED TO HELP CHILDREN DEVELOP HEALTHY LIFESTYLE HABITS THROUGH CYCLING BIKES FOR LIFE ADVOCATE S FOR HEALTHIER KIDS IN THREE WAYS USING BIKES TO ENCOURAGE PHYSICAL ACTIVITY, PROVIDING ONGOING SKILLS AND EDUCATION SERVICES, AND CONDUCTING RESEARCH RELATED TO HEALTHY LIFESTYL E BEHAVIORS AMONG CHILDREN LOW-INCOME CHILDREN FROM THE BOYS AND GIRLS CLUBS OF METRO DEN VER, CHILDRENS HOSPITAL COLORADO CLINICS AND ROCKY MOUNTAIN YOUTH CLINICS ARE REFERRED TO THE PROGRAM BICYCLE, HELMET, LOCK, ODOMETER, BICYCLE EDUCATION AND ONE YEAR OF PROGRAM SU PPORT IS PROVIDED TO PROGRAM PARTICIPANTS IN 2015, 30 SAFETY CLINICS WERE CONDUCTED AND A TOTAL OF 206 YOUTH PARTICIPATED IN THE PROGRAM BIKES FOR LIFE IS PROUDLY SUPPORTED BY CO MMUNITY PARTNERS, INCLUDING UNITED HEALTHCARE, BIKESOURCE, BOYS AND GIRLS CLUBS OF DENVER METRO, ROCKY MOUNTAIN YOUTH CLINICS, BICYCLE COLORADO, DONG'S CYCLING PALS, BIKE DEPOT, DE NVER REGIONAL COUNCIL OF GOVERNMENTS, NORTHEAST TRANSPORTATION CONNECTIONS AND USA PRO CYC LING CHALLENGE SINCE 2011, 737 YOUTH HAVE PARTICIPATED IN THE PROGRAM CHILDRENS HOSPITAL COLORADO ALSO COORDINATES COOKING MATTERS COURSES IN THE COMMUNITY AS ANOTHER HEALTHY KID S INITIATIVE COOKING MATTERS IS PART OF THE SHARE OUR STRENGTHS NO KID HUNGRY CAMPAIGN, W HICH CONNECTS KIDS IN NEED WITH NUTRITIOUS FOOD AND TEACHES THEIR FAMILIES HOW TO COOK HEA LTHY, AFFORDABLE MEALS OUR TEAM RECRUITS FAMILIES, COORDINATES PROGRAM VOLUNTEERS (INCLUD ING THE CHEF AND NUTRITIONIST), DOES THE GROCERY SHOPPING, PREPARES MEAL BAGS FOR FAMILIES TO TAKE HOME AND EMPOWERS FAMILIES THROUGHOUT THE COURSE TO BE SELF-SUFFICIENT IN THE KIT CHEN CHILDRENS HOSPITAL COLORADO THEN COORDINATES AND LEADS CLASSES IN BOTH SPANISH AND E NGLISH FOR LOW-INCOME FAMILIES IN THE COMMUNITY IN 2015, 140 PEOPLE WERE SERVED THROUGH O UR PROGRAM INJURY PREVENTION CHILDRENS HOSPITAL COLORADO CURRENTLY HAS A PARTNERSHIP WIT H TRI-COUNTY HEALTH DEPARTMENT TO CONDUCT CHILD PASSENGER SAFETY (CPS) EDUCATION AND DISTR IBUTION EFFORTS WITH FAMILIES ENROLLED IN THEIR WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM IN THREE HIGH PRIORITY ZIP CODES THIS APPROACH ALIGNS WITH THE FEDERAL HEALTH RESOURCES A ND SERVICES ADMINISTRATIONS MATERNAL & CHILD HEALTH BUREAUS EFFORT TO REDUCE HOSPITAL ADMI SSIONS FOR NONFATAL INJURY AMONG CHILDREN 0-19 YEARS OLD AS PART OF THIS PROGRAM, COMMUNI TY MEMBERS ATTEND A CLASS, OFFERED IN ENGLISH AND SPANISH, AND TAUGHT BY CERTIFIED CHILD P ASSENGER SAFETY INSTRUCTORS FROM CHILDRENS COLORADO PARTICIPANTS RECEIVE EDUCATION ON COL ORADOS CHILD RESTRAINT LAW AND BEST PRACTICES RECOMMENDED BY NATIONAL SAFETY EXPERTS FAMI LIES RECEIVE FREE HANDS-ON TRAINING ON PROPER CAR SEAT INSTALLATION AND MUST DEMONSTRATE C ORRECT INSTALLATION BEFORE RECEIVING A CAR SEAT AT THE END OF THE CLASS IN 2015, THE PROG RAM PROVIDED 6 CLASSES AND 141 CAR SEATS WERE DISTRIBUTED THROUGH THIS PARTNERSHIP, CHILD RENS HOSPITAL COLORADO IS HELPING TO BUILD A FOUNDATION IN CHILD PASSENGER SAFETY THAT WIL L RESULT IN AN INCREASED LEVEL OF AWARENESS FOR SAFE TRAVEL AMONG FAMILIES WE ANTICIPATE THAT THIS WILL ULTIMATELY CONTRIBUTE TO A REDUCTION IN THE NUMBER MOTOR VEHICLE CRASH INJU RIES AND FATALITIES ACROSS THE LIFESPAN EARLY CHILDHOOD AND NONFATAL CHILD MALTREATMENT CHILDRENS HOSPITAL COLORADO HAS PARTNERE

