

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:

WE EXTEND THE HEALING MINISTRY OF CHRIST BY CARING FOR THOSE WHO ARE ILL AND BY NURTURING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

| | | | | |
|-----------|---------------------|----------------------------|------------------------------------|-----------------------------|
| 4a | (Code) | (Expenses \$ 1,725,266,837 | including grants of \$ 1,606,562) | (Revenue \$ 2,028,236,134) |
| | 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 ► | 1,725,266,837 |
|-----------|----------------------------------|---------------|

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> | 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 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? <i>If "Yes," complete Schedule D, Part II</i> | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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? <i>If "Yes," complete Schedule D, Part IX</i> | 11d Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | No |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 | 0 |
| 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 | |
| 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 | 9,053 |
| 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 | Yes |
| 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 4 | | |
| 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 0 | | |
| 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 | No |
| b Other officers or key employees of the organization | 15b | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | No |

Section C. Disclosure

| | |
|--|--|
| 17 List the States with which a copy of this Form 990 is required to be filed: <u>CO</u> | |
| 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. David Solomon 9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 (303) 673-8249 | |

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) PATRICIA WEBB FACHE CHAIR | 1 0 60 0 | X | | X | | | | 0 | 1,852,355 | 34,081 |
| (2) DEAN SWINDLE CPA VICE CHAIR | 1 0 60 0 | X | | X | | | | 0 | 3,938,227 | 42,763 |
| (3) MICHAEL ROWAN FACHE BOARD MEMBER | 1 0 60 0 | X | | | | | | 0 | 1,388,245 | 8,780 |
| (4) MITCH H MELFI ESQ BOARD MEMBER | 1 0 60 0 | X | | | | | | 0 | 1,717,244 | 42,107 |
| (5) GARY CAMPBELL PRESIDENT Through 9/1/2017 | 1 0 60 0 | | | X | | | | 0 | 2,388,100 | 30,960 |
| (6) PETER BANKO President as of 9/1/2017 | 1 0 60 0 | | | X | | | | 0 | 1,637,833 | 188,084 |
| (7) Dan Enderson TREASURER | 1 0 60 0 | | | X | | | | 0 | 955,155 | 194,901 |
| (8) KRIS ORDELHEIDE SECRETARY | 1 0 60 0 | | | X | | | | 0 | 699,843 | 133,874 |
| (9) CHARLES MCCONNELL CEO Mercy Regional Medical Center | 45 0 0 0 | | | | X | | | 0 | 331,293 | 66,196 |
| (10) Jane Strobel CFO Mercy Regional Medical Center | 45 0 0 0 | | | | X | | | 0 | 240,809 | 12,671 |
| (11) Thomas Gessel CEO Mercy Regional Medical Center - Partial Year, Group President | 45 0 0 0 | | | | X | | | 0 | 817,564 | 116,436 |
| (12) Mike Cafasso CEO St. Mary-Corwin Medical Center | 45 0 0 0 | | | | X | | | 0 | 211,186 | 39,812 |
| (13) Brian Moore CEO St. Mary-Corwin Medical Center - PARTIAL YEAR | 45 0 0 0 | | | | X | | | 0 | 477,562 | 56,231 |
| (14) Vanessa Kochevar CFO St. Mary-Corwin Medical Center - PARTIAL YEAR | 45 0 0 0 | | | | X | | | 0 | 262,964 | 40,523 |
| (15) Brian Erling Interim Group CEO & CEO - Penrose St. Francis Health Services | 45 0 0 0 | | | | X | | | 0 | 625,884 | 120,389 |
| (16) Tadd Richert Group CFO & CFO - Penrose St. Francis Health Services | 45 0 0 0 | | | | X | | | 0 | 330,367 | 24,676 |
| (17) MARGARET SABIN GROUP CEO & CEO - PENROSE ST FRANCIS HEALTH SERVICES - PARTIAL YEAR | 45 0 0 0 | | | | X | | | 0 | 1,168,408 | 210,475 |

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) DANIEL REEVES Group CFO & CFO - Penrose St Francis Health Services - PARTIAL YEAR | 45 0 0 0 | | | | X | | | 0 | 391,740 | 43,500 |
| (19) EDWARD SIM CEO - ST ANTHONY HOSPITAL | 45 0 2 0 | | | | X | | | 0 | 895,850 | 91,548 |
| (20) MATTHEW Leary CFO - St Anthony Hospital | 45 0 0 0 | | | | X | | | 0 | 388,567 | 46,170 |
| (21) Camille Azar Physician | 45 0 0 0 | | | | | X | | 829,404 | 0 | 40,191 |
| (22) A STEWART LEVY PHYSICIAN | 45 0 0 0 | | | | | X | | 817,184 | 0 | 44,213 |
| (23) Christopher Mawn Physician | 45 0 0 0 | | | | | X | | 755,739 | 0 | 40,318 |
| (24) Raymond Mencini Physician | 45 0 0 0 | | | | | X | | 478,247 | 0 | 33,970 |
| (25) Mark ROBINSON Physician | 45 0 0 0 | | | | | X | | 1,016,411 | 0 | 40,017 |
| | | | | | | | | | | |

| | | | | |
|---|---|-----------|------------|-----------|
| 1b Sub-Total | ▶ | | | |
| 1c Total from continuation sheets to Part VII, Section A | ▶ | | | |
| 1d Total (add lines 1b and 1c) | ▶ | 3,896,985 | 20,719,196 | 1,742,886 |

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 ▶ 579

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Vascular Center of Colorado LLC 2222 N Nevada Ave Colorado Springs, CO 80907 | Medical Services | 24,719,775 |
| Colorado Springs Cardiologists PC 2222 N Nevada Ave Colorado Springs, CO 80907 | Medical Services | 11,043,249 |
| Medix Staffing Solutions Inc 7839 Solution Center Chicago, IL 606777008 | Staffing | 7,549,601 |
| Cardiac and Thoracic Surgery Associates PC 2222 N Nevada Ave Colorado Springs, CO 80907 | Medical Services | 4,997,665 |
| Critical Care Pulmonary and Sleep Associates LLP 274 Union Blvd Lakewood, CO 80228 | Medical Services | 3,918,598 |

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 ▶ 209

Part VIII Statement of RevenueCheck 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 | 4,272,272 | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 71,267 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h Total. Add lines 1a-1f ▶ | 4,343,539 | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a Patient Services | | 622110 | 2,010,200,359 | 2,010,200,359 | | |
| | b Cafeteria Revenue | | 900099 | 7,615,645 | 7,615,645 | | |
| | c Rental to affiliates | | 900099 | 6,122,335 | 6,122,335 | | |
| | d CHPG Incentive Revenue | | 900099 | 2,306,720 | 2,306,720 | | |
| | e Counseling services | | 624100 | 1,253,996 | 1,253,996 | | |
| | f All other program service revenue | | | 277,912 | 277,912 | 0 | |
| | g Total. Add lines 2a-2f ▶ | 2,027,776,967 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 9,991,661 | | 19,104 | 9,972,557 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | 0 | 0 | | | | |
| | d Net rental income or (loss) ▶ | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | 2,882,652 | 7,203,540 | | | | |
| | d Net gain or (loss) ▶ | | | 10,086,192 | | | 10,086,192 |
| | 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 | 1,043,180 610,435 | | | | | | |
| c Net income or (loss) from sales of inventory . . . ▶ | | | 432,745 | | | 432,745 | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a CHILD CARE | | 722100 | 503,368 | 503,368 | | | |
| b PHARMACY | | 446110 | 13,765,962 | | 10,452,893 | 3,313,069 | |
| c Other Revenue | | 900099 | 7,870 | 7,870 | | | |
| d All other revenue | | | -52,071 | -52,071 | 0 | 0 | |
| e Total. Add lines 11a-11d ▶ | | | 14,225,129 | | | | |
| 12 Total revenue. See Instructions ▶ | | | 2,066,856,233 | 2,028,236,134 | 10,471,997 | 23,804,563 | |

Part IX Statement of Functional Expenses

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

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 1,606,562 | 1,606,562 | | |
| 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. | 7,749,847 | 7,749,847 | 0 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 588,997,855 | 500,648,177 | 88,349,678 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 28,140,340 | 23,919,289 | 4,221,051 | |
| 9 Other employee benefits. | 4,552,499 | 4,324,874 | 227,625 | |
| 10 Payroll taxes. | 41,263,274 | 35,073,783 | 6,189,491 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 47,607 | | 47,607 | |
| c Accounting. | | | | |
| d Lobbying. | 24,973 | | 24,973 | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 462,567,175 | 428,675,508 | 33,891,667 | 0 |
| 12 Advertising and promotion. | 3,735,324 | 1,867,662 | 1,867,662 | |
| 13 Office expenses. | 3,822,662 | 1,911,331 | 1,911,331 | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 33,794,583 | 31,091,016 | 2,703,567 | |
| 17 Travel. | 1,292,290 | 904,603 | 387,687 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest. | 10,527,419 | 10,001,048 | 526,371 | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 101,742,068 | 96,654,965 | 5,087,103 | |
| 23 Insurance. | 13,535,176 | 9,474,623 | 4,060,553 | |
| 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. | 259,947,329 | 259,947,329 | | |
| b State Provider Tax. | 128,341,750 | 128,341,750 | | |
| c R&M - Clinical Eng. | 20,742,118 | 20,742,118 | | |
| d Bad Debts. | 72,714,101 | 72,714,101 | | |
| e All other expenses. | 143,027,048 | 89,618,251 | 53,408,797 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e. | 1,928,172,000 | 1,725,266,837 | 202,905,163 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck 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 | | 15,420,497 | 1 | 23,624,275 |
| | 2 | Savings and temporary cash investments | | 58,968,984 | 2 | 111,317,880 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 328,282,970 | 4 | 259,073,904 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 2,748,676 | 7 | |
| | 8 | Inventories for sale or use | | 37,243,040 | 8 | 37,215,155 |
| | 9 | Prepaid expenses and deferred charges | | 12,865,327 | 9 | 10,995,571 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 2,096,251,988 | | |
| | b | Less: accumulated depreciation | 10b | 925,276,465 | | |
| | | | | 1,128,409,814 | 10c | 1,170,975,523 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 68,601,843 | 12 | 91,947,038 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | |
| | 14 | Intangible assets | | 16,879,937 | 14 | 16,778,856 |
| 15 | Other assets. See Part IV, line 11 | | 373,621,952 | 15 | 362,424,816 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 2,043,043,040 | 16 | 2,084,353,018 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 213,555,191 | 17 | 136,951,685 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 17,037,613 | 19 | 21,051,334 |
| | 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 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 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 | | 203,474,067 | 25 | 197,268,817 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 434,066,871 | 26 | 355,271,836 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 1,608,955,948 | 27 | 1,729,060,961 |
| | 28 | Temporarily restricted net assets | | 10,221 | 28 | 10,221 |
| | 29 | Permanently restricted net assets | | 10,000 | 29 | 10,000 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 | | 1,608,976,169 | 33 | 1,729,081,182 |
| | 34 | Total liabilities and net assets/fund balances | | 2,043,043,040 | 34 | 2,084,353,018 |

Part XI Reconciliation of Net AssetsCheck 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 | 2,066,856,233 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,928,172,000 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 138,684,233 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,608,976,169 |
| 5 | Net unrealized gains (losses) on investments | 5 | 378,933 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -18,958,153 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,729,081,182 |

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| 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 | Yes | |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 84-0405257

Name: Catholic Health Initiatives Colorado

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE H

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Catholic Health Initiatives Colorado

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

2017

Open to Public Inspection

Employer identification number

84-0405257

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

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

| Section A. Public Support | | | | | | | |
|---------------------------|---|----------|----------|----------|----------|----------|-----------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | | | |
| 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)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (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 ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|---|----|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| b | 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | |
| 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 ► <input type="checkbox"/> | |

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|---|------------|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | 3b | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | 3c | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | 4a | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | 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)? <i>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.</i> | 4c | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 7 | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | 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))? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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? <i>If "Yes," provide detail in Part VI.</i> | 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)? <i>If "Yes," answer line 10b below.</i> | 10a | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | 10b | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |
| | 11a | |
| | 11b | |
| | 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| | 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |
| | 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| | 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| | 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? <i>Provide details in Part VI.</i> | | |
| | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | 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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

