See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Doing business as
PLATTE VALLEY MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1600 PRAIRIE CENTER PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
BRIGHTON, CO 80601

D Employer identification number
84-0482695

E Telephone number
(303) 498-1600

G Gross receipts $ 135,172,390

F Name and address of principal officer
JOHN HICKS
1600 PRAIRIE CENTER PARKWAY
BRIGHTON, CO 80601

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 PVMC ORG

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

L Year of formation 1958

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOSTER OPTIMAL HEALTH FOR ALL

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	887
6	Total number of volunteers (estimate if necessary)	**6**	110
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	220,826
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	161,730

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	322,573	5,386,470
9	Program service revenue (Part VIII, line 2g)	111,572,134	121,616,061
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,236,098	4,415,775
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	491,552	1,756,355
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,622,357	133,174,661
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	162,847	19,269
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)	44,297,073	50,160,915
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶173,358		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	65,111,101	70,203,002
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	109,571,021	120,383,186
19	Revenue less expenses Subtract line 18 from line 12	6,051,336	12,791,475

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	301,340,786	313,883,643
21	Total liabilities (Part X, line 26)	101,580,994	101,428,638
22	Net assets or fund balances Subtract line 21 from line 20	199,759,792	212,455,005

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

****** 2017-11-06
Signature of officer Date

JOHN HICKS CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

FOSTER OPTIMAL HEALTH FOR ALL

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 $ 107,035,886 including grants of $ 19,269) (Revenue $ 122,186,130)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 107,035,886

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		No
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		No
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

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

			Yes	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	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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**	Yes	
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**	139		
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**	887		
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	17		
	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	13		
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		No
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		
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		No
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		

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
▶KYLE ENGMAN 500 ELDORADO BLVD SUITE 4200 BROOMFIELD, CO 80021 (303) 813-5543

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROD BLUNCK DIRECTOR	1 00 0 00	X						0	0	0
(2) MIKE DOLAN DIRECTOR	1 00 0 00	X						0	0	0
(3) SHAWN DUFFORD MD DIRECTOR	1 00 50 00	X						0	557,563	109,394
(4) BOB FEIS VICE CHAIR	2 00 0 00	X		X				0	0	0
(5) RICHARD GONZALES DIRECTOR	1 00 0 00	X						0	0	0
(6) JOHN HICKS CEO/PRESIDENT	50 00 1 00	X		X				733,167	0	35,010
(7) FAYE HUMMEL CHAIR	2 00 0 00	X		X				0	0	0
(8) MICHELLE LEBLANC-GROSS DIRECTOR	1 00 0 00	X						0	0	0
(9) PATTY MURRAY DIRECTOR	1 00 0 00	X						0	0	0
(10) SONYA NORMAN MD DIRECTOR	50 00 0 00	X						167,091	0	22,122
(11) JOHN RHOADES DIRECTOR	1 00 0 00	X						0	0	0
(12) ERIC ROBBINS MD DIRECTOR	1 00 0 00	X						0	0	0
(13) JEFFREY SIPPEL MD DIRECTOR	1 00 0 00	X						0	0	0
(14) HEIDI STORZ DIRECTOR	1 00 0 00	X						0	0	0
(15) MICHAEL TAYLOR DIRECTOR	1 00 50 00	X						0	849,356	156,505
(16) BRUCE WALKER MD DIRECTOR	1 00 0 00	X						0	0	0
(17) SHAWN WIANT DIRECTOR	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HAROLD DUPPER	50 00			X				381,612	0	34,913
CFO/CORPORATE SECRETARY	0 00									
(19) KURT GENSERT	50 00			X				347,997	0	51,183
VP OPERATIONS	0 00									
(20) KIRK QUACKENBUSH	50 00				X			180,684	0	4,399
CHIEF MEDICAL OFFICER	0 00									
(21) ERIC STIRM	50 00					X		188,654	0	37,932
PHARMACY DIRECTOR	0 00									
(22) LORETTA VANWYHE	50 00					X		158,761	0	6,610
ULTRASONOGRAPHER	0 00									
(23) KAREN WELZ	50 00					X		158,177	0	19,406
OR DIRECTOR	0 00									
(24) DUANE LIVADNEY	50 00					X		152,714	0	27,620
MEDICAL IMAGING SUPERVISOR	0 00									
(25) MARK BAKER	50 00					X		145,114	0	30,713
CATH LAB MANAGER	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,613,971	1,406,919	535,807

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 ▶ 63

		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**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
CERNER HEALTH SERVICES 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	TECHNOLOGY SERVICES	1,973,998
SOUND PHYSICIANS 1498 PACIFIC AVENUE SUITE 400 TACOMA, WA 98402	CONTRACT LABOR	1,370,531
ANESTHESIA SERVICES INC 14835 SILVER FEATHER CIRCLE BROOMFIELD, CO 80023	CONTRACT LABOR	975,916
CHILDREN'S HOSPITAL 1213 E 16TH AVE AURORA, CO 80045	CONTRACT LABOR	812,538
INTEGRAL HEALTHCARE SERVICES 750 W HAMPDEN AVE 501 ENGLEWOOD, CO 80110	CONSULTING SERVICES	626,030

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 ▶ 22

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			
	d Related organizations	1d	5,386,470		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		5,386,470		

Program Service Revenue		Business Code				
2a	PATIENT SERVICE REVENUE	622110	115,121,520	115,121,520		
b	CLINIC SUPPORT SERVICES	541900	6,494,541	6,494,541		
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f . . . . ▶		121,616,061			

Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,460,496		220,826	1,239,670
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
6a	Gross rents	3,184,015				
b	Less rental expenses	1,997,729				
c	Rental income or (loss)	1,186,286				
d	Net rental income or (loss) . . . . . ▶		1,186,286			1,186,286
		(i) Securities	(ii) Other			
7a	Gross amount from sales of assets other than inventory	2,955,279				
b	Less cost or other basis and sales expenses	0				
c	Gain or (loss)	2,955,279				
d	Net gain or (loss) . . . . . ▶		2,955,279			2,955,279
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 . . ▶					
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 . . ▶					
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 . . ▶					
	Miscellaneous Revenue	Business Code				
11a	CAFETERIA REVENUE	722310	567,541	567,541		
b	VENDING MACHINE REVENUE	900099	2,528	2,528		
c						
d	All other revenue					
e	**Total.** Add lines 11a-11d . . . . . ▶		570,069			
12	**Total revenue.** See Instructions . . . . . ▶		133,174,661	122,186,130	220,826	5,381,235

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	19,269	19,269		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,958,177	1,750,372	207,805	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,359,244	31,123,798	4,134,090	101,356
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,063,848	918,176	141,475	4,197
9 Other employee benefits	8,928,803	7,745,977	1,159,276	23,550
10 Payroll taxes	2,850,843	2,496,765	342,011	12,067
11 Fees for services (non-employees)				
a Management				
b Legal	228,137		228,137	
c Accounting	170,178		170,178	
d Lobbying	2,967		2,967	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	52,893		52,893	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,473,771	12,275,170	2,180,369	18,232
12 Advertising and promotion	299,428		299,428	
13 Office expenses	2,645,610	2,591,175	49,896	4,539
14 Information technology	4,918,316	1,497,204	3,414,558	6,554
15 Royalties				
16 Occupancy	1,218,938	1,059,013	159,925	
17 Travel	92,549	52,518	39,779	252
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,754	65,782	9,972	
20 Interest	2,544,617	2,544,617		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,236,035	12,236,035		
23 Insurance	729,878	729,878		
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	15,832,025	15,832,025		
b BAD DEBT EXPENSE	5,914,501	5,914,501		
c 3RD PARTY PROVIDER FEES	4,621,581	4,621,581		
d CONTRACT SERVICES	1,776,722	1,776,722		
e All other expenses	2,369,102	1,785,308	581,183	2,611
25 **Total functional expenses.** Add lines 1 through 24e	120,383,186	107,035,886	13,173,942	173,358
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	9,820,460	1	7,901,771
	2	Savings and temporary cash investments	13,889,898	2	518,982
	3	Pledges and grants receivable, net		3	1,995,559
	4	Accounts receivable, net	14,652,471	4	18,584,576
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7	Notes and loans receivable, net	18,956	7	
	8	Inventories for sale or use	836,706	8	762,840
	9	Prepaid expenses and deferred charges	2,201,344	9	2,167,652
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 254,695,279			
	b	Less accumulated depreciation — 10b: 91,593,811	156,580,969	10c	163,101,468
	11	Investments—publicly traded securities	69,356,260	11	
	12	Investments—other securities See Part IV, line 11	9,469,875	12	12,231,919
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets	10,000,000	14	10,000,000
	15	Other assets See Part IV, line 11	14,513,847	15	96,618,876
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	301,340,786	16	313,883,643
Liabilities	17	Accounts payable and accrued expenses	18,056,862	17	22,021,122
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	83,205,671	23	79,407,516
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	318,461	25	0
	26	**Total liabilities.** Add lines 17 through 25	101,580,994	26	101,428,638
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	197,833,771	27	210,459,446
	28	Temporarily restricted net assets	1,926,021	28	1,995,559
	29	Permanently restricted net assets		29	
		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	199,759,792	33	212,455,005
	34	Total liabilities and net assets/fund balances	301,340,786	34	313,883,643

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	133,174,661
2	Total expenses (must equal Part IX, column (A), line 25)	2	120,383,186
3	Revenue less expenses Subtract line 2 from line 1	3	12,791,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	199,759,792
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-96,262
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,455,005

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		No
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		

Additional Data

Software ID:

Software Version:

EIN: 84-0482695

Name: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

PLATTE VALLEY MEDICAL CENTER (PVMC) BECAME THE FIRST PRIVATE GENERAL MEDICAL-SURGICAL HOSPITAL IN ADAMS AND SOUTHERN WELD COUNTIES IN 1960 FOR 47 YEARS, PLATTE VALLEY MEDICAL CENTER WAS LOCATED ON SEVEN ACRES AT 18TH AND BRIDGE STREET IN BRIGHTON IN 2007, PLATTE VALLEY MEDICAL CENTER MOVED TO A 50-ACRE CAMPUS AT I-76 AND 144TH AVENUE TODAY, PLATTE VALLEY IS A 98-BED COMMUNITY HOSPITAL AS A MEMBER OF THE SCL HEALTH SYSTEM, PVMC HAS BEEN DESIGNATED ONE OF THE WORLD'S MOST PATIENT-CENTERED HOSPITALS BY PLANETREE, INC PLATTE VALLEY'S 10 PILLARS OF HEALING ARE INCORPORATED INTO EVERY PATIENT EXPERIENCE THEY INCLUDE INTEGRATIVE THERAPIES, HUMAN INTERACTIONS, SUPPORT NETWORKS, HEALING DESIGN, EDUCATION AND INFORMATION, HEALTHY AND DELICIOUS MEALS, HEALING ART THERAPY, SPIRITUALITY, HEALING TOUCH, AND HEALTHY COMMUNITIES TO HELP PATIENTS RECOVER DURING 2016, PVMC HAD THE FOLLOWING RESULTS 3,242 ADMISSIONS72,296 OUTPATIENT VISITS 20,730 EMERGENCY DEPARTMENT VISITS 903 BIRTHS 4,277 SURGERIES899,713 LABORATORY TESTSSERVICESWITH OVER 120 PHYSICIANS REPRESENTING MORE THAN 45 SPECIALTIES, PLATTE VALLEY MEDICAL CENTER OFFERS HIGH-LEVEL SERVICES FOUND IN LARGER METROPOLITAN HOSPITALS SOME OF THE SERVICES OFFERED INCLUDE ALLERGY, IMMUNOLOGY & ASTHMA, AMBULANCE SERVICE, CARDIOVASCULAR SERVICES, CRITICAL CARE, DERMATOLOGY, EAR, NOSE, & THROAT, EMERGENCY SERVICES, FAMILY MEDICINE, GASTROENTEROLOGY, HEMATOLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, MEDICAL IMAGING, NEONATOLOGY, NEUROSURGERY, NEUROLOGY, OBSTETRICS & GYNECOLOGY, ONCOLOGY, OPHTHALMOLOGY, OPTOMOETRY, ORTHOPEDICS, PEDIATRICS, PHARMACY, PHYSICAL MEDICINE & REHAB, PODIATRY, PULMONARY MEDICINE, SLEEP MEDICINE, STROKE CENTER, UROLOGY, ADVANCED WOUND CENTER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

Open to Public Inspection

Name of the organization
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0482695

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

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

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

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

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

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

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
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	84-0482695

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		2,967
j	Total Add lines 1c through 1i			2,967
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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
PART II-B, LINE 1	PART II-B, LINE (1I) LOBBYING EXPENSES WERE DERIVED AS A PERCENTAGE OF DUES PAID TO THE COLORADO HOSPITAL ASSOCIATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