Additional Data

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

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CHILDREN'S HOSPITAL COLORADO 13123 EAST 16TH AVENUE AURORA,CO 80045 WWW CHILDRENSCOLORADO ORG 010417	X		X	X		X	X			A
2	CHILDREN'S HOSPITAL COLORADO - SOUTH 1811 PLAZA DRIVE HIGHLANDS RANCH,CO 80129 WWW CHILDRENSCOLORADO ORG 01F105	X		X	X		X	X			A
3	CHILDREN'S HOSPITAL CO - MEMORIAL 1400 EAST BOULDER STREET COLORADO SPRINGS,CO 80909 WWW CHILDRENSCOLORADO ORG 13U321	X		X							A

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)
1	Children's Hospital Colorado - North 469 West State Highway 7 Broomfield, CO 80023	UC, Specialty Care, IP Care Rehab & Sports Therapy, Diag & Imaging, Lab Services
1	Children's Hospital Colorado - Parker 9395 crown crest blvd Parker, CO 80138	Emergency Care
2	Children's Hospital Colorado - Uptown 1830 Franklin Street Denver, CO 80218	Emergency Care, UC, OP Spclty Care, IP Care, Diagnostics & Imaging, Lab Services
3	Children's Hospital CO Parker Adventist 19284 Cottonwood Drive Parker, CO 80138	OT/PT, SPEECH & AUDIOLOGY
4	Children's Hopstial CO Specialty Care 9399 Crown Crest Blvd Parker, CO 80138	SPECIALITY CARE, SPORTS MEDICINE
5	Children's Hospital CO Op Specialty Care 4125 Briargate Parkway Colorado Springs, CO 80920	SPECIATLY CARE, ONCOLOGY CLINICS, URGENT CARE, SPEECH
6	Children's Hospital CO Therapy Care Printers Park Medical Plaza Colorado Springs, CO 80910	OT/PT, SPEECH & AUDIOLOGY
7	Children's Hospital CO Therapy Care 8401 Arista Place Broomfield, CO 80021	OT/PT, SPEECH & AUDIOLOGY SERVICES
8	Children's Hospital CO UC & OP Care 3455 Lutheran Parkway Wheatridge, CO 80033	URGENT CARE, SPECIALIST CARE SPORTS MEDICINE
9	Children's Hospital CO UC & OP Care 9139 S Ridgeline Blvd 100 Highlands Ranch, CO 80129	REHABILITATION & THERAPY SERVICES
10	Kidstreet 3615 Martin Luther King Blvd Denver, CO 80205	REHABILITATION & THERAPY SERVICES
11	Children's Hospital CO Orthopedic Care 9094 E Mineral Ave Suite 110 Centennial, CO 80112	Orthopedic care, Radiology SERVICES, SPORTS MEDICINE
12	Children's Hospital CO Therapy Care 704 Fortino Blvd Ste A Pueblo, CO 81008	SPEECH THERAPY, LEARNING DISABILITIES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL COLORADO