Part V

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

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 84-0405257
Name: Catholic Health Initiatives Colorado

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

Facts And Circumstances Test

| | | |
|--|--|----------------------------------|
| SCHEDULE C (Form 990 or 990-EZ) | Political Campaign and Lobbying Activities | OMB No 1545-0047 |
| | For Organizations Exempt From Income Tax Under section 501(c) and section 527 | 2017 |
| Department of the Treasury Internal Revenue Service | ▶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. | 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 Catholic Health Initiatives Colorado | Employer identification number 84-0405257 |
|--|---|

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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

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-

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (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) | | (b) |
|-----------|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | 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 | | 57,221 |
| j | Total. Add lines 1c through 1i | | | 57,221 |
| 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 |
|---|---|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | CHI Colorado paid annual dues to various membership organizations, a portion of which is allocated to lobbying. The amount that represents this entity's share of the allocated lobbying expenses is as follows: Colorado Health Association - \$24,973 American Hospital Association - \$17,181 Catholic Health Association - \$15,067 |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | CHI Colorado paid annual dues to various membership organizations, a portion of which is allocated to lobbying. The amount that represents this entity's share of the allocated lobbying expenses is as follows: Colorado Health Association - \$24,973 American Hospital Association - \$17,181 Catholic Health Association - \$15,067 |

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DLN: 93493135119169

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Catholic Health Initiatives Colorado

Employer identification number
84-0405257

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

► \$

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Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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 | | 83,337,180 | | 83,337,180 |
| b Buildings | | 979,588,883 | 269,789,934 | 709,798,949 |
| c Leasehold improvements | | 284,827,082 | 147,419,055 | 137,408,027 |
| d Equipment | | 640,816,268 | 508,067,476 | 132,748,792 |
| e Other | | 107,682,575 | 0 | 107,682,575 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 1,170,975,523 |

Schedule D (Form 990) 2017

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) Investment in Unconsolidated Orgs | 206,972,337 |
| (2) OCH Capital Lease | 52,822,044 |
| (3) Parking Garage Easement | 5,165,000 |
| (4) Intercompany Receivables | 97,338,435 |
| (5) Medical Records | 127,000 |
| (6) Property Held for Investment | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ | 362,424,816 |

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 | |
| Environmental Remediation | 1,169,997 |
| Intercompany Debt | 195,975,108 |
| Workers Compensation | 123,185 |
| Other Long Term Debt | 527 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 197,268,817 |

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 84-0405257
Name: Catholic Health Initiatives Colorado

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | Catholic Health Initiatives-Colorado's (CHIC) financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization. CHI's FIN 48 (ASC 740) footnote for the year ended June 30, 2018, reads as follows: "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax. Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements." |

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization

Catholic Health Initiatives Colorado

Employer identification number

84-0405257

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☐ 100%

☐ 150%

☐ 200%

☒ Other25000%

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

☐ 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

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7Financial 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) | | | 12,112,431 | | 12,112,431 | 0 65 % |
| b Medicaid (from Worksheet 3, column a) | | | 285,437,636 | 121,368,083 | 164,069,553 | 8 84 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 11,836,753 | | 11,836,753 | 0 64 % |
| d Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 309,386,820 | 121,368,083 | 188,018,737 | 10 13 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,961,961 | | 1,961,961 | 0 11 % |
| f Health professions education (from Worksheet 5) | | | 3,857,552 | | 3,857,552 | 0 21 % |
| g Subsidized health services (from Worksheet 6) | | | 724,309 | | 724,309 | 0 04 % |
| h Research (from Worksheet 7) | | | 0 | | 0 | 0 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 472,903 | | 472,903 | 0 03 % |
| j Total. Other Benefits | 0 | 0 | 7,016,725 | 0 | 7,016,725 | 0 38 % |
| k Total. Add lines 7d and 7j | 0 | 0 | 316,403,545 | 121,368,083 | 195,035,462 | 10 51 % |

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Cat No 50192T

Schedule H (Form 990) 2017

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 | | | | | 0 | 0 % |
| 2 Economic development | | | | | 0 | 0 % |
| 3 Community support | | | | | 0 | 0 % |
| 4 Environmental improvements | | | | | 0 | 0 % |
| 5 Leadership development and training for community members | | | | | 0 | 0 % |
| 6 Coalition building | | | | | 0 | 0 % |
| 7 Community health improvement advocacy | | | | | 0 | 0 % |
| 8 Workforce development | | | | | 0 | 0 % |
| 9 Other | | | | | 0 | 0 % |
| 10 Total | 0 | 0 | 0 | 0 | 0 | 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 Healthcare 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 | 72,714,101 | |
| 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 | 556,192,774 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 836,221,567 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | -280,028,793 |
| 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. | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> 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

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (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 ORTHOCOLORADO LLC | HOSPITAL | 60 % | 0 % | 40 % |
| 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?

9

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)

| | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|
| See Additional Data Table | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

| | | Yes | No |
|--|--|------------|-----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 | Yes |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 | Yes |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.centura.org/community-programs/community-benefit</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> 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 <u>15</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes |
| a | If "Yes" (list url) <u>www.centura.org/community-programs/community-benefit</u> | | |
| 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)**

A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|---|-----------|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes | |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input checked="" type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input type="checkbox"/> 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? 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) | 15 | Yes | |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C) | | | |
| 16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes | |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.centura.org/patients-and-families/billing-and-financial-services/financial-help</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.centura.org/patients-and-families/billing-and-financial-services/financial-help</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.centura.org/patients-and-families/billing-and-financial-services/financial-help</u> d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information (continued)**Billing and Collections**

A

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 nonpayment? | 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**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?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

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.

[illegible]

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? **72**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part I, Line 3c Eligibility Criteria | CHI COLORADO HAS AN ESTABLISHED CHARITY CARE POLICY BASED ON THE FEDERAL POVERTY LEVEL CHARITY IS PROVIDED TO PATIENTS BASED ON A SLIDING SCALE THAT CONSIDERS THE PATIENT'S FAMILY SIZE AND INCOME LEVEL THE CHARITY PROVIDED RANGES FROM 100% OF THE PATIENT'S BILL FOR INDIVIDUALS WHOSE HOUSEHOLD INCOME IS AT 100% OR LESS OF THE FEDERAL POVERTY LEVEL, TO A 80% DEDUCTION FOR INDIVIDUALS WHOSE INCOME IS AT 400% OF THE FEDERAL POVERTY LEVEL CHI COLORADO TAKES INTO ACCOUNT SPECIFIC FACTS AND CIRCUMSTANCES IN GRANTING CHARITY IN SITUATIONS SUCH AS A CATASTROPHIC ILLNESS WHERE THE PATIENT DOES NOT HAVE LIQUID ASSETS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 4 COMMUNITY INFORMATION (CONTINUED) | <p>ST ANTHONY SUMMIT MEDICAL CENTER To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that account for 75% of a hospital's inpatient admissions These ZIP codes have a combined population of 43,982 Race White 89 6%, Black 1 2%, Asian 0 9%, Native American/Alaskan Native 1 0%, Native Hawaiian/Pacific Islander 0 2%, some other race 6 1%, Multiple races 1 1% Ethnicity 16 11% of the population in our service area reports as Hispanic or Latino Education Level In our community, 49 0% of the population has an Associate's Degree or higher, CO average is 44 7% Unemployment Rate 2 9%, CO average is 4 0% Population with Limited English Proficiency 7 1%, CO average is 6 7% High School Graduation Rate 82 6%, CO average is 77 6% Population Living in Households with Income Below 200% of Federal Poverty level 30 0%, CO average is 29 6%</p> <p>ST THOMAS MORE HOSPITAL To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that account for 75% of a hospital's inpatient admissions These ZIP codes have a combined population of 43,982 Race 85 6% White, 5 8% Black, 1% Asian, 1 9% Native American/Alaska Native, 0 1% Native Hawaiian/Pacific Islander, 3 9% some other race, and 1 7% multiple races Ethnicity 12 3% Hispanic/Latino, Non-Hispanic 87 7% Education Level In our community, 23 1% of the population has an Associate's Degree or higher CO average is 44 7% Unemployment Rate 5 5%, CO average is 4 0% Population with Limited English Proficiency 5 6%, CO average is 6 7% High School Graduation Rate 74 8%, CO average is 77 6% Population Living in Households with Income Below 200% of Federal Poverty level 36 5%, CO average is 29 6%</p> <p>ORTHOCOLORADO HOSPITAL To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions These ZIP codes have a combined population of 1,143,793 Race and Ethnicity The population is 85 3% white, 1 38% black, 3 11% Asian, 0 99% Native American/Alaskan Native, 0 06% native Hawaiian/Pacific Islander, 6 17% some other race, and 2 99% multiple races Additionally, 33 1% are Hispanic or Latino Education Level In our communities, 48 5% of the population has an Associate's Degree or higher CO average is 44 7% Unemployment Rate 3 8%, CO average is 4 0% Population with Limited English Proficiency 8 3%, CO average is 6 7% High School Graduation Rate 67 6%, CO average is 77 6% Population Living in Households with Income Below 200% of Federal Poverty level 28 2%, CO average is 29 6%</p> |

| 990 Schedule H, Supplemental Information | |
|---|----------------------------|
| Form and Line Reference | Explanation |
| Schedule H, Part I, Line 6a Community benefit report prepared by related organization | Centura Health Corporation |

| 990 Schedule H, Supplemental Information | |
|--|---|
| Form and Line Reference | Explanation |
| Schedule H, Part I, Line 7g Subsidized Health Services | There are no physician clinics included in subsidized health services |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|-------------|
| Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation | 72714101 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using the organization's cost-to-charge ratio. The cost-to-charge ratio covers all patient segments. The cost-to-charge ratio for the year ended 6/30/2018 was computed using the following formula: Operating expense (before restructuring, impairment and other losses) divided by gross patient revenue. Worksheet 2 was not used to derive the cost-to-charge ratio. |

| 990 Schedule H, Supplemental Information | |
|---|--|
| Form and Line Reference | Explanation |
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | Gross charges, as recorded in the audited financial statements, are reported as bad debt |