Open to Public Inspection

Name of the organization
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0482695

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,681,875	1,642,857	1,769,303	1,705,773	1,379,709
b Contributions		50,000		274,017	299,156
c Net investment earnings, gains, and losses	128,392	-10,982	110,446	252,829	157,195
d Grants or scholarships				459,444	125,759
e Other expenditures for facilities and programs	150,000		236,892	3,872	4,528
f Administrative expenses					
g End of year balance	1,660,267	1,681,875	1,642,857	1,769,303	1,705,773

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

- a Board designated or quasi-endowment ▶ 28 610 %
- b Permanent endowment ▶ 67 000 %
- c Temporarily restricted endowment ▶ 4 390 %

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)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		13,705,100		13,705,100
b Buildings		175,696,341	50,622,811	125,073,530
c Leasehold improvements		6,613,875	3,395,026	3,218,849
d Equipment		53,522,795	37,575,974	15,946,821
e Other		5,157,168		5,157,168
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				163,101,468

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES - SEE SCHEDULE D, PART XIII	95,651,391
(2) OTHER MISC RECEIVABLES	967,485
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	96,618,876

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-0482695
Name: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PLATTE VALLEY MEDICAL CENTER FOUNDATION HOLDS ENDOWMENTS TO PROVIDE FINANCIAL SUPPORT FOR THE PROGRAMS AND SERVICES OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IX - INTERCOMPANY RECEIVABLES	INTERCOMPANY RECEIVABLES REPORTED IN 990, SCHEDULE D, PART IX CONSISTS OF CENTRALLY MANAGE D CASH & INVESTMENTS AS WELL AS VARIOUS MISCELLANEOUS INTERCOMPANY RECEIVABLES THE BREAKD OWN BELOW PRESENTS ADDITIONAL DETAIL INTERCO REC - CENTRALLY MANAGED CASH & INVESTMENTS $ 75,552,503 INTERCO REC - PHYSICIAN CLINICS $14,872,662 INTERCO REC - COMMUNITY HEALTH IMPR OVEMENT FUNDS $5,226,226 TOTAL $95,651,391

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

Open to Public Inspection

Name of the organization
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0482695

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 12500 0000000000 %			
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)			3,321,412	0	3,321,412	2 900 %
b Medicaid (from Worksheet 3, column a)			30,277,631	24,012,055	6,265,576	5 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			33,599,043	24,012,055	9,586,988	8 370 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			138,074	19,929	118,145	0 100 %
f Health professions education (from Worksheet 5)			368,805	0	368,805	0 320 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			126,917	756	126,161	0 110 %
j **Total.** Other Benefits			633,796	20,685	613,111	0 530 %
k **Total.** Add lines 7d and 7j			34,232,839	24,032,740	10,200,099	8 900 %

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,257	0	1,257	0 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			1,257		1,257	0 %

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 5,914,501			
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 0			
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	18,924,127
6	Enter Medicare allowable costs of care relating to payments on line 5	6	34,244,313
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-15,320,186
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? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
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		No
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) SEE PART V, SECTION C			
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 13			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) SEE PART V, SECTION C			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

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 125 000000000000 % and FPG family income limit for eligibility for discounted care of 250 000000000000 %			
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	Was widely publicized 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 PVMC ORG/CHARITYCARE/			
b	☑ The FAP application form was widely available on a website (list url) WWW PVMC ORG/CHARITYCARE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW PVMC ORG/CHARITYCARE/			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? **4**

	Name and address	Type of Facility (describe)
1	1 - PLATTE VALLEY MEDICAL IMAGING LLC 1606 PRAIRIE CENTER PARKWAY SUITE 130 BRIGHTON, CO 80601	RADIOLOGY SERVICES
2	2 - PLATTE VALLEY AMBULANCE SERVICE LLC 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601	AMBULANCE SERVICES
3	3 - SPECTRUM MEDICAL IMAGING LLC 1610 PRAIRIE CENTER PARKWAY SUITE 2100 BRIGHTON, CO 80601	RADIOLOGY SERVICES
4	4 - WORKWELLNESS LLC 1450 DEXTER STREET FORT LUPTON, CO 80621	OCCUPATIONAL HEALTH SERVICES
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THIS ORGANIZATION IS PART OF SCL HEALTH SYSTEM WHICH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A CONSOLIDATED BASIS THE REPORT IS PREPARED BY THE PARENT COMPANY, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART I, LINE 7A, 7B AND 7C WERE DETERMINED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, IN THE SCHEDULE H, FORM 990 INSTRUCTIONS FORM 990, SCHEDULE H, PART I, LINES 7E, 7F, 7G, 7H AND 7I ARE REPORTED AT COST AS REPORTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 5,914,501

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	A VARIETY OF DIRECTORS AND ADMINISTRATORS PARTICIPATE IN COMMUNITY BOARDS AND CHAMBERS IN ORDER TO ASSIST WITH COMMUNITY BUILDING PVMC ASSOCIATES SERVE ON THE CHAMBER OF COMMERCE OF BRIGHTON AND THE NON-PROFIT COUNCIL OF THE BRIGHTON CHAMBER, FT LUPTON CHAMBER OF COMMERCE, COMMERCE CITY CHAMBER OF COMMERCE, SOUTHEAST WELD COUNTY CHAMBER OF COMMERCE, BRIGHTON URBAN RENEWAL ASSOCIATION, KIWANIS, ROTARY, STATE NURSING BOARD, ALMOST HOME BOARD, SENIOR CENTER ADVISORY BOARD, COLORADO HOSPITAL ASSOCIATION AND MORE PVMC HOSTS A QUARTERLY NETWORKING MEETING OF THE LOCAL SERVICE AGENCIES, ALLOWING FOR THEM TO ANNOUNCE THEIR PROGRAMS AND COLLABORATE WITH OTHER LOCAL AGENCIES THE MEETING IS ALSO MEANT TO DECREASE DUPLICATION OF SERVICES AND ENCOURAGE THE BEST POSSIBLE USE OF RESOURCES PART III, LINE 1 THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO 15 TO THE EXTENT THAT HFMA STATEMENT NO 15 FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR REPORTING BAD DEBT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE THE FOLLOWING IS THE TEXT OF THE FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBE THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITION IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL COLLECTION EXPERIENCE BY PAYOR CATEGORY AND OTHER FACTORS THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE MODIFICATIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS INCLUDES A RESERVE FOR BOTH UNINSURED PATIENTS AND BALANCES DUE FROM PATIENTS AFTER INSURANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM BY ABSORBING THE MEDICARE SHORTFALL COSTS WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS THE ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST REPORT COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	AN INTEGRAL COMPONENT OF OUR MISSION IS TO BE GOOD FINANCIAL STEWARDS THIS REQUIRES US TO DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH ARE ABLE TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED WEMAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TOTHOSE WHO NEED IT MOST AND ENSURE THAT WE MANAGE OUR RESOURCES SOWE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND DISCHARGE IN ADDITION, THE PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	PVMC IS ALWAYS WORKING WITH AND REVIEWING THE NEEDS OF THE COMMUNITY IN ORDER TO PROVIDE THE BEST SERVICE TO THOSE IN THE PVMC SERVICE AREA THROUGH CONTACTS WITH LOCAL AND STATE HEALTH AND SERVICE ORGANIZATIONS (TRI-COUNTY HEALTH DEPARTMENT, WELD COUNTY HEALTH DEPARTMENT, PENNOCK COUNSELING CENTER, REACH COMMUNITY CENTER, ADAMS COUNTY HEALTH INITIATIVE, CHA, CHAPEL HILL FOOD BACK, ALMOST HOME HOMELESS SHELTER TO NAME A FEW), AND INDEPENDENT CONSULTANTS, PVMC MONITORS AND IDENTIFIES AREAS OF NEEDS IN THE COMMUNITY AND WORKS TO IDENTIFY WAYS TO ASSURE THAT THE NEEDS ARE MET INTERNAL TRACKING AND REVIEWS ARE COMPLETED IN ORDER TO CONFIRM THAT PROGRAMS ARE MEETING THEIR GOALS TO ADDRESS THE NEEDS OF THE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 4	PLATTE VALLEY MEDICAL CENTER IS LOCATED AT 1600 PRAIRIE CENTER PARKWAY BRIGHTON, COLORADO 80601 THE PRIMARY SERVICE AREA INCLUDES SIX COMMUNITIES IN ADAMS COUNTY AND WELD COUNTY, COLORADO DEMOGRAPHICSPOPULATION THE POPULATION OF THE PLATTE VALLEY MEDICAL CENTER SERVI CE AREA IS 153,835 POPULATION BY GENDER OF THE SERVICE AREA POPULATION, 49 6% ARE MALE A ND 50 4% ARE FEMALE POPULATION BY AGE CHILDREN AND YOUTH, AGES 0-17, MAKE UP 30 4% OF TH E POPULATION IN THE SERVICE AREA, 61 4% ARE ADULTS, AGES 18-64, AND 8 2% OF THE POPULATION ARE SENIORS, AGES 65 AND OVER WHEN THE HOSPITAL SERVICE AREA IS EXAMINED BY COMMUNITY, C OMMERCE CITY HAS THE HIGHEST PERCENTAGE OF YOUTH, AGES 0-17, AT 33%, HUDSON HAS THE SMALLE ST PERCENTAGE OF YOUTH (21 2%) KEENESBURG HAS THE LARGEST PERCENTAGE OF SENIORS (14 4%) I N THE SERVICE AREA, HENDERSON THE LOWEST AT 4 6% RACE/ETHNICITY IN THE PVMC SERVICE AREA , 56 1% OF THE POPULATION IS WHITE, 37 4% OF THE POPULATION IS HISPANIC/LATINO, 2 2% ARE A SIAN, 1 9% IS AFRICAN AMERICAN, AND 2 3% ARE AMERICAN INDIAN/ALASKAN NATIVE OR OTHER RACE/ ETHNICITY THE PVMC SERVICE AREA HAS A SMALLER PERCENTAGE OF WHITES (56 1%) AND LARGER PER CENTAGE OF HISPANICS OR LATINOS (37 4%) THAN ARE FOUND IN THE STATE RACE/ETHNICITY BY PLAC E WHEN RACE AND ETHNICITY ARE EXAMINED BY PLACE, THE MAJORITY OF THE POPULATION IN COMMER CE CITY IS HISPANIC OR LATINO (50 3%) IN KEENESBURG, 78 7% OF THE POPULATION IS WHITE, TH E HIGHEST IN THE SERVICE AREA 5 2% OF THE POPULATION IN BRIGHTON 80602 IS ASIAN CITIZENS HIP IN THE PVMC SERVICE AREA, 13% OF THE POPULATION IS FOREIGN BORN AND 8 2% OF THE POPUL ATION IS NOT A U S CITIZEN THIS IS A LOWER PERCENTAGE THAN FOUND IN ADAMS COUNTY (10 6%) BUT HIGHER THAN IN WELD COUNTY (5 6%) LANGUAGE THE LANGUAGES SPOKEN AT HOME BY AREA RES IDENTS MIRROR THE RACIAL/ETHNIC MAKE-UP OF THE PLATTE VALLEY MEDICAL CENTER SERVICE AREA C OMMUNITIES ENGLISH IS SPOKEN IN THE HOME AMONG 72 8% OF THE SERVICE AREA POPULATION SPAN ISH IS SPOKEN AT HOME AMONG 23 9% OF THE POPULATION, 1 2% OF THE POPULATION SPEAKS AN INDO -EUROPEAN LANGUAGE, AND 1 8% OF THE POPULATION SPEAK AN ASIAN LANGUAGE AT HOME SOCIAL AND ECONOMIC FACTORS RANKINGS THE COUNTY HEALTH RANKINGS RANKS COUNTIES ACCORDING TO HEALTH FACTORS DATA SOCIAL AND ECONOMIC INDICATORS ARE EXAMINED AS A CONTRIBUTOR TO THE HEALTH O F A COUNTY'S RESIDENTS COLORADO'S 64 COUNTIES ARE RANKED ACCORDING TO SOCIAL AND ECONOMIC FACTORS WITH 1 BEING THE COUNTY WITH THE BEST FACTORS TO 64 FOR THAT COUNTY WITH THE POOR EST FACTORS THIS RANKING EXAMINES HIGH SCHOOL GRADUATION RATES, UNEMPLOYMENT, CHILDREN I N POVERTY, SOCIAL SUPPORT, AND OTHERS ADAMS COUNTY IS RANKED 39, IN THE BOTTOM QUARTILE O F ALL COLORADO COUNTIES ACCORDING TO SOCIAL AND ECONOMIC FACTORS WELD COUNTY IS RANKED AS 32, PLACING IT IN THE BOTTOM HALF OF ALL COLORADO COUNTIES UNEMPLOYMENT THE UNEMPLOYMEN T RATE IN THE HOSPITAL SERVICE AREA AVERAGED OVER 5 YEARS WAS 6 8%, WHICH IS LOWER THAN TH E STATE RATE OF 7 9% POVERTY POVERTY THRESHOLDS ARE USED FOR CALCULATING ALL OFFICIAL PO VERTY POPULATION STATISTICS THEY ARE UPDATED EACH YEAR BY THE CENSUS BUREAU FOR 2014, TH E FEDERAL POVERTY LEVEL (FPL) FOR ONE PERSON WAS $11,670 AND FOR A FAMILY OF FOUR $23,850 AMONG THE RESIDENTS IN THE PLATTE VALLEY MEDICAL CENTER SERVICE AREA, 10 8% ARE AT OR BEL OW 100% OF THE FEDERAL POVERTY LEVEL (FPL) AND 29 6% ARE AT 200% OF FPL OR BELOW THESE RA TES OF POVERTY ARE LOWER THAN FOUND IN THE STATE WHERE 13 1% OF RESIDENTS ARE AT POVERTY L EVEL AND 30 2% ARE AT 200% OF FPL OR BELOW POVERTY BY COMMUNITY EXAMINING POVERTY LEVELS BY COMMUNITY PAINTS AN IMPORTANT PICTURE OF THE POPULATION WITHIN THE PLATTE VALLEY MEDIC AL CENTER SERVICE AREA IN COMMERCE CITY, 18 4% OF THE POPULATION IS AT POVERTY LEVEL COM MERCE CITY ALSO HAS THE HIGHEST RATE OF POVERTY AMONG CHILDREN (24 2%) AND SENIORS (18 2%) IN THE SERVICE AREA BRIGHTON 80602 HAS THE LOWEST RATES OF POVERTY IN THE SERVICE AREA FREE OR REDUCED MEALS THE PERCENTAGE OF STUDENTS ELIGIBLE FOR THE FREE OR REDUCED PRICE M EAL PROGRAM IS ONE INDICATOR OF SOCIOECONOMIC STATUS IN BOTH ADAMS AND WELD COUNTIES, 46% OF THE STUDENT POPULATION IS ELIGIBLE FOR THE FREE AND REDUCED PRICE MEAL PROGRAM THESE RATES ARE HIGHER THAN THE STATE RATE OF 34% MEDIAN HOUSEHOLD INCOME IN THE PLATTE VALLEY MEDICAL CENTER SERVICE AREA THERE ARE 48,531 HOUSEHOLDS THE MEDIAN HOUSEHOLD INCOME IN T HE SERVICE AREA RANGES FROM $52,160 IN FT LUPTON TO $95,346 IN BRIGHTON 80602 WHEN HOUSE HOLDS ARE EXAMINED BY TYPE, 41 9% OF HOUSEHOLD IN THE PVMC SERVICE AREA HAVE CHILDREN UNDE R THE AGE OF 18 6 6% OF HOUSEHOLDS IN THE SERVICE AREA ARE FEMALE HEADED WITH CHILDREN AN D 5 8% OF HOUSEHOLDS ARE SENIORS LIVING ALONE EDUCATIONAL ATTAINMENT AMONG ADULTS, AGES 25 AND OLDER, IN THE PLATTE VALLEY MEDICAL CENTER SERVICE AREA, 17 5% HAVE NO HIGH SCHOOL DIPLOMA, COMPARED TO 9 6% OF THE POPULATION IN THE STATE WITH NO HIGH SCHOOL DIPLOMA EDUC ATIONAL ATTAINMENT IS A KEY DRIVER OF HEALTH IN T