Employer identification number
84-0166760

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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 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 1365 GARDEN OF THE GODS ROAD COLORADO SPRINGS,CO 80909	13-5613797	501(c)(3)	30,000				GENERAL PROGRAM SUPPORT
ASPEN PARKS AND RECREATION 130 S GALENA STREET ASPEN,CO 81611	84-6000563	GOVERNMENT	6,000				YOUTH SPORTS JERSEYS
AURORA CHAMBER OF COMMERCE 14305 E ALAMEDA AVE AURORA,CO 80012	84-0417773	501(c)(6)	7,166				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 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 FOUNDATION 11980 E 16TH AVE DENVER,CA 80010	84-1387528	501(c)(3)	9,000				GENERAL PROGRAM SUPPORT
CHAPEL HILLS MALL 1350 AVENUE OF THE AMERICAS 9TH FL NEW YORK,NY 10019	45-2121815		7,100				KIDS FIRST SAFETY DAYS
CHEYENNE MOUNTAIN ZOOLOGICAL SOCIETY 4250 CHEYENNE MTN ZOO COLORADO SPRINGS,CO 80906	84-0407039	501(c)(3)	81,000				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 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
CHILDREN'S MUSEUM OF DENVER INC 2121 CHILDRENS MUSEUM DRIVE DENVER,CO 80211	84-0658142	501(c)(3)	30,000				GENERAL PROGRAM SUPPORT
COLORADO BRIGHT BEGINNINGS 730 COLORADO BLVD 202 DENVER,CO 80206	84-1382420	501(c)(3)	6,000				GENERAL PROGRAM SUPPORT
COLORADO CENTER FOR NURSING EXCELLENCE 5290 EAST YALE CIRCLE SUITE 102 DENVER,CO 80222	32-0022295	501(c)(3)	10,000				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 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 COLLEGE 14 CACE LA POUDRE COLORADO SPRINGS,CO 80903	84-0402510	501(c)(3)	10,500				GENERAL PROGRAM SUPPORT
COLORADO I HAVE A DREAM FOUNDATION 1836 GRANT ST DENVER,CO 80203	74-2497109	501(c)(3)	6,000				GENERAL PROGRAM SUPPORT
COLORADO MUSEUM OF NATURAL HISTORY 2001 COLORADO BLVD DENVER,CO 80205	84-0518447	501(c)(3)	35,000				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 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 SOCCER 8101 S SHAFFER PARKWAY 103 LITTLETON,CO 80127	84-1411827	501(c)(3)	15,000				CO RUSH SPONSORSHIP
DENVER BOTANIC GARDENS 909 YORK ST DENVER,CO 80206	84-0440359	501(c)(3)	6,500				GENERAL PROGRAM SUPPORT
DENVER ZOOLOGICAL FOUNDATION 2300 STEELE STREET DENVER,CO 80205	84-0502539	501(c)(3)	53,000				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 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
DOUGLAS COUNTY SOCCER ASSOCIATION 8200 S AKRON STREEN CENTENNIAL,CO 80112	74-2392779	501(c)(3)	30,000				GENERAL PROGRAM SUPPORT
FETAL HEALTH FDN (TTTS RACE FOR HOPE) 9786 S HOLLAND ST LITTLETON,CO 80127	20-0837174	501(c)(3)	15,000				RUN SPONSORSHIP
HIGHLANDS RANCH COMMUNITY ASSOC 9568 UNVERSITY BLVD HIGHLANDS RANCH,CO 80126	84-0869474	501(c)(4)	20,000				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 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