| 990 Schedule H, Supplemental Information | |
|---|--|
| Form and Line Reference | Explanation |
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | Catholic Health Initiatives Colorado does not include any portion of bad debt as community benefit |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | <p>CATHOLIC HEALTH INITIATIVES COLORADO (CHIC) DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY, AS NECESSARY, THE PROVISION FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, CHI FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH FACILITY THE PROVISION FOR BAD DEBTS IS PRESENTED IN THE CONSOLIDATED STATEMENT OF OPERATIONS AS A DEDUCTION FROM PATIENT SERVICES REVENUES (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) SINCE CHI ACCEPTS AND TREATS ALL PATIENTS WITHOUT REGARD TO THE ABILITY TO PAY</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs | Cost for each hospital's cost report is pulled from year end trial balances. The cost is then evaluated and all non-allowable cost is removed via adjustments. The remaining allowable cost is then allocated to appropriate patient care and non-patient care cost centers based on Medicare allocation principles. Catholic Health Initiatives Colorado (CHIC) does not treat Medicare shortfalls as community benefit. CHIC's position is consistent with that of Catholic Health Initiatives (CHI), its Sponsor. Medicare is not a differentiating feature of tax-exempt health care organizations, for-profit hospitals treat and attempt to attract Medicare beneficiaries. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | <p>Catholic Health Initiatives Colorado's debt collection policy provides for the performance of a reasonable review of each patient's account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment. The review of patient accounts is done to assure that the patient or their guarantor is not eligible for assistance through Catholic Health Initiatives Colorado's charity care policy, uninsured discount policy, or another financial assistance program (i.e. Medicaid). Catholic Health Initiatives Colorado requires the following of its third-party collection agencies:</p> <ul style="list-style-type: none">* Neither Catholic Health Initiatives Colorado hospitals or their collection agencies will request bench or arrest warrants as a result of non-payment,* Neither Catholic Health Initiatives Colorado hospitals or their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and* No Catholic Health Initiatives Colorado collection agency may seek court action without hospital approval. <p>Once a patient is known to qualify for financial assistance, collection actions are then suspended.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 16a FAP website | A - PENROSE-ST FRANCIS HEALTH SERVICES Line 16a URL www.centura.org/patients-and-families/billing-and-financial-services/financial-help , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 16b FAP Application website | A - PENROSE-ST FRANCIS HEALTH SERVICES Line 16b URL www.centura.org/patients-and-families/billing-and-financial-services/financial-help , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | A - PENROSE-ST FRANCIS HEALTH SERVICES Line 16c URL www.centura.org/patients-and-families/billing-and-financial-services/financial-help , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part VI, Line 2 Needs assessment | <p>The Catholic Health Initiatives Colorado related hospitals provide several services and resources to the communities it serves beyond the prioritized needs specifically identified in the Community Health Needs Assessment. They sponsor wellness events such as breast feeding education, asthma screenings, and financially supports wellness initiatives of cities and public schools. They also provides transportation for low income patients and housing at no cost or very low cost for the families of low income patients of the hospital that are far from their residence. They also supports, financially and through volunteerism, initiatives such as soup kitchens and meals on wheels to provide food and nutrition education to address hunger issues. Hospital staff also volunteer to serve as preceptors for students of local health professional programs and serve on boards of local community organizations that provide social services to populations in need.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>Catholic Health Initiatives Colorado (CHIC) is operated as part of Centura Health Corporation (Centura) Information concerning financial assistance is included on Centura's website The website not only lists phone numbers for patients to call to discuss financial assistance, but also includes Centura's policy for charity care and its policies related to uninsured patients In addition, at the time of registration, uninsured patients are screened to determine if the patients qualify for any Federal, State or County programs Uninsured patients are also sent a letter requesting that the patient call to determine eligibility for various assistance programs, including charity</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 4 Community Information | <p>PENROSE-ST FRANCIS HEALTH SERVICES To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas. The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions. These ZIP codes have a combined population of 527,449. Race and Ethnicity: Native American/Alaskan Native 77%, Asian 5.54%, Black 6.34%, Hispanic or Latino 15.07%, White 81.11%, Native Hawaiian/Pacific Islander 32%, Some other race 4.99%, Multiple Races 5.18%. Education Level: The percentage of the population in the Pikes Peak region with an Associate degree or higher is 45.5%. This is comparable to the Colorado state average of 44.7%. Unemployment Rate: The 5.1% unemployment rate in our area is higher than the state average of 4.0%. Population with Limited English Proficiency: El Paso County has a lower level of residents with a limited English proficiency than the state average. Our service area is at 4.2% and the state average of 6.7%. High School Graduation Rate: 78.4% of adolescents are graduating from high school which is a slightly higher rate than the Colorado state average of 77.6%. Population Living in Households with Income Below 200% of Federal Poverty level: 29% of our overall population is living at or below this poverty level, which is consistent with the state average of 29.5%. One of the zip-codes in our area has a poverty level of 50% and is targeted with community initiatives included in the PSF CHIP.</p> <p>ST ANTHONY HOSPITAL AND ORTHOCOLORADO To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas. The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions. These ZIP codes have a combined population of 1,143,793. Race and Ethnicity: The population is 85.3% white, 1.38% black, 3.11% Asian, 0.99% Native American/Alaskan Native, 0.06% native Hawaiian/Pacific Islander, 6.17% some other race, and 2.99% multiple races. Additionally, 33.1% are Hispanic or Latin o. Education Level: In our communities, 48.5% of the population has an Associate's Degree or higher. CO average is 44.7%. Unemployment Rate: 3.8%, CO average is 4.0%. Population with Limited English Proficiency: 8.3%, CO average is 6.7%. High School Graduation Rate: 67.6%, CO average is 77.6%. Population Living in Households with Income Below 200% of Federal Poverty level: 28.2%, CO average is 29.6%.</p> <p>MERCY REGIONAL MEDICAL CENTER To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas. The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions. These ZIP codes have a combined population of 197,281. Race and Ethnicity: Native American/Alaskan Native 15.68%, Asian 61%, Black 6%, Hispanic or Latino 13.02%, White 75.63%, Native Hawaiian/Pacific Islander 1%, Some other race 4.26%, Multiple Races 3.03%. Education Level: Population with associate's degree or higher 47.6%. Unemployment Rate: 4.0%. Population with Limited English Proficiency: 3.7%. High School Graduation Rate: 75.6%. Population Living in Households with Income Below 200% of Federal Poverty level: 34.1%.</p> <p>ST MARY-CORWIN MEDICAL CENTER To define our community for the Community Health Needs Assessment and to analyze demographic and health indicator data, we used the STARK-Law service areas. The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions. These ZIP codes have a combined population of 188,587. Race: 82.85% White, 2.67% Black, 0.7% Asian, 1.87% Native American. Ethnicity: 36.84% Hispanic/Latino, Non-Hispanic 63.16%. Education Level: In our community, 30.5% of the population has an Associate's Degree or higher. CO average is 44.7%. Unemployment Rate: 5.6%, CO average is 4.0%. Population with Limited English Proficiency: 4.5%, CO average is 6.7%. High School Graduation Rate: 71.4%, CO average is 77.6%. Population Living in Households with Income Below 200% of Federal Poverty level: 40.2%, CO average is 29.6%.</p> <p>ST FRANCIS MEDICAL CENTER To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas. The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions. These ZIP codes have a combined population of 527,449. Race and Ethnicity: Native American /Alaskan Native 77%, Asian 5.54%, Black 6.34%, Hispanic or Latino 15.07%, White 81.11%, Native Hawaiian/Pacific Islander 32%, Some other race 4.99%, Multiple Races 5.18%. Education Level: The percentage of the population in the Pikes Peak region with an Associate degree or higher is 45.5%. This is comparable to the C</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 4 Community Information | <p>olorado state average of 44.7% Unemployment Rate The 5.1% unemployment rate in our area is higher than the state average of 4.0% Population with Limited English Proficiency El Paso County has a lower level of residents with a limited English proficiency than the state average Our service area is at 4.2% and the state average of 6.7% High School Graduation Rate 78.4% of adolescents are graduating from high school which is a slightly higher rate than the Colorado state average of 77.6% Population Living in Households with Income Below 200% of Federal Poverty level 29% of our overall population is living at or below this poverty level, which is consistent with the state average of 29.5% One of the zip-codes in our area has a poverty level of 50% and is targeted with community initiatives included in the PSF CHIP ST ANTHONY NORTH HOSPITAL To define our community for the CHNA and to analyze demographic and health indicator data, we used the STARK-Law service areas The STARK-Law service area is defined as the lowest number of contiguous ZIP codes that accounts for 75% of a hospital's inpatient admissions These ZIP codes have a combined population of 218,151 Race and Ethnicity White=85.8%, Black=1.4%, Asian=5.3%, Native American/Alaskan Native=0.5%, Native Hawaiian/Pacific Islander=<0.1%, some other race=3.2%, Multiple races=3.7% 16.9% of our community identifies as Hispanic or Latino Education Level Population with Associates Level Degree or Higher=46.4%, CO average is 44.7% Unemployment Rate 6.7%, CO average is 4.0% Population with Limited English Proficiency 5.2%, CO average is 6.7% High School Graduation Rate 72.7%, CO average is 77.6% Population Living in Households with Income Below 200% of Federal Poverty level 18.3%, CO average is 29.6%</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>The organization's hospital facilities promote health for the benefit of the community. Medical staff privileges in the hospital are available to all qualified physicians in the area, consistent with the size and nature of its facilities. The organization's hospital facilities have an open medical staff. Its board of trustees is composed of prominent citizens in the community. Excess funds are generally applied to expansion and replacement of existing facilities and equipment, amortization of indebtedness, improvement in patient care, and medical training, education, and research. The facilities treat persons paying their bills with the aid of public programs like Medicare and Medicaid. All patients presenting at the hospital for emergency and other medically necessary care are treated regardless of their ability to pay for such treatment.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 6 Affiliated health care system | <p>Catholic Health Initiatives Colorado (CHIC) is operated as part of Centura Health Corporation (Centura) Centura and its affiliated organizations are dedicated to extending the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities Specifically, Centura has launched a system-wide strategic plan to improve the quality, consistency, availability, and affordability of healthcare to communities throughout Colorado The three main components of this strategy are (1) to continue investing in technology advancements that improve the quality, costs, and coordination of care including the establishment of electronic health records linking our physicians, clinics, hospitals, long-term facilities and home care services, (2) providing wellness care, thereby potentially reducing health care costs by helping patients to maintain good health, growing the level of support and outreach provided to rural communities, and increasing access, affordability and quality of health care, and (3) coordinate and develop systems of care, looking to each facility and entity in Centura to share best practices and improve overall efficiency and communication system-wide from birth to home care</p> |

| 990 Schedule H, Supplemental Information | |
|--|-------------|
| Form and Line Reference | Explanation |
| Schedule H, Part VI, Line 7 State filing of community benefit report | CO, KS |

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876
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Name: Catholic Health Initiatives Colorado

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

| Section A. Hospital Facilities | | 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 |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>9</u> | | | | | | | | | | | |
| 1 | PENROSE-ST FRANCIS HEALTH SERVICES 2222 N NEVADA AVE COLORADO SPRINGS, CO 80907 www.centura.org/locations/penrose-st-francis-health-services 010543 | X | X | | X | X | X | X | | ICU & CCU, CANCER CENTER, IP REHAB | A |
| 2 | ST ANTHONY HOSPITAL 11600 WEST 2ND PLACE LAKEWOOD, CO 80228 www.centura.org/locations/st-anthony-hospital 010429 | X | X | | X | | | X | | | A |
| 3 | MERCY REGIONAL MEDICAL CENTER 1010 THREE SPRINGS BLVD DURANGO, CO 81301 www.centura.org/locations/mercy-regional-medical-center 011213 | X | X | | | | | X | | | A |
| 4 | ST MARY-CORWIN MEDICAL CENTER 1008 MINNEQUA AVE PUEBLO, CO 81004 www.centura.org/locations/st-mary-corwin-medical-center 010650 | X | X | | | | | X | | | A |
| 5 | ST FRANCIS MEDICAL CENTER 6001 E WOODMAN RD COLORADO SPRINGS, CO 80923 www.centura.org/locations/penrose-st-francis-health-services 01H523 | X | X | | | | | X | | BIRTH CENTER, NICU - IIIA, ICU | A |

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? 9 | | 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 |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 6 | ST ANTHONY NORTH HOSPITAL 2551 W 84TH AVE WESTMINSTER, CO 80031 www.centura.org/locations/st-anthony-north-health-campus 010402 | X | X | | X | | | X | | | A |
| 7 | ST ANTHONY SUMMIT MEDICAL CENTER 340 PEAK ONE DRIVE FRISCO, CO 80443 www.centura.org/locations/st-anthony-summit-medical-center 011155 | X | X | | | | | X | | | A |
| 8 | ST THOMAS MORE HOSPITAL 1338 PHAY AVENUE CANON CITY, CO 81212 www.centura.org/locations/st-thomas-more-hospital 010623 | X | X | | | | | X | | | A |
| 9 | OrthoColorado Hospital 11650 West 2nd Place Lakewood, CO 80255 www.centura.org/locations/orthocolorado-hospital 01U246 | X | X | | | | | X | | | A |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
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| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| Schedule H, Part V, Section B, Line 3E | The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA |

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 5 Facility A, 1 | Facility A, 1 - ALL FACILITIES In order to assess the needs of our community, we created a hospital subcommittee to solicit and take into account input from individuals representing the broad interest of our community Our hospital subcommittee was made up of key stakeholder and individuals who represented the broader interests of our community Public Health representatives attended every meeting and provided input into the process of narrowing the selection of health issues Once health needs were prioritized, we determined groups and individuals appropriate for focus groups, being sure to solicit input from underserved or minority groups within the communities we serve These focus groups helped identify particularly important needs as seen by our communities, help us identify gaps in knowledge, and understand current external efforts around health needs that could be improved by healthcare participation |