Form and Line Reference	Explanation
PART VI, LINE 4	HE HOSPITAL SERVICE AREA, 17 5% OF ADULTS LACK A HIGH SCHOOL DIPLOMA OVER ONE QUARTER THE POPULATION (30 5%), AGES 25 AND OLDER, HAVE A COLLEGE DEGREE HIGH SCHOOL GRADUATION RATE S HIGH SCHOOL GRADUATION RATES ARE DETERMINED BY THE PERCENT OF NINTH GRADE STUDENTS IN P UBLIC SCHOOLS WHO GRADUATE IN FOUR YEARS THE GRADUATION RATE IN ADAMS COUNTY WAS 70%, AND IN WELD COUNTY THE GRADUATION RATE WAS 81% HOMELESSNESS A POINT-IN-TIME COUNT OF HOMELE SS PEOPLE WAS CONDUCTED IN 2015 BY THE METRO DENVER HOMELESS INITIATIVE (MDHI) THE 2012 C OUNT ESTIMATED 572 HOMELESS INDIVIDUALS IN ADAMS COUNTY 82% OF THE HOMELESS IN ADAMS COUN TY WERE SHELTERED AND 18% WERE UNSHELTERED, 5 4% OF THE HOMELESS WERE CONSIDERED TO BE CHR ONICALLY HOMELESS ACCORDING TO THE MDHI, "ADAMS COUNTY SHOWED THE MOST DRAMATIC INCREASE IN NUMBER OF HOMELESS PERSONS AS WELL AS THE PROPORTION OF HOMELESS ACROSS THE METRO COUNT IES" CONTINUED BELOW

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	PLATTE VALLEY MEDICAL CENTER (PVMC) BECAME THE FIRST PRIVATE GENERAL MEDICAL-SURGICAL HOSPITAL IN ADAMS AND SOUTHERN WELD COUNTIES IN 1960 FOR 47 YEARS, PLATTE VALLEY MEDICAL CENTER WAS LOCATED ON SEVEN ACRES AT 18TH AND BRIDGE STREET IN BRIGHTON IN 2007, PLATTE VALLEY MEDICAL CENTER MOVED TO A 50-ACRE CAMPUS AT I-76 AND 144TH AVENUE TODAY, PVMC IS A 98-BED COMMUNITY HOSPITAL AND A MEMBER OF THE SCL HEALTH SYSTEM THE HOSPITAL OFFERS A PRIMARY STROKE CENTER, AN ACCREDITED CHEST PAIN CENTER AND ADVANCED CARDIOVASCULAR PROGRAM, A LEVEL II SPECIAL CARE NURSERY, A LEVEL III TRAUMA CENTER AND INNOVATIVE SURGICAL, ORTHOPEDIC AND WOMEN'S SERVICES PVMC HAS BEEN DESIGNATED ONE OF THE WORLD'S MOST PATIENT-CENTERED HOSPITALS BY PLANETREE, INC THE MISSION OF PVMC IS TO "FOSTER OPTIMAL HEALTH FOR ALL AND WE OFFER MANY CLASSES, AND EVENTS TO ASSIST THE COMMUNITY IN THAT EFFORT CLASSES AND EVENTS ARE HELD THROUGHOUT THE YEAR OFFERING A VARIETY OF OPPORTUNITIES THE NUTRITION DEPARTMENT AT PVMC OFFERS MANY SEMINARS GIVING ADVICE AND TIPS ON HEALTHY EATING AND NUTRITION ADDITIONALLY, OUR LOCAL PHYSICIANS OFFER SEMINARS ON HEALTH TOPICS SUCH AS JOINT REPLACEMENT, SKIN CANCER, HEART HEALTH, PREGNANCY PLANNING AND ASTHMA/ALLERGIES THE PHYSICAL THERAPY DEPARTMENT OFFERS PILATES AND YOGA CLASSES TO THE COMMUNITY AND PARTNERS WITH THE EAGLE VIEW ADULT CENTER TO OFFER A FIT BALL CLASS AND ADAPTIVE YOGA CLASS SUPPORT GROUPS ARE OFFERED AT PVMC FOR CANCER, STROKE, AND CARDIAC PATIENTS PVMC IS VERY PROUD OF THE COMMUNITY HEALTH INVESTMENT PROGRAM (CHIP) WHICH OFFERS GRANTS TO LOCAL NON-PROFIT ORGANIZATIONS THAT NEED ASSISTANCE WITH THEIR HEALTH RELATED PROGRAMS THE HOSPITAL PARTICIPATES IN THE ANNUAL 9HEALTH FAIR WHICH OFFERS LOW COST LABORATORY TESTS AND FREE SCREENINGS TO THE COMMUNITY THIS OFFERS ACCESS TO HEALTH SCREENING THAT PEOPLE IN THE COMMUNITY MAY NOT BE ABLE TO AFFORD OR TO WHICH THEY MIGHT NOT HAVE ACCESS THE HOSPITAL ADDITIONALLY OFFERS AN EVENT, GIRLS NIGHT OUT WHICH IS PRIMARILY TARGETED TOWARDS THE WOMEN OF THE COMMUNITY, OFFERING HEALTH SCREENINGS AND HEALTH EDUCATION EDUCATIONAL SEMINARS ARE OFFERED THROUGHOUT THE YEAR ON A VARIETY OF TOPICS INCLUDING, NUTRITION, CHRONIC ILLNESS, ILLNESS PREVENTION AND WELLNESS PVMC'S COMMUNITY BENEFIT ALSO INCLUDES THE COSTS OF CHARITY CARE (PVMC IS A DISPROPORTIONATE SHARE HOSPITAL) AND THE UNPAID COSTS OF MEDICAID