KROENKE SPORTS CHARITIES 1000 CHOPPER CIR DENVER,CO 80204	74-2442488	501(c)(3)	82,500				GENERAL PROGRAM SUPPORT
MAKE A WISH FOUNDATION OF COLORADO INC 7951 E MAPLEWOOD AVE SUITE 126 GREENWOOD VILLAGE,CO 80111	74-2273004	501(c)(3)	6,500				GENERAL PROGRAM SUPPORT
MARCH OF DIMES 1325 S COLORADO BLVD B508 DENVER,CO 80222	13-1846366	501(c)(3)	32,500				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 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 FOUNDATION 1519 E BOULDER ST COLORADO SPRINGS,CO 80909	84-1576338	501(c)(3)	5,550				GENERAL PROGRAM SUPPORT
NATIONAL KIDNEY ASSOCIATION 650 S CHERRY ST SUITE 435 DENVER,CO 80246	13-1673104	501(c)(3)	10,500				GENERAL PROGRAM SUPPORT
NATIONAL WESTERN STOCK SHOW ASSOCIATION 4655 HUMBOLDT STREET DENVER,CO 80216	84-0517361	501(c)(3)	26,485				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 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 CORP 8351 RAMPART RANGE ROAD LITTLETON,CO 80125	45-3723816	501(c)(6)	10,000				GENERAL PROGRAM SUPPORT
PIKES PEAK LIBRARY DISTRICT FOUNDATION 1175 CHAPEL HILLS DRIVE COLORADO SPRINGS,CO 80920	11-3690724	501(c)(3)	15,000				GENERAL PROGRAM SUPPORT
RONALD MCDONALD HOUSE 1300 E 21ST AVE DENVER,CO 80205	84-0728926	501(c)(3)	166,000				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 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'S HOSPITAL FOUNDATION 11600 W 2ND PL LAKEWOOD,CO 80228	84-0902211	501(c)(3)	11,000				2015 GALA
THE BUDDY PROGRAM 110 E HALLAM STREET SUITE 125 ASPEN,CO 81611	74-2594693	501(c)(3)	15,000				GENERAL PROGRAM SUPPORT
YOUNG AMERICANS CENTER FOR FINANCIAL EDU 3550 EAST FIRST AVE DENVER,CO 80206	84-1564926	501(c)(3)	7,000				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 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
YOUNG MENS CHRISTIAN ASSOCIATION 316 NORTH TEJON STREET COLORADO SPRINGS,CO 80903	84-0404266	501(c)(3)	30,000				GENERAL PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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	JAMES SHMERLING RECEIVED SEPARATION PAYMENTS IN THE AMOUNT OF $441,000
SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED PAYOUTS FROM A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN JEFFREY HARRINGTON $43,192 JENA HAUSMANN $22,149 JAMES SHMERLING $762,724
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 - $568,360 BASE COMPENSATION AND $172,725 OF 2014 BONUS PAID IN 2015 JAMES JAGGERS, M D - $514,420 BASE COMPENSATION AND $14,000 OF 2014 BONUS PAID IN 2015 TIMOTHY CROMBLEHOLME, M D - $295,000 BASE COMPENSATION AND $172,000 OF 2014 BONUS PAID IN 2015 STEPHEN DANIELS, M D - $356,891 BASE COMPENSATION AND $92,258 OF 2014 BONUS PAID IN 2015 DANIEL HYMAN, M D - $345,079 BASE COMPENSATION AND $107,477 OF 2014 BONUS PAID IN 2015 FRED SUCHY, MD - $272,365 BASE COMPENSATION AND $137,292 OF 2014 BONUS PAID IN 2015