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 6a Facility A, 1 | Facility A, 1 - PENROSE-ST FRANCIS HEALTH SERVICES, St Anthony Hospital and OrthoColorado Hospital St Anthony Hospital and OrthoColorado Hospital conducted a joint CHNA In addition, St Francis Medical Center and Penrose Hospital conducted a joint CHNA |

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 1 | <p>Facility A, 1 - PENROSE-ST FRANCIS Penrose-St Francis and community stakeholders identified three significant needs in their community which they prioritized and focused on The needs were Obesity, Intentional Injury-Youth Suicide and Access to Care For Obesity, three goals were utilized and then implemented to use evidence-based practice approaches of breastfeeding and the incorporation of education and access for disparate communities to healthy eating active living To achieve these goals, four activities were initiated regarding breastfeeding, and three activities for education and each healthy eating active living The need of Intentional Injury-Youth Suicide had two goals to develop coordinated efforts to promote and implement programs to identify risk and early indicators of mental, emotional and behavioral problems among youth and ensure referral to appropriate resources The second goal was to develop coordinated effort to implement and promote Penrose-St Francis internal and external community trainings in Adverse Childhood Experiences (A C E), Mental Health First Aid (MHFA) and Youth MHFA trainings to identify signs of depression and suicide for early intervention and stigma reduction Multiple activities were created and measured the progress The last prioritized need, Access to Care had two goals of increasing the number of El Paso County residents who receive assistance in the enrollment process leading to an insurance product, and increase health insurance and health care literacy for newly enrolled residents needing assistance navigating the health care system Two activities for each goal were used to implement changes toward Access to Care All three prioritized needs were addressed by Penrose-St Francis provided benefits related to improving the health of our community through multiple programs Penrose provided medical education which equates to over 30,000 associate hours and \$1.3 Million into education for nurses, medical students, PT, pharmacy, etc The PFS pharmacy discounted and provided prescription assistance for more than 920 uninsured and underinsured through working relationships in our community Provided over 900 staff hours for community screenings, classes and services for the community for a value of over \$42,000 of uncompensated care SPSF committed staff and grants to two low income zip-codes to fund various programs more than 920 and resources to the community for \$1,303,808 and 817 people Cancer programs also supported the community via community outreach programs such as education and counseling, screening events, self-help classes, women's services, and support groups, provided over 2,555 families with room nights and services equating to \$262,988 at the John Zay Guest House for patient's families regardless of the ability to pay, dedicated over \$89,000 in the areas of nutrition services, prescription pricing, and wellness activities All needs have been addressed</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 11 Facility A, 2 | Facility A, 2 - ST ANTHONY HOSPITAL St Anthony Hospital (SAH) and community stakeholders identified four significant needs in their community which they prioritized and focused o n The prioritized needs were Behavioral Health, Healthy Eating Active Living (HEAL), Acce ss to Care and Injury Prevention The process followed to address the needs, was to create several goals for each need, and then implementing specific activities and metrics to mea sure progress of address the need Specifically, SAH's goal for Behavioral Health were to decrease rate of Mental Health Hospitalizations by 3% and percentage of adults with a lack of social or emotional support from 18% to 17% among people living in St Anthony Hospita l service area This was to be done by building community and organizational capacity and care team skills to promote mental wellbeing, improving utilization of evidence-based prac tices in mental health screening, promote care team training, and increase awareness and r eferrals to appropriate mental health resources in partnership with the community Three o f the five goals were improve the detection and treatment of mental health needs through t he utilization of evidence based screening tools in our SAH service area, increase awarene ss of and improve referral to mental health resources (leverage/ implement relationships s o care systems can work with community partners), and build primary prevention strategies through providing positive protective factors for youth in partnership with community orga nization HEAL's need was targeting to increase the percent of population at a healthy BMI and decrease incidence of Type 2 Diabetes by building community and organizational capaci ty and care team skills to promote healthy weight and lifestyles Reduce obesity and impro ve utilization of evidence-based practices in screening, promote care team training, and i ncrease awareness and referrals to appropriate resources in partnership with the community Two of the five goals for HEAL were to increase utilization of evidence-based practices to screen for health factors and indicators for obesity and related conditions, and increa se awareness of and improve referral to healthy eating active living resources at points o f service Access to Care need was to increase the percentage of adults with a regular doc tor and percent people who are insured One of the goals of the three created was to incre ase the number of people enrolled into Medicaid or Commercial Coverage Injury Prevention need was addressed by decreasing the number of preventable injuries in the community and t hose which come into St Anthony Hospital The related goals to address were decrease the number of hospitalizations due to a preventable fall by increasing the number of people re ached through evidence-based programming by 20% And decrease the number of recreation/lei sure activity-related traumatic brain injuries through safe biking practices Two goals we re created and the first one w |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 11 Facility A, 2 | as to decrease the number of recreation/leisure activity-related traumatic brain injuries through safe biking practices All needs were addressed During FY18, SAH enrolled 1,045 p eople in to available health coverage, provided thirty injury prevention classes reaching 9,000 community members and 706 bicycle helmets to ensure safety while being physically ac tive Also, SAH partnered with Mental Health First Aid Jeffco Coalition to provide 1,200 p eople with mental health first aid training, provided 1,618 staff hours to address communi ty health needs through direct support and partnerships, provided weight loss programming to community 275 community members, who lost 1,041 pounds collectively All needs have bee n addressed |

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 3 | Facility A, 3 - MERCY REGIONAL MEDICAL CENTER Mercy Regional Medical Center (MRMC) and community stakeholders identified three significant needs in their community which they prioritized and focused on The prioritized needs were Obesity, Mental Health/Substance Abuse and Access to Care The process followed to address the needs, was to create several goals for each need, and then implementing specific activities and metrics to measure progress of address the need Obesity Although our obesity rates are not worse than the state average, we know the trends are going in the wrong direction In our community, 16 5% of adults are obese and 31% are overweight We also know that if we can reduce obesity rates, it will have a positive effect on some of the disease prevalence, such as heart disease, diabetes and cancer Two goals of the four created were to increase screening of patients and associates for health factors and indicators for obesity and related conditions, and to implement continuing education for associates to increase knowledge of clinical tools, methods, and communication strategies for obese or at-risk patients Mental Health and Substance Abuse We have seen a dramatic increase in the number of patients with mental health and substance use diagnoses in our emergency room Additionally, the suicide rate in our community is 18 3 per 100,000, which is higher than the state average of 17 2 per 100,000, and much higher than the Healthy People 2020 goal of 10 2 per 100,000 Roughly 14% of adults in our community report they do not get the social and emotional support they need Three goals to address this need was to improve the utilization of mental/behavioral health screening tools through screening Mercy Family Medicine (MFM) patients for depression and substance use Also, MRMC promoted care team training and education of associates in evidence-based practices, and supported partners in mental health by building protective factors within the community Access to Care In addition to the above prioritized health needs, Centura Health and Mercy recognize that access to care is a critical factor for assessing, screening, and providing treatment that improves and maintains health We have a primary duty to ensure we address barriers to access, and link our communities to the care they need Mercy's service area shows a 28% uninsured rate for residents between the age of 18-64 and 12% uninsured for children under the age of 19 There are 99 primary care physicians per 100,000 and 29% of adults report they do not have a regular doctor All needs have been addressed |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 4 | <p>Facility A, 4 - ST MARY-CORWIN MEDICAL CENTER St Mary-Corwin Medical Center (SMC) and c ommunity stakeholders identified three significant needs in their community which they pri oritized and focused on The prioritized needs were Obesity/Diabetes, Chronic Lung/Respira tory Disease and Behavioral Health The process followed to address the needs, was to crea te several goals for each need, and then implementing specific activities and metrics to m easure progress of address the need Obesity This is a priority because of the prevalence of direct effects and indirect effects of obesity and diabetes on comorbidities such as c ardiovascular, hypertension, and would care among the population in Pueblo The CHNA sub-c ommittee unanimously found that we have the capacity to effect change in the current adult population and upstream with resources currently available in the community Addressing f ood insecurity by developing multiple sources of access to healthy food, particularly in z ip codes 81004 and 81003, two local food deserts/swamps, along with an aggressive food pre scription program supported and tracked by local providers, plus upstream education of sch ool-aged children will be the primary initiatives for the next three years Two of the goa ls, of four total, are to work upstream to prevent diabetes through expansion of existing community programs, and to provide short- and long-term education in best organic gardenin g practices and food safety protocols for the emerging interest groups who are organizing neighborhood, agency, school and church community gardens Chronic Lung/Respiratory Diseas e This is a new priority because the CHNA sub-committee determined that Pueblo has partic ular environmental factors emanating from the local steel mill and low health literacy reg arding home hygiene related to healthy air throughout the community The resources are rea dily available to influence a downward trend in COPD and asthma related illness among adul ts and children Hospital initiatives will include foci on testing for the genetic Alpha m arker that predetermines COPD and partnering with the local DOTS program sponsored by the Fire Department, EMS, police and code enforcement to help families find resources to make their home air quality safer Two goals implemented are to identify older adolescents and young adults at genetic risk of COPD and to increase healthy home hygiene for individuals at risk for lung disease Behavioral Health This need is a priority because the prevalenc e of mental health issues due to generational poverty and increasing unemployment and disa bility rates The CHNA sub-committee discerned that positively impacting mental health wil l satisfy the increasingly vocal demand for these services in the community and will also impact the work force and therefore economic development positively in the long-run There are no legal barriers to providing better mental health options in Pueblo To address thi s need, St Mary-Corwin Medica</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 11 Facility A, 4 | I Center will, over the next three years, work with local partners to bolster protective elements in our community awareness of health consequences of early childhood trauma, provision of Mental Health First-Aid training throughout the community, and expanding a continuum of care consisting of complementary therapies that empower citizens to manage their own conditions through better coping mechanisms Goals implemented were to use programs developed in the past three-year CHNA cycle to continue supporting mental resilience in adults with compromised health issues and resultant anxiety and stress levels, and to offer Mental Health Certification Courses and continue Adverse Childhood Experiences (ACES) screening and training All needs have been addressed |

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 5 | <p>Facility A, 5 - ST FRANCIS MEDICAL CENTER Penrose-St Francis and community stakeholders identified three significant needs in their community which they prioritized and focused on The needs were Obesity, Intentional Injury-Youth Suicide and Access to Care For Obesity, three goals were utilized and then implemented to use evidence-based practice approaches of breastfeeding and the incorporation of education and access for disparate communities to healthy eating active living To achieve these goals, four activities were initiated regarding breastfeeding, and three activities for education and each healthy eating active living The need of Intentional Injury-Youth Suicide had two goals to develop coordinated efforts to promote and implement programs to identify risk and early indicators of mental, emotional and behavioral problems among youth and ensure referral to appropriate resources The second goal was to develop coordinated effort to implement and promote Penrose-St Francis internal and external community trainings in Adverse Childhood Experiences (A C E), Mental Health First Aid (MHFA) and Youth MHFA trainings to identify signs of depression and suicide for early intervention and stigma reduction Multiple activities were created and measured the progress The last prioritized need, Access to Care had two goals of increasing the number of El Paso County residents who receive assistance in the enrollment process leading to an insurance product, and increase health insurance and health care literacy for newly enrolled residents needing assistance navigating the health care system Two activities for each goal were used to implement changes toward Access to Care All three prioritized needs were addressed by Penrose-St Francis provided benefits related to improving the health of our community through multiple programs Penrose provided medical education which equates to over 30,000 associate hours and \$1.3 Million into education for nurses, medical students, PT, pharmacy, etc The PFS pharmacy discounted and provided prescription assistance for more than 920 uninsured and underinsured through working relationships in our community Provided over 900 staff hours for community screenings, classes and services for the community for a value of over \$42,000 of uncompensated care SPSF committed staff and grants to two low income zip-codes to fund various programs more than 920 and resources to the community for \$1,303,808 and 817 people Cancer programs also supported the community via community outreach programs such as education and counseling, screening events, self-help classes, women's services, and support groups, provided over 2,555 families with room nights and services equating to \$262,988 at the John Zayn Guest House for patient's families regardless of the ability to pay, dedicated over \$89,000 in the areas of nutrition services, prescription pricing, and wellness activities All needs have been addressed</p> |