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE " WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITY, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES NINE HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER AND MORE THAN 190 AMBULATORY SERVICE CENTERS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES MORE THAN 15,000 FULL-TIME ASSOCIATES AND MORE THAN 500 EMPLOYED PROVIDERS AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEM-WIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT HIGH QUALITY HEALTHCARE SERVICES THAT ARE RESPONSIVE TO THE NEEDS OF ITS PATIENTS AND THEIR FAMILIES THIS INCLUDES COORDINATING COMMUNITY BENEFIT PROCESSES, PROVIDING GUIDANCE WITH COMMUNITY NEEDS ASSESSMENTS, AND ESTABLISHING CONSISTENT FINANCIAL ASSISTANCE AND CHARITY CARE POLICIES AND PROCEDURES ADDITIONALLY, SCLHS BENEFITS AFFILIATES THROUGH QUALITY IMPROVEMENT AND PERFORMANCE EXCELLENCE INITIATIVES, SYSTEM-WIDE INFORMATION TECHNOLOGY IMPLEMENTATION AND INFRASTRUCTURE, STRATEGIC AND OPERATIONS DIRECTION AND OVERSIGHT, SUPPLY CHAIN MANAGEMENT AND PURCHASING, FINANCE ADMINISTRATION AND REVENUE CYCLE SUPPORT, BENEFITS ADMINISTRATION, RISK MANAGEMENT, DISASTER PLANNING AND CRISIS ASSISTANCE, CENTRAL CASH MANAGEMENT AND INVESTMENT, INTERNAL AUDIT, LEGAL SERVICES, TAX SERVICES AND MISSION INTEGRATION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - CONTINUED	BIRTH INDICATORS BIRTHS IN 2015, THE NUMBER OF BIRTHS IN THE PLATTE VALLEY MEDICAL CENTER SERVICE AREA WAS 2,379 THE NUMBER OF BIRTHS IN THE SERVICE AREA DECLINED SLIGHTLY OVER T HE PAST FIVE YEARS, WHILE BIRTHS IN BOTH COUNTIES AND THE STATE INCREASED TEEN BIRTHS IN 2015, 1 9% OF LIVE BIRTHS IN ADAMS COUNTY WERE TO TEENS, AGES 15-17 IN WELD COUNTY, 1 5% OF THE BIRTHS WERE TO TEENS BOTH COUNTIES ARE SLIGHTLY ABOVE THE STATE RATE PRENATAL CAR E PREGNANT WOMEN IN ADAMS COUNTY ENTERED PRENATAL CARE LATE - AFTER THE FIRST TRIMESTER - AT A RATE OF 251 6 PER 1,000 LIVE BIRTHS, AND IN WELD COUNTY THE RATE OF LATE PRENATAL CA RE WAS 362 2 THIS RATE OF LATE ENTRY INTO PRENATAL CARE TRANSLATES TO 74 8% OF WOMEN IN A DAMS COUNTY AND 63 8% IN WELD COUNTY ENTERING PRENATAL CARE WITHIN THE FIRST TRIMESTER TH E HEALTHY PEOPLE 2020 OBJECTIVE IS FOR 78% OF WOMEN TO ENTER PRENATAL CARE IN THE FIRST TR IMESTER LOW BIRTH WEIGHT LOW BIRTH WEIGHT IS A NEGATIVE BIRTH INDICATOR BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR DISEASE, DISABILITY AND POSSIBLY DEATH FOR THIS MEASUREMENT, A LOWER RATE IS A BETTER INDICATOR THE ADAMS COUNTY RATE OF LOW BIRTH WEIGH T BABIES IS 9 4% (93 6 PER 1,000 LIVE BIRTHS), AND IN WELD COUNTY IT IS 8 4% (83 7 PER 1,0 00 LIVE BIRTHS) THIS IS LOWER THAN THE STATE RATE OF 9 1% (91 3 PER 1,000 LIVE BIRTHS) H OWEVER, THE RATE OF LOW BIRTH WEIGHT IN THE SERVICE AREA IS HIGHER THAN THE HEALTHY PEOPLE 2020 OBJECTIVE OF 7 8% OF BIRTHS BEING LOW BIRTH WEIGHT, INDICATING A POOR BIRTH INDICATO R INFANT MORTALITY THE INFANT MORTALITY RATE IN ADAMS COUNTY WAS 5 2 DEATHS PER 1,000 LI VE BIRTHS AND IN WELD COUNTY IT WAS 4 7 DEATHS PER 1,000 LIVE BIRTHS IN COMPARISON, THE I NFANT DEATH RATE IN THE STATE WAS 4 6 DEATHS PER 1,000 LIVE BIRTHS THE INFANT DEATH RATE IN BOTH COUNTIES AND THE STATE ARE BELOW THE HEALTHY PEOPLE 2020 OBJECTIVE OF 6 0 INFANT D EATHS PER 1,000 LIVE BIRTHS AGE-ADJUSTED DEATH RATE AGE-ADJUSTED DEATH RATES ARE AN IMPO RTANT FACTOR TO EXAMINE WHEN COMPARING MORTALITY DATA THE CRUDE DEATH RATE IS A RATIO OF THE NUMBER OF DEATHS TO THE ENTIRE POPULATION AGE-ADJUSTED DEATH RATES ELIMINATE THE BIAS OF AGE IN THE MAKEUP OF THE POPULATIONS BEING COMPARED WHEN COMPARING ACROSS GEOGRAPHIC AREAS, AGE-ADJUSTING IS TYPICALLY USED TO CONTROL FOR THE INFLUENCE THAT DIFFERENT POPULAT ION AGE DISTRIBUTIONS MIGHT HAVE ON HEALTH EVENT RATES WHEN ADJUSTED FOR AGE, THE DEATH R ATE IN ADAMS COUNTY WAS 742 3 AND IN WELD COUNTY 690 6 THESE RATES OF DEATH WERE HIGHER T HAN FOUND IN COLORADO (657 9) LEADING CAUSES OF DEATHAGE-ADJUSTED DEATH RATE/LEADING CAUS ES OF DEATH THE TOP CAUSES OF DEATH FOR 2015 IN ADAMS AND WELD COUNTIES ARE CANCER, HEART DISEASE, UNINTENTIONAL INJURIES AND RESPIRATORY DISEASE THESE ARE ALSO THE TOP CAUSES OF DEATH IN THE STATE DRUG DEPENDENCE AND ABUSE MORTALITY THE RATE OF DRUG-INDUCED DEATHS I N ADAMS COUNTY (18 4) AND WELD COUNTY (13 9) EXCEED THE HEALTHY PEOPLE 2020 OBJECTIVE OF 1 1 3 DEATHS PER 100,000 PERSONS ACCESS TO HEALTH CAREHEALTH INSURANCE HEALTH INSURANCE COV ERAGE IS CONSIDERED A KEY COMPONENT TO ACCESSING HEALTH CARE AMONG THE ADULT POPULATION I N ADAMS COUNTY, 74 3% HAVE HEALTH INSURANCE, A LOWER RATE THAN THE STATE (81 6%) IN WELD COUNTY, 81 2% OF THE POPULATION HAS HEALTH INSURANCE UNINSURED CHILDREN, AGES 0-17 AMONG CHILDREN IN ADAMS COUNTY, 11 5% ARE UNINSURED (88 5% INSURED), COMPARED TO 9 2% WHO ARE U NINSURED (90 8% INSURED) IN WELD COUNTY UNMET MEDICAL NEED 17% OF ADULTS IN ADAMS AND 16 % OF ADULTS IN WELD COUNTIES HAD AN UNMET MEDICAL NEED BECAUSE THEY WERE NOT ABLE TO AFFOR D CARE THESE RATES ARE HIGHER THAN FOUND IN THE STATE (14%) PRIMARY CARE PHYSICIANS THE RATIO OF THE POPULATION TO PRIMARY CARE PHYSICIANS IN ADAMS COUNTY IS 2,158 1, AND IN WEL D COUNTY IT IS 2,093 1 THE MEASURE REPRESENTS THE POPULATION TO ONE PROVIDER DENTAL CARE THE RATIO OF POPULATION TO DENTISTS IN ADAMS COUNTY IS 1907 1 IN WELD COUNTY THE RATIO IS 2,594 1 MENTAL HEALTH PROVIDERS MENTAL HEALTH PROVIDERS INCLUDE PSYCHIATRISTS, CLINIC AL PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS, PSYCHIATRIC NURSE SPECIALISTS, AND MARRIAGE AND FAMILY THERAPISTS WHO MEET CERTAIN QUALIFICATIONS AND CERTIFICATIONS IN ADAMS COUNTY, TH E RATIO OF THE POPULATION TO MENTAL HEALTH PROVIDERS IS 422 1 IN WELD COUNTY THE RATIO IS 616 1 IN THE STATE THE RATIO IS 392 1 CHRONIC AND COMMUNICABLE DISEASEFAIR OR POOR HEAL TH WHEN ASKED TO SELF-REPORT ON HEALTH STATUS, 17% OF ADULTS IN ADAMS COUNTY AND 15% IN W ELD COUNTY INDICATED THEY WERE IN FAIR OR POOR HEALTH THESE RATES ARE HIGHER THAN FOUND I N THE STATE (13%) ASTHMA 13% OF ADULTS IN ADAMS COUNTY AND 12 6% OF ADULTS IN WELD COUNT Y HAVE BEEN DIAGNOSED WITH ASTHMA DIABETES THE PERCENT OF ADULTS, DIAGNOSED WITH DIABETE S WAS 8 4% IN ADAMS COUNTY AND 6 7% IN WELD COUNTY 6 9% OF ADULTS IN THE STATE HAVE BEEN DIAGNOSED WITH DIABETES HIGH BLOOD PRESSURE 22 4% OF ADULTS IN ADAMS COUNTY AND 28 1% IN WELD COUNTY HAVE BEEN DIAGNOSED WITH HIGH BLOOD P

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - CONTINUED	RESSURE WELD COUNTY EXCEEDS THE STATE RATE OF 25 9% COLORECTAL AND BREAST CANCER COLORE CTAL CANCER RATES ARE HIGHER IN MEN THAN IN WOMEN BOTH ADAMS AND WELD COUNTIES REPORT A R ATE OF COLORECTAL CANCER OF 42 7 PER 100,000 MEN, HIGHER THAN THE STATE RATE OF 38 6 PER 1 00,000 PERSONS COLORECTAL CANCER RATES AMONG WOMEN IN ADAMS COUNTY OCCUR AT A RATE OF 33 4 PER 100,000 PERSONS, HIGHER THAN BOTH WELD COUNTY (30 7) AND THE STATE (30 9) BREAST CA NCER RATES OCCUR AMONG FEMALES AT A RATE OF 110 1 PER 100,000 PERSONS IN ADAMS COUNTY AND 113 3 IN WELD COUNTY THESE RATES ARE LOWER THAN THE STATE RATE OF 123 PER 100,000 PERSONS TUBERCULOSIS THE RATE OF TUBERCULOSIS AVERAGED OVER FIVE YEARS IS 1 7 PER 100,000 PERSO NS IN ADAMS COUNTY, 1 1 PER 100,000 PERSONS IN WELD COUNTY RACIAL MINORITIES ARE AT THE G REATEST RISK 83% OF NEW TB CASES OCCURRED IN MINORITY POPULATIONS, YET THEY ONLY COMPRISE 31% OF THE STATE'S POPULATION 34% OF TB CASES WERE IN THOSE OF ASIAN/PACIFIC ISLANDER OR IGIN, 30% OF CASES WERE IN HISPANICS, AND 19% IN BLACK/AFRICAN AMERICANS TB INCIDENCE IS 36 TIMES HIGHER AMONG THE FOREIGN-BORN POPULATION THAN THE U S BORN INDIVIDUALS IN COLORA DO SEXUALLY TRANSMITTED INFECTIONS CHLAMYDIA OCCURS AT A RATE OF 421 2 PER 100,000 PERSO NS IN ADAMS COUNTY, WHICH IS HIGHER THAN THE RATE OF CHLAMYDIA IN WELD COUNTY (362 1 PER 1 00,000 PERSONS) AND COLORADO (410 3 PER 100,000 PERSONS) FEMALES ACCOUNT FOR MORE THAN TW O-THIRDS (68 2%) OF THE CHLAMYDIA CASES WITH THE HIGHEST NUMBER OF CASES IN THE 20-24 YEAR AGE GROUP (33 9% STATE-WIDE), FOLLOWED BY 15-19 YEAR OLDS (25 2% OF REPORTED CASES, STATE -WIDE) THE RATE OF GONORRHEA IN ADAMS COUNTY IS 48 7 AND IN WELD COUNTY 24 PER 100,000 PE RSONS SYPHILIS OCCURS AT A RATE OF 3 3 PER 100,000 PERSONS IN ADAMS COUNTY, ABOUT THE SAM E AS COLORADO (3 5) WELD COUNTY HAS A MUCH LOWER RATE, AT 1 5 SYPHILIS OCCURS AT MUCH HI GHER RATES AMONG MALES, AGES 20 AND OLDER PERSONS OF COLOR CONTINUE TO BE DISPROPORTIONAT ELY AFFECTED BY STIS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - CONTINUED	HEALTH BEHAVIORSHEALTH BEHAVIOR RANKINGS COUNTY HEALTH RANKINGS EXAMINES HEALTHY BEHAVIORS AND RANKS COUNTIES ACCORDING TO HEALTH BEHAVIOR DATA COLORADO'S 64 COUNTIES ARE RANKED FROM 1 (HEALTHIEST) TO 64 (LEAST HEALTHY) BASED ON A NUMBER OF INDICATORS THAT INCLUDE ADULT SMOKING, OBESITY, PHYSICAL INACTIVITY, EXCESSIVE DRINKING, SEXUALLY TRANSMITTED INFECTIONS, AND OTHERS A RANKING OF 53 FOR ADAMS COUNTY PUTS IT IN THE BOTTOM THIRD OF COLORADO COUNTIES FOR HEALTH BEHAVIORS WELD COUNTY'S RANK OF 39 PLACES IT IN THE MIDDLE THIRD ADULTS, OVERWEIGHT AND OBESE AMONG ADULTS IN ADAMS COUNTY, 34 7% ARE OVERWEIGHT IN WELD COUNTY, 36 1% OF ADULTS ARE OVERWEIGHT OVER ONE-FOURTH OF THE ADULT POPULATION IS OBESE IN ADAMS COUNTY (26 6%) AND WELD COUNTY (28%) ADULTS PHYSICAL ACTIVITY THE CDC RECOMMENDATION FOR ADULT PHYSICAL ACTIVITY IS MODERATE ACTIVITY EQUAL TO OR GREATER THAN 150 MINUTES IN A WEEK OR VIGOROUS ACTIVITY EQUAL TO OR GREATER THAN 75 MINUTES A WEEK IN ADAMS COUNTY, 53% OF ADULTS MEET THE PHYSICAL ACTIVITY RECOMMENDATION 55% OF ADULTS ARE MODERATELY ACTIVE IN WELD COUNTY 23 5% OF ADULTS IN ADAMS COUNTY ARE SEDENTARY AND DO NOT PARTICIPATE IN ANY LEISURE TIME PHYSICAL ACTIVITY 20 3% OF ADULTS IN WELD COUNTY ARE SEDENTARY BOTH COUNTIES HAVE HIGHER RATES THAN THE STATE (17 1%) YOUTH PHYSICAL ACTIVITY THE CDC RECOMMENDATION FOR YOUTH PHYSICAL ACTIVITY IS 60 MINUTES OR MORE EACH DAY 44% OF ADAMS COUNTY YOUTH, AGES 5 TO 14, MET THIS ACTIVITY RECOMMENDATION ON 7 OF THE PAST 7 DAYS, JUST SLIGHTLY LOWER THAN THE STATE RATE OF 44 7% BOTH ARE HIGHER THAN THE WELD COUNTY RATE OF 37 6% SMOKING THE PERCENTAGE OF ADULTS, 18 AND OVER, IN ADAMS COUNTY WHO SMOKE CIGARETTES IS 20 3%, AND IN WELD COUNTY IT IS 16 9% THESE RATES ARE HIGHER THAN THE STATE (16 8%), AND ALL EXCEED THE HEALTHY PEOPLE 2020 OBJECTIVE OF 12% PHYSICAL OR MENTAL UNHEALTHY DAYS THE AVERAGE NUMBER OF PHYSICALLY UNHEALTHY DAYS EXPERIENCED BY ADULTS IN ADAMS COUNTY IN THE LAST 30 DAYS WAS 3 5 DAYS ADAMS COUNTY ADULTS EXPERIENCED 3 6 MENTALLY UNHEALTHY DAYS A MONTH IN WELD COUNTY, ADULTS EXPERIENCED AN AVERAGE OF 3 3 PHYSICALLY UNHEALTHY DAYS AND 3 MENTALLY UNHEALTHY DAYS A MONTH FREQUENT MENTAL DISTRESS THE PERCENTAGE OF THE ADULT POPULATION REPORTING MORE THAN 14 DAYS OF POOR MENTAL HEALTH PER MONTH WAS 10% IN ADAMS COUNTY AND 9% IN WELD COUNTY ADULT ALCOHOL USE BINGE DRINKING IS DEFINED AS CONSUMING FIVE OR MORE DRINKS ON ONE OCCASION FOR MEN AND FOUR OR MORE FOR WOMEN 18 4% OF ADULTS IN ADAMS COUNTY AND 16 8% IN WELD COUNTY ENGAGED IN BINGE DRINKING IN THE PAST MONTH FLU SHOTS LESS THAN THREE-QUARTERS (71 2%) OF SENIORS HAVE OBTAINED A RECOMMENDED FLU SHOT IN ADAMS COUNTY AND 65 2% IN WELD COUNTY THE WELD COUNTY RATE IS LOWER THAN THE HEALTHY PEOPLE OBJECTIVE OF 70% PNEUMONIA VACCINATION THE PNEUMONIA VACCINATION RATE AMONG SENIORS IN ADAMS COUNTY IS 76 9% AND 69 3% IN WELD COUNTY THE RATES OF VACCINATION IN ADAMS COUNTY ARE HIGHER THAN THE STATE (73 2%), BUT ALL ARE LESS THAN THE RECOMMENDED HEALTHY PEOPLE 2020 OBJECTIVE OF 90% PAP SMEARS AMONG WOMEN 18 YEARS AND OLDER, 92 5% IN ADAMS COUNTY AND 91 7% IN WELD COUNTY HAD A PAP SMEAR THE RATE IN BOTH COUNTIES AND THE STATE IS LOWER THAN THE RECOMMENDED HEALTHY PEOPLE 2020 OBJECTIVE OF 93% MAMMOGRAMS 61% OF WOMEN OVER 50 YEARS OLD IN ADAMS COUNTY AND 46 4% IN WELD COUNTY HAD A SCREENING MAMMOGRAM IN THE LAST TWO YEARS THIS IS BELOW THE STATE RATE (62 8%) AND THE HEALTHY PEOPLE 2020 OBJECTIVE OF 81 1% COLORECTAL CANCER SCREENING IN ADAMS COUNTY, 17 8% OF ADULTS 50 YEARS AND OLDER HAVE BEEN SCREENED FOR COLORECTAL CANCER IN WELD COUNTY, 11 2% OF ADULTS 50 YEARS AND OLDER HAVE BEEN SCREENED FOR COLORECTAL CANCER THIS RATE IS BELOW THE STATE RATE (14 2%) AND ALL WELL BELOW THE HEALTHY PEOPLE 2020 OBJECTIVE OF 70 5%