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JENA HAUSMANN PRESIDENT AND CEO	(I)	625,929	399,260	25,590	173,668	22,114	1,246,561	22,149
	(II)	0	0	0	0	0	0	0
1JEFFREY HARRINGTON SR VP / CFO	(I)	464,318	147,234	49,269	96,981	19,689	777,491	43,192
	(II)	0	0	0	0	0	0	0
2JOAN BOTHNER MD CHIEF MEDICAL OFFICER	(I)	568,360	172,725	0	0	0	741,085	0
	(II)	0	0	0	0	0	0	0
3MICHELLE M LUCERO CHIEF LEGAL OFFICER	(I)	391,985	116,395	3,330	86,704	14,233	612,647	0
	(II)	0	0	0	0	0	0	0
4MARY ANNE LEACH SR VP / CIO	(I)	321,245	116,360	4,749	78,737	6,951	528,042	0
	(II)	0	0	0	0	0	0	0
5KELLY JOHNSON SR VP / CHIEF NURSING OFFICER	(I)	286,354	119,640	4,123	68,710	16,407	495,234	0
	(II)	0	0	0	0	0	0	0
6GIL PERI SR VP / CHIEF STRATEGY OFFICER	(I)	329,314	42,318	1,303	103,781	48	476,764	0
	(II)	0	0	0	0	0	0	0
7SUZANNE JAEGER SR VP EXPERIENCE AND ACCESS	(I)	250,023	87,631	2,394	66,332	19,689	426,069	0
	(II)	0	0	0	0	0	0	0
8DWINITA HENRY MOSBY SVP HR/CHIEF INCLUSION OFFICER	(I)	247,479	54,002	8,844	55,729	6,951	373,005	0
	(II)	0	0	0	0	0	0	0
9JAMES JAGGERS MD SURGEON-IN-CHIEF	(I)	514,420	14,000	0	0	0	528,420	0
	(II)	0	0	0	0	0	0	0
10 TIMOTHY CROMBLEHOME MD SURGEON-IN-CHIEF	(I)	295,000	172,000	0	0	0	467,000	0
	(II)	0	0	0	0	0	0	0
11DANIEL HYMAN MD CHIEF QUALITY OFFICER	(I)	345,079	107,477	0	0	0	452,556	0
	(II)	0	0	0	0	0	0	0
12STEPHEN DANIELS MD PEDIATRIC-IN-CHIEF	(I)	356,891	92,258	0	0	0	449,149	0
	(II)	0	0	0	0	0	0	0
13Fred Suchy MD CHIEF RESEARCH OFFICER	(I)	272,365	137,292	0	0	0	409,657	0
	(II)	0	0	0	0	0	0	0
14JAMES E SHMERLING DHA FORMER CEO	(I)	567,251	578,813	1,208,841	112,680	8,692	2,476,277	762,724
	(II)	0	0		0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