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part V, Section B, Line 11 Facility A, 6 | Facility A, 6 - ST ANTHONY SUMMIT MEDICAL CENTER St Anthony Summit Medical Center (SUM) and community stakeholders identified two significant needs in their community which they prioritized and focused on The prioritized needs were Behavioral Health and Intentional Injury Prevention The process followed to address the needs, was to create several goals for each need, and then implementing specific activities and metrics to measure progress of address the need Behavioral Health Three of the goals were to increase people who are able to identify, understand and respond to those in mental health and substance abuse crisis through training about identification and resources through Mental Health First Aid (MHFA) and other resources, increase the percent of people screened for substance abuse and mental health issues in healthcare and other related community settings, and to increase the number of appropriate referrals to available resources within the community Intentional Injury Prevention The three goals for this need were to provide injury prevention education to 120 people Decrease long-term effects of TBI and increase older adult independence and physical activities, to decrease long-term effects of Traumatic Brain Injuries (TBI's), and to increase older adult independence and physical activity/wellness through injury prevention strategies All needs have been addressed |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 7 | Facility A, 7 - ST THOMAS MORE HOSPITAL St Thomas More (STM) and community stakeholders identified three significant needs in their community which they prioritized and focused on The prioritized needs were Heart Disease, Lung Disease and Obesity/Diabetes physical a ctivity and nutrition The process followed to address the needs, was to create several go als for each need, and then implementing specific activities and metrics to measure progre ss of address the need Heart Disease STM prioritized Heart Disease because in Fremont Co unty, 5 1% of adults have heart disease, compared to 2 7% of adults in the state This is roughly twice the percentage of adults with Heart Disease compared to the Colorado State a verage One of our goals is to increase the amount of cardiology services not only at St Thomas More but also throughout Fremont County We have the cardiology clinic here at St Thomas More, and we frequently refer patients to this program Additionally, we provide fr ee cardiovascular education at community events and health fairs throughout the year, and are recruiting for a full-time, non-invasive cardiologist Lung Disease St Thomas More H ospital also prioritized lung disease Lung Disease is a priority for St Thomas More beca use Fremont County has almost double the amount of tobacco users than the Colorado State a verage, with almost half of our 25 to 34 year olds using tobacco products regularly In ou r community, 29 1% of adults report that they currently smoke The Colorado percentage of smokers is much lower, at 16 8% The mortality rate for lung disease in our community is 6 0 5 per 100,000, higher than Colorado's rate of 49 8 This is likely due to the higher rat es of smoking in our community The goal was to decrease tobacco use in Fremont County by providing education regarding tobacco cessation and tobacco health risks at community even ts such as health fairs and partner with local businesses to make their facilities tobacco free Obesity/Diabetes physical activity and nutrition St Thomas More also prioritized Obesity/Overweight, Physical Activity and Nutrition In our community 23 1% of adults are obese and 41 8% are overweight Together, almost 2/3 of our population is above a healthy weight In the state, 20 2% of adults are obese and 35 3% are overweight St Thomas More is excited to lead the community by example Through the Partnership for a Healthier Ameri ca and the Colorado Healthy Hospital Compact, we will make sustainable environmental chang es that models healthy lifestyles and provides our St Thomas More associates and hospital visitors with the tools and resources to make healthy decisions while at work or visiting the hospital We know that in our community, 18 7% of adults get no leisure time physical activity (15 2% in Colorado) and 79% of adults eat less than 5 fruits and vegetables per day (75% in Colorado) We recognize the importance of eating well and exercising, and we p lan to educate the community o |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 7 | n fitness and nutrition as a way to impact the overall health of Fremont County One goal implemented is to provide support and education regarding obesity prevention and weight ma nagement to the St Thomas More community in partnership with local organizations All nee ds have been addressed |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 8 | <p>Facility A, 8 - OrthoColorado Hospital Due to the close proximity of OrthoColorado Hospital to St Anthony Hospital (SAH), both hospitals combined their resources and worked together and community stakeholders who identified four significant needs in their community which they prioritized and focused on. The prioritized needs were Behavioral Health, Healthy Eating Active Living (HEAL), Access to Care and Injury Prevention. The process followed to address the needs, was to create several goals for each need, and then implementing specific activities and metrics to measure progress of address the need. Specifically, SAH's goal for Behavioral Health were to decrease rate of Mental Health Hospitalizations by 3% and percentage of adults with a lack of social or emotional support from 18% to 17% among people living in St Anthony Hospital service area. This was to be done by building community and organizational capacity and care team skills to promote mental wellbeing, improving utilization of evidence-based practices in mental health screening, promote care team training, and increase awareness and referrals to appropriate mental health resources in partnership with the community. Three of the five goals were improve the detection and treatment of mental health needs through the utilization of evidence based screening tools in our SAH service area, increase awareness of and improve referral to mental health resources (leverage/ implement relationships so care systems can work with community partners), and build primary prevention strategies through providing positive protective factors for youth in partnership with community organization. HEAL's need was targeting to increase the percent of population at a healthy BMI and decrease incidence of Type 2 Diabetes by building community and organizational capacity and care team skills to promote healthy weight and lifestyles. Reduce obesity and improve utilization of evidence-based practices in screening, promote care team training, and increase awareness and referrals to appropriate resources in partnership with the community. Two of the five goals for HEAL were to increase utilization of evidence-based practices to screen for health factors and indicators for obesity and related conditions, and increase awareness of and improve referral to healthy eating active living resources at points of service. Access to Care need was to increase the percentage of adults with a regular doctor and percent people who are insured. One of the goals of the three created was to increase the number of people enrolled into Medicaid or Commercial Coverage. Injury Prevention need was addressed by decreasing the number of preventable injuries in the community and those which come into St Anthony Hospital. The related goals to address were decrease the number of hospitalizations due to a preventable fall by increasing the number of people reached through evidence-based programming by 20%. And decrease the number of recreation</p> |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility A, 8 | /leisure activity-related traumatic brain injuries through safe biking practices Two goal s were created and the first one was to decrease the number of recreation/leisure activity -related traumatic brain injuries through safe biking practices All needs were addressed During FY18, SAH enrolled 1,045 people in to available health coverage, provided thirty i njury prevention classes reaching 9,000 community members and 706 bicycle helmets to ensur e safety while being physically active Also, SAH partnered with Mental Health First Aid J effco Coalition to provide 1,200 people with mental health first aid training, provided 1, 618 staff hours to address community health needs through direct support and partnerships, provided weight loss programming to community 275 community members, who lost 1,041 pound s collectively All needs have been addressed |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|---|--------------------------------------|
| 1 Synergy Orthopedics 8510 Bryant St Suite 320 Westminster, CO 80031 | Physician clinic |
| 1 SMC GASTROENTEROLOGY 1925 E ORMAN PUEBLO, CO 81004 | GASTROENTEROLOGY PRACTICE |
| 2 WOMEN'S HEALTH SPECIALISTS 13691 Colorado Blvd Suite 106 Thornton, CO 80602 | WOMEN'S CARE CLINIC |
| 3 DURANGO URGENT CARE AT DMR 1 SKIER PLACE DURANGO, CO 81301 | URGENT CARE |
| 4 PSF Primary Care Health Care Services 2960 N Circle Dr Suite 100 Colorado Springs, CO 80909 | Physician office |
| 5 North Metro Internal Medicine 8300 Alcott St Suite 302 Westminster, CO 80031 | outpatient clinic |
| 6 SUMMIT CARDIOLOGY 360 PEAK ONE DR Suite 390 FRISCO, CO 80443 | CARDIOLOGY PRACTICE |
| 7 PENROSE HOME CARE 7015 TALL OAKS DRIVE COLORADO SPRINGS, CO 80919 | HOME HOSPICE |
| 8 SMC SURGICAL PHYSICIANS 1925 E ORMAN PUEBLO, CO 81004 | GENERAL SURGERY |
| 9 Dimension Pain Management 400 W 144th Suite 240 Westminster, CO 80031 | Physician Practice |
| 10 PENROSE COMMUNITY HOSPITAL 3205 N CASCADE AVE COLORADO SPRINGS, CO 80917 | OP CLINIC URGENT CARE NO IP SERVICES |
| 11 SURGERY SERVICES & THE MEDICAL HOME 1339 PHAY AVE CANON CITY, CO 81212 | SURGERY PRACTICE FAMILY PRACTICE |
| 12 Vascular & Endovascular Specialist of Colorado 11700 W 2nd Place Suite 210 Lakewood, CO 80228 | SPECIALTY SURGERY |
| 13 SMC Physician Partners-Rehab 1925 E ORMAN PUEBLO, CO 81004 | REHAB PHYSICIAN |
| 14 BRECKENRIDGE MEDICAL CLINIC 555 S PARK AVE PLAZA II PO BOX 6909 BRECKENRIDGE, CO 80424 | PRIMARY CARE/URGENT CARE/ER |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 16 TOUCHSTONE PUEBLO WEST CLINIC 141 S PURCELL BLVD Suite 106 PUEBLO WEST, CO 81007 | FAMILY PRACTICE |
| 1 PSYCHIATRIC SERVICES 11600 W 2nd Place Lakewood, CO 80228 | OUTPATIENT CLINIC |
| 2 ST ANTHONY HEALTH CENTER EVERGREEN 1520 EVERGREEN PKWY EVERGREEN, CO 80439 | PHYSICIAN PRACTICE |
| 3 MERCY HEALTH SERVICES CLINIC 1800 E THIRD AVE DURANGO, CO 81301 | HEALTH SERVICES |
| 4 Centura Health Urgent Care Canon City 3245 E US Hwy 50 Canon City, CO 81212 | urgent care clinic |
| 5 Rocky Mountain Sports and Family Medicine 1315 Fortino Blvd W Pueblo, CO 81008 | physician clinic |
| 6 AZTEC DIAGNOSTIC LAB 604 S RIO GRANDE AZTEC, NM 87410 | MDS SERVICES |
| 7 MERCY HOME HEALTH ONE MERCADO STREET suite 270 DURANGO, CO 81301 | HEMOCARE |
| 8 SENIOR HEALTH CENTER WEST 11700 W 2nd Place Lakewood, CO 80228 | PRIMARY CARE GERIATRICS |
| 9 Endocrinology Diabetes & Thyroid Specialists of Colorado 11700 W 2nd Place Suite 210 Lakewood, CO 80228 | physician clinic |
| 10 PHYSICIAN PARTNERS ORTHOPAEDIC SURGERY 4112 OUTLOOK BLVD PUEBLO, CO 81008 | ORTHOPAEDIC SURGERY |
| 11 ASSOCIATED SURGEONS 11700 W 2nd Place Suite 210 Lakewood, CO 80228 | GENERAL SURGERY |
| 12 Southern Colorado Gynecology Oncology 2222 N Nevada Ave Suite 2025 Colorado Springs, CO 80907 | physician office |
| 13 PENROSE URGENT CARE AT CRIPPLE CREEK 1101 TELLER COUNTY ROAD 1 CRIPPLE CREEK, CO 80813 | URGENT CARE |
| 14 MERCY DIAGNOSTIC LAB 2577 N MAIN AVE DURANGO, CO 81301 | MDS SERVICES |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|--|------------------------------|
| 31 CENTURA HOME OXYGEN-PUEBLO 4025 CLUB MANOR DRIVE PUEBLO, CO 81008 | HOME MEDICAL EQUIP |
| 1 PSF Primary Care Health Care Services 6011 E Woodmen Suite 100 Colorado Springs, CO 80923 | Physician office |
| 2 Southern Colorado Breast Care Specialists 2312 N Nevada Ave Suite 235 Colorado Springs, CO 80907 | physician office |
| 3 PROGRESSIVE CARE CENTER 1338 PHAY AVE CANON CITY, CO 81212 | SKILLED NURSING RESPITE CARE |
| 4 ST ANTHONY HOSPICE 1391 SPEER BLVD Suite 600 DENVER, CO 80204 | HOME HOSPICE |
| 5 SENIOR HEALTH CENTER NORTH 8510 BRYANT ST SUITE 250 WESTMINSTER, CO 80031 | PRIMARY CARE GERIATRICS |
| 6 Cardiac and Thoracic Surgery Associates PC 2222 N Nevada Ave Suite 5011 Colorado Springs, CO 80907 | Physicians |
| 7 CHAMBERS SPECIALTY SURGICAL CARE 11700 W 2nd Place Suite 210 Lakewood, CO 80228 | GENERAL SURGERY |
| 8 ST ANTHONY KEYSTONE MEDICAL CLINIC 1252 COUNTY ROAD 8 KEYSTONE, CO 80435 | PRIMARY CARE/URGENT CARE/ER |
| 9 NORTH RIDGE MEDICAL PRACTICE 13691 COLORADO BLVD SUITE 106 THORNTON, CO 80602 | PRIMARY CARE |
| 10 CENTURA HOME OXYGEN-COLORADO SPRINGS 4260 BUCKINGHAM DR suite 100 COLORADO SPRINGS, CO 80907 | HOME MEDICAL EQUIP |
| 11 TOUCHSTONE 1925 E ORMAN PUEBLO, CO 81004 | FAMILY PRACTICE |
| 12 INTERNAL MEDICINE 614 YALE CANON CITY, CO 81212 | INTERNAL MEDICINE |
| 13 Southern Colorado Vascular Surgery 2222 N Nevada Ave Suite 5011 Colorado Springs, CO 80907 | Physician office |
| 14 INTERMOUNTAIN NEURO PHYSICIANS 11750 W 2nd Place Suite 255 Lakewood, CO 80228 | OUTPATIENT NEURO |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|--|--|
| 46 REHABILITATIONCCOM 1338 PHAY AVE CANON CITY, CO 81212 | REHAB CLINIC ORTHOPAEDIC CLINIC CCOM |
| 1 FAMILY MEDICINE CLINIC NORTH 8510 BRYANT ST SUITE 210 WESTMINSTER, CO 80031 | PRIMARY CARE CLINIC RESIDENCY FACILITY |
| 2 Centura Family Care Center 916 Indiana Ave Pueblo, CO 81004 | Physician clinic |
| 3 PENROSE MOUNTAIN URGENT CARE CLINIC 41 STATE HIGHWAY 67 WOODLAND PARK, CO 80863 | URGENT CARE OP REHAB |
| 4 Advanced Care in Endocrinology and Diabetes 3207 North Academy Blvd Suite 1300 Colorado Springs, CO 80917 | Physician Practice |
| 5 SOUTHERN COLORADO FAMILY MEDICINE 1008 MINNEQUA AVE PUEBLO, CO 81004 | FAMILY PRACTICE |
| 6 HOSPICE OF MERCY ONE MERCADO STREET suite 270 DURANGO, CO 81301 | HEMOCARE |
| 7 Mercy Cardiology Associates 1 Mercado Street Durango, CO 81301 | outpatient care clinic |
| 8 CHPG Westminster Internal & Family Medicine 400 W 144th Suite 260A Westminster, CO 80023 | PHYSICIAN PRACTICE |
| 9 Aspen Ridge ENT 11700 2nd Place Suite 210 Lakewood, CO 80228 | outpatient clinic |
| 10 ST MARY CORWIN HOME SERVICES 4025 CLUB MANOR DRIVE PUEBLO, CO 81003 | HEMOCARE |
| 11 PRIMARY CARE SERVICES 4231 W 16TH AVE DENVER, CO 80204 | PRIMARY CARE CLINIC |
| 12 CENTURA HOME OXYGEN-DENVER 2590 W 2ND AVE SUITE 5 DENVER, CO 80219 | HOME MEDICAL EQUIP |
| 13 ST ANTHONY COPPER MOUNTAIN CLINIC 860 COPPER RD COPPER MOUNTAIN, CO 80443 | PRIMARY CARE URGENT CARE |
| 14 Urgent Care of Golden 1030 Johnson Rd Suite 200 Golden, CO 80401 | OP Urgent care |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|--|--|
| 61 OBGYN SERVICES 1335 PHAY AVE SUITE B CANON CITY, CO 81212 | OB/GYN |
| 1 SASMC AMBULATORY SURGERY CENTER 340 PEAK ONE DRIVE FRISCO, CO 80443 | AMBULATORY SURGERY CENTER |
| 2 Durango Cancer Center 1 Mercado Street Suite 100 Durango, CO 81301 | radiation and follow up care for cancer patients |
| 3 The Vascular Center of Colorado LLC 2222 N Nevada Ave Ste 3000 Colorado Springs, CO 80907 | Medical facility |
| 4 Audubon Ambulatory Surgery Center LLC 3030 North Circle Drive Colorado Springs, CO 80909 | Surgery Medical facility |
| 5 CHICUSP Surgery Center LLC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001 | Surgery Medical facility |
| 6 Colorado Springs CK Leasing LLC 630 Southpointe Court Ste 200 Colorado Springs, CO 80906 | Medical facility |
| 7 CHIC-AMSurg Surgery Center LLC 1A Burton Hills Blvd Nashville, TN 37215 | Medical facility |
| 8 Three Springs Imaging LLC 1Mercado Street Ste 200A Durango, CO 81301 | Imaging Medical facility |
| 9 Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003 | Surgery Medical facility |
| 10 Penrad Imaging LLC 1390 Kelly Johnson Blvd Colorado Springs, CO 80920 | Imaging Medical facility |
| 11 Vibra Hospital of Denver LLC 4600 Lena Drive Mechanicsburg, PA 17055 | Medical facility |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado

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

2017

Open to Public Inspection

Employer identification number
84-0405257

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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2

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

17

3

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

0

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

Part III can be duplicated if additional space is needed

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

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

| Return Reference | Explanation |
|--|--|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | GRANTS ARE GIVEN AT THE DISCRETION OF THE CATHOLIC HEALTH INITIATIVES COLORADO CEO THE CEO MAKES REQUESTS FOR FUNDING, WHICH IS PAID OUT IN THE FORM OF A DONATION TO THE ENTITY OR USED TO REIMBURSE AN INVOICE SUBMITTED FOR AN EXPENSE FOR A SPECIFIC PURPOSE THE MAJORITY OF THE DONEES ARE 501(C)(3) ORGANIZATIONS THAT ASSUME RESPONSIBILITY FOR ENSURING THAT THE FUNDS ARE USED IN FURTHERANCE OF THE PURPOSE OF THE GRANT |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 84-0405257
Name: Catholic Health Initiatives Colorado

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLORADO HEALTH INSTITUTE 303 E 17TH AVE Ste 930 DENVER, CO 80201 | 74-3082235 | 501(c)(3) | 52,500 | 0 | N/A | N/A | Community Health project |
| UNIVERSITY OF COLORADO FOUNDATION 1420 Austin Bluffs Parkway Colorado Springs, CO 809183733 | 84-6049811 | 501(c)(3) | 50,000 | 0 | N/A | N/A | ATHLETIC SPONSORSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ROYAL GORGE BRIDGE AND PARK PO BOX 549 CANON CITY, CO 81215 | 84-0574803 | City of Canon City | 30,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| SENIOR'S RESOURCE CENTER INC 3227 CHASE STREET WHEAT RIDGE, CA 80212 | 84-0877538 | 501(c)(3) | 30,000 | 0 | N/A | N/A | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MIND SPRINGS HEALTH INC PO BOX 40 GLENWOOD SPRINGS, CO 81601 | 84-0625890 | 501(c)(3) | 25,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| CROSS ROADS TURNING POINT INC 509 E 13TH STREET PUEBLO, CO 81001 | 84-0810723 | 501(c)(3) | 24,000 | 0 | N/A | N/A | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CREATE CANON CITY 402 VALLEY ROAD CANON CITY, CO 81212 | 45-4476362 | 501(c)(3) | 13,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| POLICE FOUNDATION OF COLORADO SPRINGS 10 LAKE CIRCLE COLORADO SPRINGS, CO 80906 | 27-0926740 | 501(c)(3) | 10,000 | 0 | N/A | N/A | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COUNCIL OF NEIGHBORS AND ORGANIZATIONS 309 S CASCADE AVE COLORADO SPRINGS, CO 80903 | 27-3365618 | 501(c)(3) | 10,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| HARP FOUNDATION 125 RIVERWALK PLACE PUEBLO, CO 81003 | 84-1308918 | 501(c)(3) | 10,000 | 0 | N/A | N/A | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CATHOLIC CHARITIES OF COLORADO 228 N CASCADE AVE COLORADO SPRINGS, CO 80903 | 84-0586169 | 501(c)(3) | 7,500 | 0 | N/A | N/A | GENERAL SUPPORT |
| COLORADO HIGH SCHOOL CYCLING LEAGUE 1165 OAKDALE PLACE BOULDER, CO 80304 | 45-4906583 | 501(c)(3) | 7,000 | 0 | N/A | N/A | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FREMONT COMMUNITY FOUNDATION 901 MAIN STREET CANON CITY, CO 81212 | 26-3734083 | 501(c)(3) | 7,000 | 0 | N/A | N/A | GENERAL SUPPORT |
| CENTER FOR PERSONALIZED EDUCATION FOR PROFESSIONALS 702 S COLORADO BLVD SUITE 1100-n DENVER, CO 80246 | 74-2565416 | 501(c)(3) | 6,500 | 0 | N/A | N/A | GENERAL SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PROJECT CURE 10377 E GEDDAS AVE CENTENNIAL, CO 80112 | 84-1568566 | 501(c)(3) | | 355,393 | FMV | EXPIRED SUPPLIES | General Support |
| YMCA OF THE PIKES PEAK REGION 17250 JACKSON CREEK PARKWAY MONUMENT, CO 80133 | 84-0404266 | 501(c)(3) | 250,000 | 0 | N/A | N/A | Operational support |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 | 84-0902211 | 501(c)(3) | 718,669 | 0 | N/A | N/A | Operational support |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization
Catholic Health Initiatives Colorado

Employer identification number

84-0405257

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

No

Yes

No

No

No

No

No

Yes

No

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.

See Additional Data Table

[illegible]