Additional Data

Software ID:

Software Version:

EIN: 84-0482695

Name: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

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? **1** 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	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION 1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 WWW PVMC ORG 010311	X	X	X				X			

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

Form and Line Reference	Explanation
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 5 PVMC CONDUCTED THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT THROU GHOUT THE YEAR AND IT WAS COMPLETED IN DECEMBER 2016 THE FOLLOWING INFORMATION IS BASED O N THE PROCESS FOR THE 2016 CHNA IN 2016, WE UTILIZED TWO METHODS OF COLLECTING PRIMARY DA TA, FOCUS GROUPS AND AN ONLINE SURVEY FOCUS GROUPSFOCUS GROUPS WERE USED TO GATHER INFORM ATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY PVMC THREE FOCUS GROUPS ENGAGING 15 COMMUNITY MEMBERS WERE COMPLETED DURING OCTOBER, 2 016 FOR THE FOCUS GROUPS, COMMUNITY STAKEHOLDERS IDENTIFIED BY PVMC WERE CONTACTED AND AS KED TO PARTICIPATE IN THE NEEDS ASSESSMENT IN OCTOBER 2016, PLATTE VALLEY MEDICAL CENTER (PVMC) CONDUCTED THREE FOCUS GROUPS TO GET FEEDBACK FROM COMMUNITY MEMBERS REGARDING THE P ERCEIVED HEALTH NEEDS AND THEIR IDENTIFICATION OF RESOURCES AVAILABLE TO ADDRESS THOSE NEE DS THE THREE FOCUS GROUPS WERE 1) THE PASTORAL COUNCIL (LOCAL MINISTERS) 2) THE PATIENT P ARTNERSHIP COUNCIL AND 3) RESIDENTS FROM HUGHES STATION, A LOW-INCOME HOUSING COMPLEX A P RESENTATION WAS GIVEN TO EACH OF THE GROUPS WHICH INCLUDED A DESCRIPTION OF THE REASON FO R COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), A REVIEW OF THE CHNA WHICH WAS CO MPLETED IN 2013, A REVIEW OF THE ON-LINE SURVEY RESULTS FROM THE ON-LINE KEY INFORMANT SUR VEY COMPLETED BY PROFESSIONAL RESEARCH CONSULTANTS, A REVIEW OF THE SECONDARY DATA FROM CO LORADO HEALTH INFORMATION DATASET (COHID), UNITED STATES 2010-2014 CENSUS, AND HEALTHY PEO PLE 2020, AND A DESCRIPTION OF THEIR TASK FOLLOWING THE PRESENTATION, EACH GROUP WAS TASKE D WITH RATING THE SEVEN IDENTIFIED HEALTH NEEDS USING TWO QUESTIONS TO ASSIST WITH PRIORIT IZATION THE FIRST TASK WAS TO RATE THE HEALTH ISSUE ON THE SCOPE AND SEVERITY OF THE PROB LEM WITH A "1" BEING NOT VERY PREVALENT AT ALL, WITH ONLY MINIMAL HEALTH CONSEQUENCES AND A "10" WAS A PROBLEM THAT WAS "EXTREMELY PREVALENT, WITH VERY SERIOUS HEALTH CONSEQUENCES AND THE SECOND TASK WAS TO RATE THE HEALTH ISSUE AS TO HOW LIKELY THE HOSPITAL WOULD BE AB LE TO HAVE A POSITIVE IMPACT ON THE PROBLEM A "1" WAS GIVEN TO A PROBLEM THAT THE INDIVID UAL FELT THAT THE HOSPITAL HAD "NO ABILITY TO IMPACT AND A "10" WAS TO BE GIVEN TO A PROBL EM FOR WHICH THEY THOUGHT THE HOSPITAL WOULD HAVE A "GREAT ABILITY TO IMPACT" ONLINE SURVE YAN ELECTRONIC SURVEY ENGAGED 64 COMMUNITY STAKEHOLDERS TO PROVIDE INPUT ON SIGNIFICANT HE ALTH NEEDS THE ONLINE SURVEY ENGAGED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF M EDICALLY UNDERSERVED, LOW-INCOME, MINORITY AND CHRONIC DISEASE POPULATIONS THAT HAVE "CURR ENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY "TO SOLICIT INPUT FROM KEY INFORMANTS (THOSE INDIVIDUALS WHO HAVE A BROA D INTEREST IN THE HEALTH OF THE COMMUNITY), AN ONLINE KEY INFORMANT PRIORITIZATION SURVEY WAS IMPLEMENTED TO RANK THE HEALTH NEEDS PREVIOUSLY IDENTIFIED IN THE COMMUNITY HEALTH NEE DS ASSESSMENT FOR ADAMS AND WE

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

Form and Line Reference	Explanation
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	LD COUNTIES, COLORADO THIS ONLINE KEY INFORMANT PRIORITIZATION SURVEY WAS CONDUCTED ON BE HALF OF PLATTE VALLEY MEDICAL CENTER BY PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) DURI NG AUGUST AND SEPTEMBER, 2016 A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY PLATTE V ALLEY MEDICAL CENTER THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUB LIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VA RIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABIL ITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL PLATTE VALLEY MEDICAL CENTER ANNOUNCED THE UPCOMING SURVEY TO THESE IND IVIDUALS, ASKING THEM TO REVIEW THE COMMUNITY HEALTH DATA THE DATA INCLUDED INFORMATION O N 7 HEALTH ISSUES (IN ALPHABETICAL ORDER) 1) ACCESS TO HEALTHCARE SERVICES 2) CHRONIC LOW ER RESPIRATORY DISEASE 3) DIABETES 4) HEART DISEASE & STROKE 5) MENTAL HEALTH 6) NUTRITION , PHYSICAL ACTIVITY & WEIGHT 7) SUBSTANCE ABUSE THE DATA PRESENTED WAS FOR BOTH ADAMS AND WELD COUNTIES AND PROVIDED COMPARISONS TO THE STATE AND HEALTHY PEOPLE 2020 GOALS (WHERE A PPLICABLE) BEFORE BEGINNING THE SURVEY, PARTICIPANTS WERE ASKED TO REVIEW THE HEALTH DATA PRIOR TO COMPLETING THE SURVEY THE SURVEY WAS AVAILABLE ONLINE OVER THE COURSE OF FOUR W EEKS, AND REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION AFTER REVIEWING T HE ASSESSMENT DATA, RESPONDENTS TO THE ONLINE KEY INFORMANT PRIORITIZATION SURVEY WERE ASK ED TO RATE THE SCOPE AND SEVERITY OF EACH OF THE 7 HEALTH ISSUES THE RANKING WAS THE SAME AS THE FOCUS GROUP RANKING DESCRIBED ABOVE THOSE RESPONDENTS RATING ANY OF THE HEALTH IS SUES AS A "9 OR "10" WERE THEN ASKED OPEN-ENDED QUESTIONS ABOUT THOSE HEALTH ISSUES FOR E ACH, A SERIES OF QUESTIONS ASKED THEM TO DESCRIBE ANY SPECIFIC POPULATION(S) IMPACTED, WHA T THEY BELIEVE MUST BE DONE (OR IMPROVED) TO ADDRESS THIS HEALTH ISSUE, AND IF THERE IS AN Y OTHER INFORMATION THAT NEEDS TO BE CONSIDERED TO ADDRESS THIS HEALTH ISSUE PARTICIPANTS INCLUDED REPRESENTATIVES OF THE FOLLOWING ORGANIZATIONS A WOMAN'S PLACE, INC ADAMS COUNT Y ADAMS COUNTY HEAD START ADAMS COUNTY YOUTH INITIATIVE AIMS COMMUNITY COLLEGE ALMOST HOME , INC BRIGHTON POLICE DEPARTMENT BRIGHTON SCHOOL DISTRICT 27J BRIGHTON SHARES THE HARVEST CASA OF ADAMS/BROOMFIELD COUNTIES CITY OF BRIGHTON CITY OF FORT LUPTON COAL CREEK ADULT E DUCATION CENTER COLORADO STATE UNIVERSITY EXTENSION FRONT RANGE COMMUNITY COLLEGE KEENE CL INICLIFE CHOICES MIRACLE HOUSE CHILDREN'S HOMES PENNOCK CENTER FOR COUNSELING PLATTE VALLE Y MEDICAL CENTER PLATTE VALLEY MEDICAL CENTER BOARD PLATTE VALLEY MEDICAL CENTER FOUNDATIO N PREMIER PEDIATRICS SALUD FAMILY HEALTH CENTERS SCL HEALTH THE SENIOR HUB TRI-COUNTY HEAL TH DEPARTMENT (TCHD) UNIVERSITY OF NORTHERN COLORADO SCHOOL OF NURSING WELD COUNTY DEPARTM ENT OF PUBLIC HEALTH AND ENVIRONMENT WELD COUNTY SCHOOL DISTRICT RE-8 WELD FOOD BANKBRIGHT ON COMMUNITY HOSPITAL ASSOCIAT

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

Form and Line Reference	Explanation
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	ION PART V, SECTION B, LINE 7A WWW PVMC ORG/ABOUT-US/COMMUNITY-BENEFITS/BRIGHTON COMMUNIT Y HOSPITAL ASSOCIATION SCHEDULE H, PART V, SECTION B, LINE 9 THE IMPLEMENTATION STRATEGY F OR THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT WAS ADOPTED IN EARLY 2017 BRIGHTON COMMUNITY HOSPITAL ASSOCIATION PART V, SECTION B, LINE 10A WWW PVMC ORG/ABOUT-US/COMMUNITY-BENEFIT S/