CHILDREN'S HOSPITAL COLORADO

Employer identification number

84-0166760

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF AURORA CO	84-6000564	05155XBT5	06-06-2008	258,814,487	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	133,505,000	0	365,000	
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	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 %		0 %		
6	Total of lines 4 and 5				0 %		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				0 %		0 %		
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 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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	BOND A - THE REBATE COMPUTATION WAS PERFORMED JUNE 1, 2013 BOND B - THE REBATE COMPUTATION WAS PERFORMED OCTOBER 12, 2016

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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

2015

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 ARE ACTIVE AT THE HOSPITAL ON THE ANSCHUTZ MEDICAL CAMPUS, THE SOUTH CAMPUS, HIGHLANDS RANCH THERAPY CARE CENTER, BRIARGATE, AND THE NORTH CAMPUS - 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 WEVE TREATED PATIENTS FROM ALL 50 STATES AND 22 COUNTRIES 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 IV 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 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 A 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 SCH

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	CHILDREN'S HOSPITAL COLORADO'S EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, CHIEF EXECUTIVE OFFICER, 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, AND AMENDED IN MAY 2015

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 ACCOUNTING & 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 COMPLIANCE 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 COMPLIANCE AND BUSINESS ETHICS ("CABE") COMMITTEE HAS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS WITH RESPECT TO A PARTICULAR AGREEMENT/CONTRACT THEN 1 THE CABE 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 CABE 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 IS 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 O REVIEW MARKET RATIO - SHOULD FALL BETWEEN 80% TO 120% OF MARKET O REVIEW 25TH, 50TH, AND 75TH PERCENTILE -- BASE SALARY - INDIVIDUAL QUALIFICATIONS AND PERFORMANCE DETERMINES MARKET POSITION BASE SALARY FOR EACH INDIVIDUAL IS TARGETED AT THE MEDIAN (50TH PERCENTILE) OF THE PEER GROUP -- VARIABLE PAY - LEADERSHIP INCENTIVE IS IN PLACE WHICH REWARDS FOR ORGANIZATIONAL PERFORMANCE WITH A COMPONENT ALSO BASED ON INDIVIDUAL PERFORMANCE FOR ALL EXCEPT THE CEO THE INCLUSION OF VARIBABLE PAY WILL PLACE TOTAL CASH COMPENSATION (E.G BASE SALARY AND VARIABLE PAY) BETWEEN THE 50TH AND 75TH PERCENTILE FOR EACH INDIVIDUAL O 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 O WHEN ASSESSING EXECUTIVE COMPENSATION, CHILDREN'S COLORADO CONSIDERS BOTH MARKET RATIOS O UTILIZED APPROVED PEER GROUP FROM JANUARY 2015 MEETING O ON POSITIONS WITH INSUFFICIENT DATA (LESS THAN 10 MATCHES) -- USED EXPANDED PEER GROUP OF ALL ACUTE CARE ORGANIZATIONS O BENCHMARKED BASE PAY, TOTAL CASH COMPENSATION, AND BENEFITS 2015 CUSTOM PEER GROUP O AKRON O ATLANTA O BOSTON O CHICAGO O CINCINNATI O COLUMBUS O DALLAS O HOUSTON O KANSAS CITY O LOS ANGELES O MIAMI O MILWAUKEE O MINNEAPOLIS O PALO ALTO O PHILADELPHIA O WASHINGTON, DC O FORT WORTH O 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) (60,000,000) Change in value of interest rate swaps 661,738 Change in pension assets 30,522,000 Net income reported on other tax returns (243,030) Change in Restricted Net Assets 7,262,728 Pension settlement loss, consisting primarily of unrecognized actuarial losses (34,450,936) Other changes in net assets 514,341 ---------- TOTAL $(55,733,159) ==========

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN SERVICES TOTAL FEES 86444460

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 30956585

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ENVIRONMENTAL TOTAL FEES 8442908

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SECURITY FEES TOTAL FEES 2449305

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION THIRD PARTY BILLING TOTAL FEES 2208644

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY TOTAL FEES 1764150

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 2175343

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2015

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	(g) No
(1)CHILDRENS' HOSPITAL COLORADO HLTH SYSTEM 13123 EAST 16TH AVE AURORA, CO 80045 45-4182666	HEALTHCARE	CO	501(c)(3)	11-III, FI	NA		No
(2)CHILD HEALTH MANAGEMENT SERVICES INC 13123 EAST 16TH AVE AURORA, CO 80045 74-2266667	IT SVCS	CO	501(c)(3)	3	CH-COLORADO	Yes	
(3)THE CHILDREN'S HOSPITAL FOUNDATION 13123 EAST 16TH AVE AURORA, CO 80045 84-0813462	FOUNDATION	CO	501(c)(3)	7	CHCHS	Yes	
(4)CHILDREN'S HEALTH CORPORATION 13123 EAST 16TH AVE 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CHILDREN'S NORTH SURGERY CNTR 13123 EAST 16TH AVENUE AURORA, CO 80045 26-2394578	OUTPATIENT SURG	CO	CH-COLORADO	Related	206,528	2,690,648		No	0	Yes		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	(i) No
RMCHS MANAGEMENT **(1)**SERVICES INC 13123 EAST 16TH AVE AURORA, CO 80045 84-0957415	BILLING	CO	CH-COLORADO	C Corp	4,358,415	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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction 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 CENTER LLC	d	4,001,000	LOAN GUARANTEED
(2) CHILDREN'S NORTH SURGERY CENTER LLC	a	300,000	FINANCIAL STMT
(3) THE CHILDREN'S HOSPITAL FOUNDATION	c	23,903,101	FINANCIAL STMT

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