Part III Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | CATHOLIC HEALTH INITIATIVES-COLORADO'S PRESIDENT IS PAID BY CENTURA HEALTH CORPORATION (CENTURA), A RELATED TAX EXEMPT ORGANIZATION OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE. THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE. |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | DURING THE 2017 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: PATRICIA WEBB, DEAN SWINDLE, CPA, MITCH MELFI, ESQ. DURING 2017, THE FOLLOWING CONTRIBUTIONS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH: DEAN SWINDLE - \$303,912; PATRICIA WEBB - \$136,430. DURING 2017, THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: DEAN SWINDLE - \$288,009; PATRICIA WEBB - \$128,263. DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS TERMINATION, AGE, YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION WERE ELIGIBLE TO RECEIVE THEIR 2017 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (B)(III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II. DURING 2017, THE FOLLOWING CONTRIBUTIONS AND ASSOCIATED GAINS OR LOSSES THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH: MITCH MELFI - \$135,426. IN ADDITION, CENTURA HEALTH CORPORATION, A RELATED TAX EXEMPT ORGANIZATION, PROVIDES SENIOR EXECUTIVES OF THE FILING ORGANIZATION'S MANAGEMENT TEAM THAT HOLD THE POSITION OF VICE-PRESIDENT OR ABOVE AN ALLOWANCE EQUIVALENT TO 10% OF BASE SALARY TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTE INTO A DEFERRED NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). IN ADDITION, A PENSION RESTORATION BENEFIT (PRB) IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT THAT IS CALCULATED BASED ON THE EXCESS OF THE PARTICIPANT'S COMPENSATION OVER THE MAXIMUM ALLOWED FOR PENSION CONTRIBUTIONS. AMOUNTS DEFERRED ARE NOT REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS. THESE DEFERRED COMPENSATION PLANS HAVE A SUBSTANTIAL RISK OF FOREFEITURE PROVISIONS AND AN ELECTED VESTING SCHEDULE. DURING THE CALENDAR YEAR 2017, THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED THE FOLLOWING AMOUNTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLANS: CY EMPLOYER SERP CONTRIBUTIONS: GARY CAMPBELL - \$184,032; EDWARD SIM - \$55,000; CHARLES MCCONNELL - \$21,511; BRIAN ERLING - \$50,002; MARGARET SABIN - \$94,920; BRIAN MOORE - \$3,987; THOMAS GESSEL - \$48,466; KRIS ORDELHEIDE - \$60,124; DAN ENDERSON - \$87,220; PETER BANKO - \$101,197. CY EMPLOYER PRB CONTRIBUTIONS: GARY CAMPBELL - \$157,032; BRIAN ERLING - \$23,001; MARGARET SABIN - \$67,920; BRIAN MOORE - \$12,987; THOMAS GESSEL - \$21,466; KRIS ORDELHEIDE - \$34,428; DAN ENDERSON - \$60,220; PETER BANKO - \$46,289. CY SERP DISTRIBUTIONS: GARY CAMPBELL - \$157,032; BRIAN MOORE - \$15,873. CY PRB DISTRIBUTIONS: GARY CAMPBELL - \$184,032. |
| Schedule J, Part I, Line 7 Non-fixed payments | PARTICIPANTS IN CENTURA'S INCENTIVE COMPENSATION PLANS INCLUDE DIRECTORS AND ABOVE. PAYOUTS ARE BASED ON METRICS ESTABLISHED AND APPROVED BY CENTURA'S COMPENSATION COMMITTEE. THE METRICS INCLUDE QUANTIFIABLE MEASURES PERTAINING TO FINANCIAL PERFORMANCE, SAFETY AND QUALITY AND ASSOCIATE SATISFACTION WITH EACH METRIC WEIGHTED IN DETERMINING THE OVERALL SCORE. THE INCENTIVE COMPENSATION PAYOUT IS CALCULATED BASED ON THE CUMULATIVE SCORE FOR ALL METRICS AND THE PAYOUT IS BASED ON A COMBINATION OF THE SCORE, THE INDIVIDUAL'S BASE COMPENSATION AMOUNT AND POSITION (E.G. DIRECTOR, VICE PRESIDENT). |

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 84-0405257
Name: Catholic Health Initiatives Colorado

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1PATRICIA WEBB FACHE CHAIR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 687,908 | 872,792 | 291,655 | 16,075 | 18,006 | 1,886,436 | 128,263 |
| 1DEAN SWINDLE CPA VICE CHAIR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,210,550 | 2,110,703 | 616,974 | 16,950 | 25,813 | 3,980,990 | 288,009 |
| 2MICHAEL ROWAN FACHE BOARD MEMBER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 67,219 | 0 | 1,321,026 | 8,780 | 0 | 1,397,025 | 0 |
| 3MITCH H MELFI ESQ BOARD MEMBER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 679,789 | 875,160 | 162,295 | 16,075 | 26,032 | 1,759,351 | 0 |
| 4GARY CAMPBELL PRESIDENT Through 9/1/2017 | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 955,973 | 1,075,982 | 356,145 | 9,450 | 21,510 | 2,419,060 | 341,064 |
| 5PETER BANKO President as of 9/1/2017 | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 947,603 | 638,444 | 51,786 | 156,936 | 31,148 | 1,825,917 | 0 |
| 6Dan Enderson TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 588,896 | 354,406 | 11,853 | 156,890 | 38,011 | 1,150,056 | 0 |
| 7KRIS ORDELHEIDE SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 458,269 | 228,628 | 12,946 | 103,339 | 30,535 | 833,717 | 0 |
| 8CHARLES MCCONNELL CEO Mercy Regional Medical Center | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 263,537 | 61,151 | 6,605 | 29,491 | 36,705 | 397,489 | 0 |
| 9Jane Strobel CFO Mercy Regional Medical Center | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 200,345 | 38,502 | 1,962 | 5,600 | 7,071 | 253,480 | 0 |
| 10Thomas Gessel CEO Mercy Regional Medical Center - Partial Year, Group President | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 458,328 | 266,441 | 92,795 | 79,382 | 37,054 | 934,000 | 0 |
| 11Mike Cafasso CEO St Mary-Corwin Medical Center | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 176,062 | 32,602 | 2,522 | 7,614 | 32,198 | 250,998 | 0 |
| 12Brian Moore CEO St Mary-Corwin Medical Center - PARTIAL YEAR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 296,958 | 144,396 | 36,208 | 24,124 | 32,107 | 533,793 | 15,873 |
| 13Vanessa Kochevar CFO St Mary-Corwin Medical Center - PARTIAL YEAR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 217,340 | 41,276 | 4,348 | 5,552 | 34,971 | 303,487 | 0 |
| 14Brian Erling Interim Group CEO & CEO - Penrose St Francis Health Services | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 498,034 | 126,841 | 1,009 | 82,452 | 37,937 | 746,273 | 0 |
| 15Tadd Richert Group CFO & CFO - Penrose St Francis Health Services | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 315,651 | 0 | 14,716 | 0 | 24,676 | 355,043 | 0 |
| 16MARGARET SABIN GROUP CEO & CEO - PENROSE ST FRANCIS HEALTH SERVICES - PARTIAL YEAR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 644,512 | 509,859 | 14,037 | 172,290 | 38,185 | 1,378,883 | 0 |
| 17DANIEL REEVES Group CFO & CFO - Penrose St Francis Health Services - PARTIAL YEAR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 172,195 | 81,638 | 137,907 | 8,400 | 35,100 | 435,240 | 0 |
| 18EDWARD SIM CEO - ST ANTHONY HOSPITAL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 535,066 | 199,645 | 161,139 | 61,892 | 29,656 | 987,398 | 0 |
| 19MATTHEW Leary CFO - St Anthony Hospital | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 327,956 | 59,660 | 951 | 8,137 | 38,033 | 434,737 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 21 Camille Azar Physician | (i) | 715,882 | 96,269 | 17,253 | 9,418 | 30,773 | 869,595 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1A STEWART LEVY PHYSICIAN | (i) | 619,134 | 187,860 | 10,190 | 9,450 | 34,763 | 861,397 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Christopher Mawn Physician | (i) | 455,399 | 276,189 | 24,151 | 9,450 | 30,868 | 796,057 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Raymond Mencini Physician | (i) | 404,819 | 46,992 | 26,436 | 9,450 | 24,520 | 512,217 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Mark ROBINSON Physician | (i) | 595,048 | 413,680 | 7,683 | 9,450 | 30,567 | 1,056,428 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Catholic Health Initiatives Colorado

Supplemental Information to Form 990 or 990-EZComplete 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