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

Form and Line Reference	Explanation
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 11 PLATTE VALLEY MEDICAL CENTER DEVELOPED AND APPROVED AN IMPLEME NTATION STRATEGY TO ADDRESS SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2013 COMMUNITY HEAL TH NEEDS ASSESSMENT THE IMPLEMENTATION STRATEGY ADDRESSED THE FOLLOWING HEALTH NEEDS THRO UGH A COMMITMENT OF COMMUNITY BENEFIT PROGRAMS AND RESOURCES ACCESS TO CARE CANCER CARDIO VASCULAR DISEASETO ACCOMPLISH THE IMPLEMENTATION STRATEGY, GOALS WERE ESTABLISHED THAT IND ICATED THE EXPECTED CHANGES IN THE HEALTH NEEDS AS A RESULT OF COMMUNITY PROGRAMS AND ACTI VITIES STRATEGIES TO ADDRESS THE PRIORITY HEALTH NEEDS WERE IDENTIFIED AND IMPACT MEASURE S TRACKED THE FOLLOWING SECTIONS OUTLINE THE IMPACT MADE ON THE SELECTED SIGNIFICANT HEAL TH NEEDS SINCE THE COMPLETION OF THE 2013 CHNA ACCESS TO CAREPVMC MADE A LARGE FINANCIAL INVESTMENT IN INFRASTRUCTURE, PERSONNEL AND SERVICES IN ORDER TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR THE COMMUNITY FINANCIAL COUNSELORS SINCE JANUARY 2014, THE CONTRACTED F INANCIAL COUNSELORS HAVE WORKED WITH OVER 1,300 INDIVIDUALS TO FILL OUT APPLICATIONS AND A PPLY FOR GOVERNMENTAL INSURANCE PROGRAMS OF THE PEOPLE WHO DID NOT QUALIFY FOR GOVERNMENT ASSISTANCE, OVER 1,000 PEOPLE HAD FACE-TO-FACE COUNSELING WITH PVMC FINANCIAL COUNSELORS TO DETERMINE ELIGIBILITY FOR PVMC FINANCIAL ASSISTANCE CERTIFIED APPLICATION COUNSELORS IN 2013 FOUR EMPLOYEES BECAME CERTIFIED APPLICATION COUNSELORS (CAC) FOR THE CONNECT FOR C OLORADO HEALTH INSURANCE EXCHANGE AND PROVIDED EDUCATION ON THE COLORADO HEALTH EXCHANGE A T VARIOUS VENUES OUTSIDE OF THE HOSPITAL IN 2016, TWO EMPLOYEES RENEWED THEIR CERTIFICATI ON AND THEY CONTINUED TO PROVIDE EDUCATION IN THE COMMUNITY OUTPATIENT FACILITY EXPANSION SINCE 2014, THE HOSPITAL HAS BUILT 100,000 SQUARE FEET OF OUTPATIENT FACILITIES TO INCRE ASE ACCESS TO PRIMARY CARE, WALK-IN CLINIC AND SPECIALTY CARE - REUNION MEDICAL PLAZA - O FFICES AT THIS LOCATION INCLUDED ALCOTT WOMEN'S CENTER (GYNECOLOGY AND OBSTETRICS), MATER NAL-FETAL MEDICINE, EAGLE RIDGE FAMILY MEDICINE, INTEGRATIVE INTERNAL MEDICINE, AND PREMIE R PEDIATRICS - FT LUPTON MEDICAL PLAZA - OFFICES IN THIS LOCATION INCLUDED - WALK RIGHT-IN CLINIC- URGENT CARE VISIT FOR THE PRICE OF A PRIMARY CARE VISIT INCLUDES X-RAY AND LAB SERVICES ON-SITE, ILLNESS AND INJURY CARE, AND MINOR PROCEDURES - WORK WELLNESS OCCUPATIO NAL HEALTH CLINIC INCLUDES ANNUAL EMPLOYMENT PHYSICALS, DRUG AND ALCOHOL SCREENINGS , LAB TESTING, ON-SITE CASE MANAGEMENT, ON-SITE X-RAY , DOT EXAMS, PRE-EMPLOYMENT PHYSICALS/POS T-OFFER EXAMS, WALK-IN CARE, WORKER'S COMP INJURIES AND FOLLOW-UP - EAGLE RIDGE FAMILY MED ICINE DOCTOR ON DEMAND - OUR PARTNERSHIP WITH SCL HEALTH IS EXPANDING OUR CONTINUUM OF CAR E THROUGH OUR WORK IN VIRTUAL HEALTH DOCTOR ON DEMAND OFFERS PATIENTS VISITING SCLHEALTHS YSTEM ORG/DOCTOR-ON-DEMAND/ACCESS TO A DOCTOR, USING THEIR TABLET OR SMARTPHONE IN THE COM FORT OF THEIR LIVING ROOM PRIMARY CARE EXPANSION SINCE 2014, PVMC HAS WORKED TO EXPAND P RIMARY CARE AS WELL AS SPECIAL

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

Form and Line Reference	Explanation
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	TY CARE SERVICES PVMC HAS RECRUITED FOUR FAMILY PRACTICE CARE PROVIDERS, ONE INTERNAL ME DICINE PHYSICIAN, HAND SURGEON, ON-SITE EAR, NOSE AND THROAT PHYSICIANS, TWO WOUND CARE PH YSICIANS, SURGICAL PODIATRIST, FULL-TIME DEDICATED SURGERY PRACTICE (WITH THE ADDITION OF THE DEDICATED SURGERY STAFF, THE EMERGENCY DEPARTMENT WAS ABLE TO BECOME A LEVEL III TRAUM A CENTER IN 2016) EDUCATIONAL SEMINARS PVMC OFFERS MANY EDUCATIONAL SEMINARS EACH YEAR S INCE JANUARY OF 2014, EDUCATIONAL OFFERINGS HAVE INCLUDED - 602 PERSONS ATTENDED NUTRITIO NAL TALKS RELATED TO NUTRITION OR HEALTHY EATING - 665 PERSONS ATTENDED EDUCATIONAL SEMIN ARS ON VARIOUS TOPICS INCLUDING JOINT REPLACEMENT, SKIN CANCER, ASTHMA, ALLERGIES, FOOT P AIN, PREGNANCY PLANNING, URINARY INCONTINENCE, HEART HEALTH, KNEE AND HIP PAIN AND PERIPHE RAL ARTERIAL DISEASE 9HEALTH FAIR IS AN ANNUAL COMMUNITY EVENT OFFERED AT PVMC DURING 20 14-2016, OVER 2,200 PARTICIPANTS ATTENDED THE HEALTH FAIRS, WHICH OFFERED LOW-COST BLOOD C HEMISTRY PANEL, PSA LEVEL, VITAMIN D LEVEL, BLOOD COUNT, A1C, AND TAKE HOME COLON CANCER K IT FREE SCREENINGS INCLUDED BALANCE, BONE DENSITY, BREAST EXAM, CARDIAC RISK, STRESS MAN AGEMENT, EYE HEALTH, FOOT, HEARING, HEIGHT, WEIGHT, LUNG FUNCTION, NUTRITION, ORAL, PAP SM EAR, PHARMACY, PROSTATE, BLOOD PRESSURE/PULSE OXIMETRY, SKIN CANCER, SLEEP APNEA, AND SPIN AL GIRL'S NIGHT OUT (GNO) IS AN ANNUAL EVENT DURING THE YEARS 2014-2016, 2,136 PERSONS A TTENDED GNO BASED ON PARTICIPANT FEEDBACK, THE SCREENINGS HAVE CHANGED FROM YEAR TO YEAR SCREENINGS AT THIS EVENT HAVE INCLUDED BONE DENSITY, VARICOSE VEIN, PERIPHERAL ARTERIAL DISEASE, SKIN CANCER, BLOOD PRESSURE, FLU VACCINES, CARDIAC AND STROKE RISK ASSESSMENT, SL EEP APNEA, BALANCE AND STRENGTH TESTING THE GNO ALSO HAS PROVIDED DIABETES EDUCATION, NU TRITION TIPS, YOGA AND FITNESS TIPS, HEART HEALTH EDUCATION, AND MEET AND GREET OPPORTUNIT IES WITH DOCTORS ON PVMC'S MEDICAL STAFF IN THE MEET AND GREET OPPORTUNITIES, PARTICIPANT S CAN ASK QUESTIONS DIRECTLY TO THE PHYSICIAN ABOUT CONCERNS THEY MAY HAVE IN THE PAST TH REE YEARS, THE FOLLOWING PHYSICIANS HAVE BEEN REPRESENTED ALLERGISTS, DERMATOLOGISTS, FAM ILY AND INTERNAL MEDICINE PROVIDERS, CARDIOLOGISTS, ORTHOPEDIC SURGEONS, OB/GYNS, GASTROEN TEROLOGISTS, PEDIATRICIANS, SPINE SURGEONS, PODIATRISTS, AND GENERAL SURGEONS THE BRIGHTO N WELLNESS PROGRAM CONTINUES A PARTNERSHIP OFFERING HEALTH COACHING TO EMPLOYEES OF OUR LO CAL MUNICIPALITY CANCERFROM 2014- 2016 PVMC OFFERED PROGRAMS AIMED AT PREVENTION OR SUPPO RT OF PERSONS WITH CANCER AND THEIR FAMILIES/CAREGIVERS THE ONCOLOGY CLINIC OFFERED A SUPP ORT GROUP FOR THE COMMUNITY IN THE PAST THREE YEARS, THEY HAVE HAD 513 ENCOUNTERS LOW-CO ST MAMMOGRAMS WERE OFFERED TO PATIENTS AT A 59% REDUCED RATE - PLATTE VALLEY OFFERED SERV ICES AT THE ANNUAL HEALTH FAIRS FROM 2014-2016 - 139 PERSONS RECEIVED FREE SKIN CANCER CH ECKS AND 109 WERE REFERRED FOR FOLLOW UP - 110 PERSONS RECEIVED FREE BREAST EXAMS AND 3 W ERE REFERRED FOR ADDITIONAL FO

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

Form and Line Reference	Explanation
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	LLOW UP - 65 PERSONS RECEIVED FREE PAP SMEARS - 500 PERSONS TOOK ADVANTAGE OF LOW-COST P SA TESTS TO CHECK FOR PROSTATE CANCER - 180 PERSONS TOOK ADVANTAGE OF LOW-COST COLON KITS TO CHECK FOR COLON CANCER THE GIRL'S NIGHT OUT EVENT PROVIDED A SKIN CANCER CHECK AND CO LON CANCER EDUCATION FOR PARTICIPANTS FROM 2014-2016 - 14 PERSONS ATTENDED AN EDUCATIONAL SEMINAR FOCUSED ON SKIN CANCER AT PVMC - 15 PERSONS ATTENDED AN EDUCATIONAL SEMINAR ON S KIN CANCER ORGANIZED BY PVMC STAFF THAT WAS HELD AT THE PRAIRIE VIEW ADULT CENTER CARDIOV ASCULAR DISEASEFROM 2014-2016, PVMC FOCUSED MANY RESOURCES TO IMPROVE THE SERVICES FOCUSED ON CARDIOVASCULAR DISEASE - A CARDIAC SUPPORT GROUP WAS OFFERED FROM 2014-2016 THE GROU P MEETS MONTHLY AND IS OPEN TO THE COMMUNITY - A STROKE SUPPORT GROUP WAS OFFERED FROM 20 14-2016 THE GROUP MEETS MONTHLY AND IS OPEN TO STROKE SURVIVORS, CAREGIVERS, FRIENDS AND FAMILY MEMBERS THERE HAVE BEEN 534 ENCOUNTERS DURING THE THREE YEARS - 193 PERSONS ATTEN DED EDUCATIONAL SEMINARS AT PVMC DURING 2014-2016 THESE INCLUDED TOPICS ON NUTRITION, PER IPHERAL VASCULAR DISEASE, SMOKING CESSATION AND WAYS TO IMPROVE CARDIOVASCULAR FUNCTION - 162 PERSONS ATTENDED EDUCATIONAL SEMINARS ORGANIZED BY PVMC STAFF AND HELD AT THE PRAIRIE VIEW ADULT CENTER THESE SEMINARS INCLUDED TOPICS ON HIGH BLOOD PRESSURE, HIGH CHOLESTERO L, HEART ATTACKS, NUTRITION AND HEALTHY COOKING, EXERCISING HABITS FOR SENIORS AND PERIPHE RAL ARTERIAL DISEASE DURING THE HEALTH FAIRS FROM 2014-2016 - 114 RECEIVED A CARDIAC RIS K ASSESSMENT SCREENING AND 9 PEOPLE WERE REFERRED FOR FURTHER EVALUATION - 329 PEOPLE RECE IVED BLOOD PRESSURE EVALUATIONS AND 95 PEOPLE WERE OUT OF RANGE AND REFERRED FOR FURTHER E VALUATION CONTINUED BELOW

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

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

Form and Line Reference	Explanation
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	PART V, SECTION B, LINE 13B BRIGHTON COMMUNITY HOSPITAL ASSOCIATION LOOKS AT OTHER FACTORS IN ADDITION TO FAMILY INCOME LIMITS AS A PERCENTAGE OF FEDERAL POVERTY GUIDELINES, SUCH AS MONTHLY EXPENSES AND INDIVIDUAL FINANCIAL SITUATIONS

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11 - CONTINUED	GIRL'S NIGHT OUT EVENT HAD MANY CARDIAC RELATED BOOTHS AVAILABLE - MEET AND GREET WITH CARDIOLOGISTS ALLOWING PARTICIPANTS TO ASK QUESTIONS OF CONCERN - HEART HEALTH EDUCATION - BLOOD PRESSURE SCREENING - STROKE AND CARDIAC RISK ASSESSMENT - PERIPHERAL ARTERIAL DISEASE CHECKSIN JULY OF 2015, PVMC CHEST PAIN CENTER RECEIVED ACCREDITATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE (SCPC) THIS ACCREDITATION MEANS THAT PATIENTS WITH CHEST PAIN AND HEART ATTACK SYMPTOMS WILL RECEIVE A HIGHER LEVEL OF CARE IN BRIGHTON - ONLY ONE IN FIVE COLORADO HOSPITALS HAS ACHIEVED CHEST PAIN CENTER ACCREDITATION WITH THIS ACCREDITATION, PVMC DEMONSTRATES A HIGHER LEVEL OF EXPERTISE WHEN TREATING PATIENTS WHO ARRIVE IN OUR EMERGENCY DEPARTMENT SHOWING SIGNS OF A HEART ATTACK NEEDS NOT ADDRESSEDPLATTE VALLEY MEDICAL CENTER HAS CHOSEN NOT TO ACTIVELY ADDRESS THE REMAINING HEALTH NEEDS IDENTIFIED IN THE 2013 CHNA AS THEY WERE NOT SELECTED AS PRIORITY HEALTH NEEDS BIRTH INDICATORS (PRENATAL CARE, LOW BIRTH WEIGHT), HOUSING / HOMELESSNESS, MENTAL HEALTH, OVERWEIGHT AND OBESITY, PREVENTIVE CARE, SMOKING, TRANSPORTATION, AND UNINTENTIONAL INJURIES TAKING EXISTING COMMUNITY RESOURCES INTO CONSIDERATION, PLATTE VALLEY MEDICAL CENTER HAS SELECTED TO CONCENTRATE ON THOSE HEALTH NEEDS THAT WE CAN MOST EFFECTIVELY ADDRESS GIVEN OUR AREAS OF FOCUS AND EXPERTISE THEREFORE, THE HOSPITAL'S CHARITABLE RESOURCES WILL BE PLACED ON THE SELECTED PRIORITY HEALTH NEEDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

Open to Public Inspection

Name of the organization
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0482695

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
(1) BRIGHTON CHAMBER OF COMMERCE PO BOX 605 BRIGHTON, CO 80642	27-5348251	501(C)(6)	5,800				SUPPORT OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

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

Return Reference	**Explanation**
PART I, LINE 2	ALL GRANT RECIPIENTS ARE FIRST REQUIRED TO SUBMIT APPLICATIONS WHICH DETAIL THE INTENDED USES OF GRANT FUNDS AFTER GRANTS HAVE BEEN AWARDED, RECIPIENTS ARE REQUIRED TO COMPLETE A FINAL REPORT INDICATING HOW GRANT FUNDS WERE ACTUALLY SPENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0482695

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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**	Yes	
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**	Yes	
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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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
PART I, LINE 1A	CHRISTMAS GIFTS ARE GROSSED UP FOR HOSPITAL EMPLOYEES AND TAXED JOHN HICKS, HAROLD DUPPER, KURT GENSERT, KIRK QUACKENBUSH, ERIC STIRM, LORETTA VANWYHE, KAREN WELZ, DUANE LIVADNEY, AND MARK BAKER RECEIVED CHRISTMAS GIFTS DURING 2016 THE ORGANIZATION AND RELATED ORGANIZATIONS ALLOW FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION THE INDIVIDUALS THAT RECEIVED TAX GROSS-UP PAYMENTS IN 2016 WERE MICHAEL TAYLOR - $2,141
PART I, LINE 4B	A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COST AND HAVE GREATER CONTROL OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO A DEFINED CONTRIBUTION (DC) DESIGN CERTAIN MEMBERS OF SENIOR MANAGEMENT WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A SIMILAR TRANSITION THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE TERMS OF THE DC SERP (I E , AFTER THREE YEARS) AND ARE PAID TO THE EXECUTIVE UPON VESTING NQDC SERP PLANS PRIOR TO 2014 PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013 THE RELATED ORGANIZATION HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THE AMOUNTS ARE VESTED RATHER THAN WHEN THEY ARE RECEIVED AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE VESTED IN THE CURRENT YEAR, ARE CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS FOR SOME OF THE PARTICIPANTS, AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE FEDERAL AND STATE GOVERNMENTS AS WITHHOLDING ON THE TAXABLE BENEFIT NO CASH PAYMENT IS MADE DIRECTLY TO THE PARTICIPANT AND THE REMAINING BENFIT AMOUNT STAYS IN THE RETIREMENT PLAN THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2016 WERE NONE FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT THE VESTED AMOUNTS WITHDRAWN INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW NQDC SERP PLANS STARTING IN 2014 STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS ROLLING 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2016 VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2016 WERE NONE IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION EARNED OVER THE VESTING PERIOD IS REPORTED IN COLUMN C AND ANY AMOUNTS VESTED/PAID FROM A DEFERRED COMPENSATION PLAN ARE REPORTED IN COLUMN B(III) THUS, THE SAME AMOUNT WOULD BE REPORTED TWICE (FIRST WHEN IT ACCRUED DURING THE VESTING PERIOD AND AGAIN WHEN IT IS VESTED/PAID) THIS RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY ARE ACTUALLY PAID FROM THE DEFERRED COMPENSATION PLANS COLUMN F IS INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN COLUMN B(III) THAT HAD BEEN REPORTED AS DEFERRED COMPENSATION ON A SCHEDULE J FOR A PREVIOUS YEAR) HOWEVER, THE SIGNIFICANCE OF THE AMOUNTS LISTED IN COLUMN F IS OFTEN OVERLOOKED AND GIVEN THE COMPLEXITY OF THE SCHEDULE J REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD TO DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT) DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E
PART I, LINE 7	THE AT RISK COMPENSATION PLAN WAS ESTABLISHED TO ENABLE THE HEALTH CARE SYSTEM AND ITS CARE SITES TO ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS CHARITABLE MISSION, VISION, STRATEGIC PRIORITIES AND KEY INITIATIVES THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND IS FUNDED EACH YEAR BY MEETING THRESHOLD LEVELS OF OPERATING INCOME TARGET AWARD AMOUNTS ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR SPECIFIC ROLE AT THE HEALTH CARE SYSTEM ACTUAL AWARDS ARE PAID OUT BASED ON ATTAINMENT OF BOARD APPROVED GOALS, INCLUDING OPERATING INCOME, STEWARDSHIP, PATIENT EXPERIENCE, EMPLOYEE SAFETY AND COMMUNITY BENEFIT/MISSION TARGETS AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR THE AT RISK COMPENSATION PLANS ARE BASED ON A COMBINATION OF PERFORMANCE MEASURES PERFORMANCE MEASURES INCLUDE OPERATING INCOME, STEWARDSHIP, PATIENT EXPERIENCE, EMPLOYEE SAFETY AND COMMUNITY BENEFIT/MISSION TARGETS THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE ISSUED THEREUNDER THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON

Additional Data

Software ID:
Software Version:
EIN: 84-0482695
Name: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1SHAWN DUFFORD MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	476,834	65,891	14,838	87,580	- 21,814	- 666,957	0
1JOHN HICKS CEO/PRESIDENT	(i)	457,078	130,352	145,737	21,200	13,810	768,177	0
	(ii)	0	0	0	0	- 0	- 0	0
2SONYA NORMAN MD DIRECTOR	(i)	131,756	34,174	1,161	22,000	122	189,213	0
	(ii)	0	0	0	0	- 0	- 0	0
3MICHAEL TAYLORDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	700,141	112,079	37,136	129,931	- 26,574	- 1,005,861	0
4HAROLD DUPPER CFO/CORPORATE SECRETARY	(i)	259,241	71,606	50,765	21,200	13,713	416,525	0
	(ii)	0	0	0	0	- 0	- 0	0
5KURT GENSERT VP OPERATIONS	(i)	239,422	68,617	39,958	21,200	29,983	399,180	0
	(ii)	0	0	0	0	- 0	- 0	0
6KIRK QUACKENBUSH CHIEF MEDICAL OFFICER	(i)	162,240	18,190	254	3,999	400	185,083	0
	(ii)	0	0	0	0	- 0	- 0	0
7ERIC STIRM PHARMACY DIRECTOR	(i)	170,106	18,273	275	7,887	30,045	226,586	0
	(ii)	0	0	0	0	- 0	- 0	0
8LORETTA VANWYHE ULTRASONOGRAPHER	(i)	122,554	0	36,207	6,053	557	165,371	0
	(ii)	0	0	0	0	- 0	- 0	0
9KAREN WELZOR DIRECTOR	(i)	136,528	14,726	6,923	4,388	15,018	177,583	0
	(ii)	0	0	0	0	- 0	- 0	0
10DUANE LIVADNEY MEDICAL IMAGING SUPERVISOR	(i)	96,915	3,140	52,659	6,470	21,150	180,334	0
	(ii)	0	0	0	0	- 0	- 0	0
11MARK BAKER CATH LAB MANAGER	(i)	90,021	9,869	45,224	3,032	27,681	175,827	0
	(ii)	0	0	0	0	- 0	- 0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

Open to Public Inspection

Name of the organization
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0482695

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	INTEGRITY HEALTH IS THE SOLE MEMBER OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	INTEGRITY HEALTH, THE SOLE MEMBER OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION, APPROVES MEMBERS OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	INTEGRITY HEALTH HAS CERTAIN RESERVE POWERS TO APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND THE BYLAWS INCLUDING THE APPOINTMENT OR REMOVAL OF BOARD MEMBERS AND THE PRESIDENT/CEO INTEGRITY HEALTH ALSO HAS CERTAIN RESERVE POWERS OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CHANGE IN MISSION, ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ANY QUESTIONS ARE ADDRESSED TO THE TAX DIRECTOR OF SCLHS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTE M, INC (COLLECTIVELY REFERRED TO AS SCL HEALTH), REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY PROVIDING EDUCATION AND TRAINING FOR ITS EMPLO YEES, STAFF, OFFICERS AND DIRECTORS PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS BOARD MEMBERS, OFFICERS, PHYSICIANS, EXECUTIVES AND MANAGERS ARE ALL REQUIRED TO C OMPLETE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONF LICT ISSUES THESE STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY AND COMPL IANCE DEPARTMENT AND APPROPRIATE LEADERSHIP A REPORT IS PROVIDED TO SCLHS' PRESIDENT/CEO AND THE BOARD OF DIRECTORS THE BUSINESS AND AFFAIRS OF SCL HEALTH WILL AT ALL TIMES BE CO NDUCTED IN A MANNER THAT IS SOLELY IN THE BEST INTERESTS OF SCL HEALTH AND NOT BE INFLUENC ED BY CONFLICTING INTERESTS OF PERSONS RESPONSIBLE FOR ADMINISTERING THOSE AFFAIRS THE EX ISTENCE OF ANY CONFLICTS OF INTEREST WILL BE DISCLOSED AND THE PROCEDURES SET FORTH HEREIN WILL BE FOLLOWED CERTAIN TRANSACTIONS SUGGESTIVE OF A CONFLICT OF INTEREST ARE PROHIBITE D ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SCL HEALTH IS CONSIDERE D AN INTERESTED PERSON THIS TERM INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING - BOARD M EMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS, - SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS), - EMPLOYED PHYSICIANS AND PHYSICIANS IN MED ICAL STAFF LEADERSHIP ROLES (E G , DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES) , - MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCH ASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT, - DEPARTMENT DIRECTORS AND MANAGERS, AND - OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHI P WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE UPON BECOMING AN INT ERESTED PERSON AND ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANY REL ATIONSHIPS THAT CONSTITUTE OR MIGHT LEAD TO A CONFLICT OF INTEREST BY COMPLETING THE CURRE NT CONFLICT OF INTEREST AND GIFT DISCLOSURE STATEMENT ("STATEMENT") AS APPROVED BY THE CHI EF INTEGRITY AND COMPLIANCE OFFICER THE CHIEF INTEGRITY AND COMPLIANCE OFFICER WILL OVERS EE THE REVIEW OF THE STATEMENTS AND THE RESOLUTION OF ANY IDENTIFIED CONFLICTS OF INTEREST AND ALERT THE SCL HEALTH CEO AND/OR THE CHAIR OF THE SCL HEALTH BOARD OF DIRECTORS TO ANY ITEMS OF CONCERN WHEN AN INTERESTED PERSON BECOMES AWARE OF A CONFLICT OF INTEREST WHICH HAS NOT BEEN DISCLOSED ON A STATEMENT, HE OR SHE SHALL CONTACT THE LOCAL COMPLIANCE AND P RIVACY OFFICER OR THE CHIEF INTEGRITY AND COMPLIANCE OFFICER, OBTAIN A STATEMENT FORM, COM PLETE AND RETURN IT TO THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT WHENEVER AN INT ERESTED PERSON BECOMES AWARE THAT AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CON FLICT OF INTEREST IS BEING CON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	SIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE A ND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR (IF AN EMPLOYEE OTHER THAN THE ORGANIZATIONS SCL HEALTH CEO) OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR (IF THE SC L HEALTH CEO OR A BOARD OR COMMITTEE MEMBER), EVEN IF THE CONFLICT OF INTEREST HAS BEEN PR EVIOUSLY DISCLOSED WITH REGARD TO EMPLOYEES OTHER THAN THE SCL HEALTH CEO, THE INTERESTED PERSON'S SUPERVISOR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS WITH REGARD TO THE SCL HEALTH CEO AND BOARD OR COMMITTEE MEMBERS, THE REMAINING MEMBERS OF THE BOARD OR C OMMITTEE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS PERSON(S) RESPONSIBLE FOR T HE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIAN CE OR LEGAL DEPARTMENTS UPON MAKING HIS OR HER DISCLOSURE, THE INTERESTED PERSON WILL LEA VE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DECISION -MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED IF A DETERMINATION HAS BEEN MADE THAT NO CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY BE PRESENT AND PARTIC IPATE IN THE DELIBERATION REGARDING THE TRANSACTION OR ARRANGEMENT HOWEVER, IF AN INTERES TED PERSON HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PARTICIPA TE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT, BE PRESENT DU RING THE DELIBERATION OR DECISION-MAKING, OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO TH E DELIBERATION AND DECISION-MAKING ACTIVITIES WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEM ENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS THE PROPOSED T RANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HA VING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETE RMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST INTERESTS AND IS FAIR A ND REASONABLE A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DET ERMINATION IS MADE BY A BOARD, COMMITTEE OR OTHER DECISION-MAKING BODY MANAGEMENT OF POTE NTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COM PLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR EXECUTIVE INTEGRITY AND COMPLIANCE COMMITTEE, THE AUDIT COMMITTEE, ORGANIZATIONAL I NTEGRITY AND COMPLIANCE COMMITTEE OF THE SCL HEALTH BOARD OF DIRECTORS ANY REPORTED CONFL ICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE SCL HEALTH TAX DI RECTOR FOR COMPLIANCE WITH THE FORM 990 TAX RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION USES THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT, YAFFEE & COMPANY, TO ESTABLISH COMPENSATION FOR THE CEO, OTHER OFFICERS AND KEY EMPLOYEES A REVIEW WAS DONE IN 2016 UPON COMPLETION OF THE COMPENSATION ANALYSIS, THE COMPENSATION PACKAGE IS RECOMMENDED TO THE COMPENSATION COMMITTEE OF THE BOARD FOR APPROVAL OFFICERS HAVE WRITTEN EMPLOYMENT CONTRACTS WHICH ARE SIGNED AND MAINTAINED BY THE HUMAN RESOURCE DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT MEDICAL SERVICES PROGRAM SERVICE EXPENSES 12,275,170 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,275,170 ADMINISTRATION SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 2,180,369 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,180,369 MISC SERVICES RELATED TO FUNDRAISING ACTIVITIES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 18,232 TOTAL EXPENSES 18,232

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493310026047

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

2016

Open to Public Inspection

Name of the organization
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
84-0482695

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

		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		No
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		No
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		No
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	Yes	
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Additional Data

Software ID:

Software Version:

EIN: 84-0482695

Name: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) CLINIC SUPPORT SERVICES LLC 1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 45-3962647	CLINICAL SERVICES	CO	6,130,016	949,798	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
(1) PLATTE VALLEY MEDICAL IMAGING LLC 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 32-0402320	IMAGING SERVICES	CO	30,666	34,970	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
(2) PLATTE VALLEY AMBULANCE SERVICE LLC 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 81-4643766	AMBULANCE SERVICES	CO	0	0	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
(3) SPECTRUM MEDICAL IMAGING LLC 1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 47-5236844	IMAGING SERVICES	CO	552,486	317,955	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
(4) WORKWELLNESS LLC 1450 DEXTER AVENUE FORT LUPTON, CO 80621 47-4891329	MEDICAL SERVICES	CO	210,733	178,410	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
(5) PLATTE VALLEY MEDICAL PLAZA 1 LLC 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 80-0237029	REAL ESTATE	CO	1,426,880	12,337,517	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
(6) PLATTE VALLEY MEDICAL PLAZA 2 LLC 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 82-2708386	REAL ESTATE	CO	1,323,677	33,695	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 23-7379161	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KS	501(C)(3)	LINE 12C, III-FI	N/A		No
(1) 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-4520350	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12C, III-FI	SCLHS		No
(2) 1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 74-2255936	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Yes	
(3) 4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)(3)	LINE 10	SCLHS		No
(4) 500 ELDORADO BLVD SUITE 4300 DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)(3)	LINE 12A, I	SCLHS		No
(5) 1375 EAST 19TH AVENUE DENVER, CO 80218 84-0417134	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(6) 1375 EAST 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 10	SAINT JOSEPH HOSPITAL INC		No
(7) 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 84-1103606	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(8) 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No
(9) 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No
(10) 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 84-0425720	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(11) 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	ST MARYS HOSPITAL & MEDICAL CENTER INC		No
(12) 818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(13) 3164 EAST 6TH AVENUE TOPEKA, KS 66607 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(14) 1700 SOUTHWEST 7TH STREET TOPEKA, KS 66606 48-0547719	HOSPITAL SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(15) 1700 SOUTHWEST 7TH STREET TOPEKA, KS 66606 48-1092520	SUPPORTING ORGANIZATION	KS	501(C)(3)	LINE 12A, I	ST FRANCIS HEALTH CENTER INC		No
(16) 2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(17) 2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE		No
(18) 400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(19) 400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	ST JAMES HEALTHCARE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 1233 NORTH 30TH STREET BILLINGS, MT 59101 81-0232124	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(1) 1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	ST VINCENT HEALTHCARE		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DENVER WEST ENDOSCOPY CENTER LLC 382 S ARTHUR AVENUE LOUISVILLE, CO 80027 46-0788218	OP ENDOSCOPY	CO	N/A									
(1) LUTHERAN CAMPUS ASC LLC 3455 LUTHERAN PKWY STE 150 WHEATRIDGE, CO 80033 02-0749532	OP SURGERY	CO	N/A									
(2) SCLH-GI ENDOSCOPY HOLDINGS LLC 382 S ARTHUR AVENUE LOUISVILLE, CO 80027 81-2979243	OP ENDOSCOPY	CO	N/A									
(3) SCLTDI JV LLC 1431 PERRONE WAY FRANKLIN, TN 37069 47-2294770	RADIOLOGY	DE	N/A									
(4) ATHLETIC MEDICINE & PERFORMANCE LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 27-2270640	PHYSICAL THERAPY	MT	N/A									
(5) GRAND VALLEY SURGICAL CENTER LLC 710 WELLINGTON GRAND JUNCTION, CO 81501 84-1505075	OP SURGERY	CO	N/A									
(6) HEALTHCARE MANAGEMENT LLC PO BOX 1929 GRAND JUNCTION, CO 81502 84-1238904	MANAGEMENT SERVICES	CO	N/A									
(7) PAVILION IMAGING LLC 750 WELLINGTON GRAND JUNCTION, CO 81501 03-0516198	RADIOLOGY	CO	N/A									
(8) SAN JUAN CANCER CENTER LLC 600 SOUTH 5TH STREET MONTROSE, CO 81401 20-2856331	OP CANCER	CO	N/A									
(9) SMHMMH AIR MEDICAL TRANSPORT LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-3525381	MEDICAL AIR TRANSPORT	CO	N/A									
(10) EKG INTERPRETATION SERVICE 3464 S WILLOW STREET SUITE 111 DENVER, CO 80231 84-0927945	EKG INTERPRETATION	CO	N/A									
(11) ST JOSEPH EKG READER PANEL 3464 S WILLOW STREET SUITE 174 DENVER, CO 80231 84-1269895	EKG READING	CO	N/A									
(12) CODY MEDICAL ARTS COMPLEX LLC 720 LINDSAY LANE CODY, WY 82414 33-1031839	RENTAL REAL ESTATE	WY	N/A									
(13) MED-MAP LLC PO BOX 1295 BILLINGS, MT 59103 81-0491356	RENTAL REAL ESTATE	MT	N/A									
(14) YELLOWSTONE SURGERY CENTER LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 72-1519467	OP SURGERY	MT	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) APEX SURGICAL PARTNERS INC 1610 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 47-3268324	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C	1,383,177	243,311	100 000 %	Yes	
(1) EAGLE RIDGE MEDICAL INC 1606 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 46-2387681	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C	2,157,609	208,308	100 000 %	Yes	
(2) HIGH PLAINS HEART AND VASCULAR CENTER INC 1610 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 27-2038197	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C	2,407,106	401,355	100 000 %	Yes	
(3) INTEGRATIVE INTERNAL MEDICINE AND MEDICAL ACUPUNCTURE INC 1610 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 27-4433325	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C	899,601	129,737	100 000 %	Yes	
(4) MOUNTAIN VIEW ORTHOPEDICS INC 1610 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 27-5382523	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C	3,458,320	336,119	100 000 %	Yes	
(5) PVMC MEDICAL TEAM INC 1606 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 47-3988808	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C			100 000 %	Yes	
(6) PVMC PHYSICIAN SERVICES INC 1606 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 94-3458548	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C			100 000 %	Yes	
(7) PLATTE VALLEY MEDICAL TEAM INC 1606 PRAIRIE CENTER PARKWAY SUITE 2 BRIGHTON, CO 80601 84-1110470	MEDICAL SERVICES	CO	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	C		19,948	100 000 %	Yes	
(8) CARITAS INC AND SUBSIDIARIES 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 48-0941069	HEALTHCARE	KS	N/A	C					No
(9) ST FRANCIS ACCOUNTABLE HEALTH NETWORK INC 1700 SOUTHWEST 7TH STREET TOPEKA, KS 66606 46-2874128	HEALTHCARE	KS	N/A	C					No
(10) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	N/A	C					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	APEX SURGICAL PARTNERS INC	A	15,091	BOOK
(1)	EAGLE RIDGE MEDICAL INC	A	30,912	BOOK
(2)	HIGH PLAINS HEART & VASCULAR CENTER INC	A	71,712	BOOK
(3)	INTEGRATIVE INTERNAL MED & ACUPUNCTURE	A	28,144	BOOK
(4)	MOUNTAIN VIEW ORTHOPEDICS INC	A	74,686	BOOK
(5)	PVMC PHYSICIAN SERVICES INC	A	281	BOOK
(6)	PLATTE VALLEY MEDICAL CENTER FOUNDATION	C	386,470	CASH
(7)	APEX SURGICAL PARTNERS INC	D	109,573	BOOK
(8)	EAGLE RIDGE MEDICAL INC	D	249,747	BOOK
(9)	HIGH PLAINS HEART & VASCULAR CENTER INC	D	1,133,308	BOOK
(10)	INTEGRATIVE INTERNAL MED & ACUPUNCTURE	D	475,298	BOOK
(11)	MOUNTAIN VIEW ORTHOPEDICS INC	D	1,511,484	BOOK
(12)	MOUNTAIN VIEW ORTHOPEDICS INC	Q	1,887,719	BOOK
(13)	HIGH PLAINS HEART & VASCULAR CENTER INC	Q	1,617,071	BOOK
(14)	INTEGRATIVE INTERNAL MED & ACUPUNCTURE	Q	572,701	BOOK
(15)	EAGLE RIDGE MEDICAL INC	Q	1,219,621	BOOK
(16)	APEX SURGICAL PARTNERS INC	Q	444,368	BOOK