2017**Open to Public
Inspection**

Employer identification number

84-0405257

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 16b EVAL OF PARTICIPATION IN JV ARRANGEMENTS | CATHOLIC HEALTH INITIATIVES-COLORADO HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER, CATHOLIC HEALTH INITIATIVES' ("CHI") SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15 PROCESS USED TO ESTABLISH COMPENSATION | THE ORGANIZATION'S PRESIDENT, TREASURER, SECRETARY AND KEY EMPLOYEES ARE EMPLOYED BY CENTURA HEALTH CORPORATION ("CENTURA"), A RELATED TAX EXEMPT ORGANIZATION OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEO'S AND CENTURA SENIOR EXECUTIVES THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE CENTURA'S HUMAN RESOURCES DEPARTMENT PERFORMS ANALYSES OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE REMAINDER OF CENTURA EXECUTIVES WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP FOR THOSE REPORTABLE INDIVIDUALS (I E BOARD MEMBERS AND BOARD OFFICERS) WHOSE COMPENSATION IS PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), THEIR COMPENSATION WAS SET BY A COMPENSATION COMMITTEE UTILIZING AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION AMOUNTS THAT WERE BOARD APPROVED AND PAID TO THEM IN ACCORDANCE WITH A WRITTEN CONTRACT |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 6 Classes of members or stockholders | ACCORDING TO THE BYLAWS OF CATHOLIC HEALTH INITIATIVES-COLORADO, THE ENTITY'S SOLE MEMBER IS CATHOLIC HEALTH INITIATIVES, A COLORADO NONPROFIT CORPORATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | THE SOLE CORPORATE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, THE SOLE MEMBER SHALL FILL ALL VACANCIES ON THE BOARD OF TRUSTEES CREATED BY REMOVAL, RESIGNATION, OR DEATH |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | <p>CATHOLIC HEALTH INITIATIVES-COLORADO'S ("CHIC") CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES ("CHI") PURSUANT TO SECTION 5 4 1 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX EXCEPT TO THE EXTENT OTHERWISE PROVIDED IN ORGANIZATION'S ARTICLES AND BYLAWS PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE CHIC BOARD - APPROVE MEMBERS OF THE CHIC BOARD - AMENDMENT OF THE CORPORATE DOCUMENTS OF CHIC - APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHIC - ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR CHIC The following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer - SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF CHIC - REMOVAL OF A MEMBER OF THE GOVERNING BODY OF CHIC - APPROVAL OF ISSUANCE OF DEBT BY CHIC - APPROVAL OF PARTICIPATION OF CHIC IN A JOINT VENTURE - APPROVAL OF FORMATION OF A NEW CORPORATION BY CHIC - APPROVAL OF A MERGER INVOLVING CHIC - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF CHIC - TO REQUIRE THE TRANSFER OF ASSETS BY CHIC TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE IN ADDITION, PURSUANT TO THE AFFILIATION AGREEMENT BETWEEN CHI, CHIC, CENTURA HEALTH CORPORATION, AND ADVENTHEALTH, CERTAIN MATTERS AFFECTING CHIC MUST BE APPROVED BY BOTH PORTERCARE AND CHI THOSE ITEMS INCLUDE - THE TRANSFER OF ASSETS VALUED AT OVER \$3,000,000 - THE ISSUANCE OF A DEBT INSTRUMENT IN EXCESS OF \$250,000 - THE AMENDMENT OF THE ORGANIZING DOCUMENTS - THE ADMISSION OF A NEW SPONSOR - A MERGER OR DISSOLUTION OR REORGANIZATION - SETTLEMENT OF LEGAL PROCEEDINGS IN EXCESS OF \$5,000,000 - CAPITAL EXPENDITURES IN EXCESS OF \$2,000,000</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | A DRAFT OF THE FORM 990 IS REVIEWED BY MANAGEMENT AND MADE AVAILABLE TO THE TOP FINANCIAL OFFICIAL FOR CONSIDERATION AND REVIEW PRIOR TO FILING WITH THE IRS. A COPY WILL BE EMAILED TO THE BOARD MEMBERS PRIOR TO FILING. OUR TAX ADVISER THEN FILES THE FORM 990 WITH THE IRS, MAKING ANY REQUIRED AND SUBSTANTIVE CHANGES NECESSARY TO AFFECT E-FILING. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>PROCEDURE 1 PROCEDURE FOR CONFLICT OF INTEREST REPORTING 1 1 THE CATHOLIC HEALTH INITIATIVES-COLORADO ("CHIC") COMPLIANCE DEPARTMENT ADMINISTERS AN ANNUAL CONFLICT OF INTEREST PROCESS (USUALLY STARTING IN NOVEMBER) COLLECTING AND ASSESSING ANY POTENTIAL CONFLICTS BOARD MEMBERS AND RELATED BOARD COMMITTEE MEMBERS, MATERIALS MANAGEMENT/SUPPLY CHAIN AS WELL AS CHIC MANAGEMENT MAY HAVE THE FOLLOWING PROCESS IS FOLLOWED 1 1 1 A COVER LETTER ALONG WITH THE CONFLICTS OF INTEREST POLICY AND THE CONFLICTS OF INTEREST DISCLOSURE STATEMENT ARE AUTOMATICALLY GENERATED AND DISTRIBUTED VIA EMAIL UTILIZING THE COMPLY TRACK SURVEY MANAGER TOOL FOR THOSE WITHOUT EMAIL ADDRESSES, THE DOCUMENTS ARE SENT VIA US MAIL 1 1 2 A REQUEST IS MADE TO COMPLETE THE DISCLOSURE STATEMENT FROM ONLINE AND SUBMIT AN ELECTRONIC SIGNATURE USING THE SURVEY TOOL FOR THOSE WITHOUT AN EMAIL ADDRESS, A REQUEST IS MADE TO FAX OR MAIL ORIGINALS TO THE COMPLIANCE DEPARTMENT 1 1 3 A REPORT IS COMPILED IDENTIFYING ALL REPORTED POTENTIAL CONFLICTS, NO RESPONSES AND NO NOTED CONFLICTS 1 1 4 THE REPORT IS REVIEWED FOR POTENTIAL CONFLICTS AND CATEGORIZED BY TYPE OF CONFLICT 1 1 5 A MEMO IS DISTRIBUTED TO EACH FACILITY CEO AND CFO ALONG WITH REPORTED CONFLICTS FOR PROCESSING AND RELEVANT ACTION OR FOLLOW UP THE CEO OR CFO, ON BEHALF OF THE CEO, WILL DISTRIBUTE INFORMATION ABOUT SPECIFIC CONFLICTS TO RELEVANT DEPARTMENT MANAGEMENT FOR CONSIDERATION IN FUTURE BUSINESS DEALINGS/NEGOTIATIONS 1 1 6 THE REPORT IS SHARED WITH THE CHIC BOARD FOR INFORMATION, DISCUSSION, AND POSSIBLE ACTION RELATIVE TO SPECIFIC CONFLICTIVE SITUATIONS 2 PROCEDURE FOR DISCLOSURE 2 1 WHENEVER ANY MATTER COMES BEFORE A MEETING OF THE BOARD, A BOARD COMMITTEE MANAGEMENT OR MATERIALS MANAGEMENT/SUPPLY CHAIN THAT GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST, THE FOLLOWING PROCEDURES SHALL APPLY 2 1 1 AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD, COMMITTEE MEETING OR MANAGEMENT MEETING BUT AFTER SUCH PRESENTATION, HE/SHE SHALL, IF REQUESTED BY THE BOARD OR COMMITTEE, LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST 2 1 2 THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT 2 1 3 AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER CHIC CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST 2 1 4 IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE, BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, WHETHER THE TRANSACTION OR ARRANGEMENT IS IN CHIC'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>AND REASONABLE TO CHIC AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION 2 1 5 FOR TRANSACTIONS THAT ARE NEGOTIATED BY CHIC MANAGEMENT AND MATERIALS MANAGEMENT/SUPPLY CHAIN AND WHICH ARE NOT REQUIRED TO BE REPORTED TO THE BOARD, EACH MANAGER WILL TAKE PRECAUTIONS TO ENSURE THERE IS NO CONFLICT OR THE APPEARANCE OF A CONFLICT RELATIVE TO THE BUSINESS NEGOTIATIONS AND TRANSACTION IF A CONFLICT, OR THE APPEARANCE OF A CONFLICT EXISTS, THE INTERESTED PERSON WILL REMOVE HIMSELF/HERSELF OR OTHER INTERESTED PARTY FROM THE NEGOTIATION/TRANSACTION 3 VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 3 1 IF THE BOARD, COMMITTEE OR CHIC MANAGEMENT HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INTERESTED PERSON TO DISCLOSE 3 2 IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD, COMMITTEE OR CHIC MANAGEMENT DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION 4 RECORDS OF PROCEEDINGS 4 1 THE MINUTES OF THE BOARD AND ANY COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN 4 1 1 THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED 4 1 2 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH AND A RECORD THAT THE PERSON(S) WITH A CONFLICT OF INTEREST DID NOT PARTICIPATE IN THE VOTE 4 1 3 FOR BUSINESS TRANSACTIONS BEING NEGOTIATED OUTSIDE OF THOSE REQUIRED TO BE REPORTED TO THE BOARD AND ANY COMMITTEES, THE COMPLIANCE DEPARTMENT SHALL MAINTAIN DOCUMENTATION AS TO THE RESOLUTION AND APPROPRIATENESS OF ANY POTENTIAL CONFLICT RELATIVE TO MANAGEMENT AND MATERIALS MANAGEMENT/SUPPLY CHAIN ASSOCIATES CONDUCTING BUSINESS ON BEHALF OF CHIC 5 COMPENSATION 5 1 A VOTING MEMBER OF A BOARD OR A BOARD COMMITTEE WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION 5 2 A PHYSICIAN WHO IS A VOTING MEMBER OF A BOARD OR BOARD COMMITTEE AND RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CHIC FOR SERVICES IS PRECLUDED FROM DISCUSSING AND VOTING ON MATTERS PERTAINING TO THAT MEMBER AND OTHER PHYSICIANS' COMPENSATION NO PHYSICIAN OR PHYSICIAN BOARD MEMBER OR COMMITTEE MEMBER, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROV</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | IDING INFORMATION TO THE BOARD OR BOARD COMMITTEE REGARDING PHYSICIAN COMPENSATION 6 ANNUAL STATEMENTS 6 1 ALL INTERESTED PERSONS MUST COMPLETE A DISCLOSURE STATEMENT ANNUALLY THIS DISCLOSURE STATEMENT MAY BE MODIFIED FROM TIME TO TIME AS DEEMED APPROPRIATE THE VICE PRESIDENT OF CHIC COMPLIANCE IS RESPONSIBLE FOR CIRCULATING, ENSURING COMPLETION OF THE DISCLOSURE STATEMENT BY ALL INTERESTED PERSONS OF CHIC, AND REPORTING THE RESULTS TO THE CHIC HEALTH BOARD 7 PERIODIC REVIEWS 7 1 ANNUALLY, INTERNAL AUDIT WILL REVIEW COMPENSATION AND FINANCIAL ARRANGEMENTS FOR POTENTIAL CONFLICTS OF INTEREST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 19 Required documents available to the public | THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINITIATIVES ORG |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | Research Revenue - Total Revenue 59821, Related or Exempt Function Revenue 59821, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Physician Fee Revenue - Total Revenue 65527, Related or Exempt Function Revenue 65527, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Management Fee Revenue - Total Revenue 521665, Related or Exempt Function Revenue 521665, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Drug Screen Revenue - Total Revenue 49170, Related or Exempt Function Revenue 49170, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Parking Lot Revenue - Total Revenue 314004, Related or Exempt Function Revenue 314004, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Education - Total Revenue 646994, Related or Exempt Function Revenue 646994, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Change in Fund Balance - Donations - Total Revenue -1379269, Related or Exempt Function Revenue -1379269, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Change on Prior Period Fund Balance - Total Revenue -52071, Related or Exempt Function Revenue -52071, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part IX, Line 11g Other Fees | Consulting & Contract Labor - Total Expense 9872036, Program Service Expense 8875205, Management and General Expenses 996831, Fundraising Expenses , Purchased Services - Total Expense 57167200, Program Service Expense 48592120, Management and General Expenses 8575080, Fundraising Expenses , Service Center Allocation - Total Expense 83651293, Program Service Expense 75286164, Management and General Expenses 8365129, Fundraising Expenses , Support Allocation - Total Expense 117361230, Program Service Expense 105625107, Management and General Expenses 11736123, Fundraising Expenses , Regional Pool - Total Expense 2739109, Program Service Expense 2739109, Management and General Expenses , Fundraising Expenses , Physician Remuneration - Total Expense 89848805, Program Service Expense 89848805, Management and General Expenses , Fundraising Expenses , Medical Services - Total Expense 32724334, Program Service Expense 32724334, Management and General Expenses , Fundraising Expenses , Lab Internal Purchase Services - Total Expense 41079809, Program Service Expense 41079809, Management and General Expenses , Fundraising Expenses , Works Comp Ins - Total Expense 8109905, Program Service Expense 6893419, Management and General Expenses 1216486, Fundraising Expenses , Other Purchase Services - Total Expense 20013454, Program Service Expense 17011436, Management and General Expenses 3002018, Fundraising Expenses , |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Transfers to Affiliates - -25285357, Equity changes of unconsolidated orgs - 6327204, |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado

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

2017

Open to Public Inspection

Employer identification number
84-0405257

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |
| | | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | Yes | |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION | B | 718,669 | FMV |
| (2) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION | C | 4,272,272 | FMV |
| | | | |
| | | | |
| | | | |
| | | | |

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 84-0405257
Name: Catholic Health Initiatives Colorado

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 12809 W DODGE RD OMAHA, NE 68154 47-0765154 | HEALTHCARE | NE | 501(c)(3) | 3 | ACH | Yes | |
| 12809 W DODGE RD OMAHA, NE 68154 47-0757164 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 12809 W DODGE RD OMAHA, NE 68154 47-0648586 | FUNDRAISING | NE | 501(c)(3) | 7 | ACH | Yes | |
| 7500 MERCY RD OMAHA, NE 68124 47-0484764 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 6901 N 72ND ST OMAHA, NE 68122 47-0376615 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 104 W 17TH ST SCHUYLER, NE 68661 47-0399853 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| PO BOX 368 CORNING, IA 50841 42-0782518 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177 | LTERM CARE | MN | 501(c)(3) | 10 | CHI | Yes | |
| 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500 | SENIOR LIVING | MN | 501(c)(3) | 10 | SFH | Yes | |
| 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340 | PHYSICIANS | TX | 501(c)(3) | Type I | SLCHS | Yes | |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535 | PHYSICIANS | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511 | HEALTHCARE | TX | 501(c)(3) | 3 | SHSC | Yes | |
| 5837 Winwood Dr Johnston, IA 50131 42-0725196 | LTERM CARE | IA | 501(c)(3) | 10 | CHI-IA CORP | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| 1 West Way Ct LAKE JACKSON, TX 77566 76-0080110 | FUNDRAISING | TX | 501(c)(3) | Type I | BRHS | Yes | |
| 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261 | HEALTHCARE | TX | 501(c)(3) | 3 | BRHS | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931 | HEALTHCARE | TX | 501(c)(3) | 10 | SJSC | Yes | |
| 800 N 4TH ST CARRINGTON, ND 58421 45-0227311 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |

| 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 |
| 9100 East Mineral Circle Centennial, CO 80112 84-0405257 | HEALTHCARE | CO | 501(c)(3) | 3 | CHI | Yes | |
| 1111 6TH AVE DES MOINES, IA 50314 42-0680448 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI | Yes | |
| 1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 84-0902211 | FUNDRAISING | CO | 501(c)(3) | 7 | CHIC | Yes | |
| 1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004 | FUNDRAISING | CO | 501(c)(3) | Type I | CHI | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796 | HEALTHCARE | CO | 501(c)(3) | Type I | CHINS | Yes | |
| 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191 | PHYSICIANS | OR | 501(c)(3) | 10 | MMC | Yes | |
| 3515 BROADWAY GREAT BEND, KS 67530 48-0543724 | SURGERY CENTER | KS | 501(c)(3) | 3 | CHI | Yes | |
| 9100 E MINERAL CIRCLE Centennial, CO 80112 84-1335382 | HOLDING CO | CO | 501(c)(3) | Type I | NA | Yes | |
| 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847 | HEALTHCARE | ND | 501(c)(3) | 10 | CHI | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651 | HEALTHCARE | KY | 501(c)(3) | Type I | CHI | Yes | |
| 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096 | HEALTHCARE | OH | 501(c)(3) | Type II | SFH | Yes | |
| 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395 | HEALTHCARE | GA | 501(c)(3) | 3 | MHCS | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716 | HEALTHCARE | CO | 501(c)(3) | 10 | CHI NS | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| 12809 West Dodge Road Omaha, NE 68510 36-3233121 | HEALTHCARE | NE | 501(c)(3) | Type I | CHI | Yes | |
| 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997 | HEALTHCARE | PA | 501(c)(3) | Type I | CHI | Yes | |
| 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107 | COMMUNITY | NM | 501(c)(3) | Type I | CHI | Yes | |
| 6624 FANNIN ST 1100 HOUSTON, TX 77030 74-1161938 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913 | HEALTHCARE | AR | 501(c)(3) | 3 | CHISVHS | Yes | |

| 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 |
| 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064 | HOLDING CO | AR | 501(c)(3) | Type II | SVIMC | Yes | |
| 300 WERNER ST HOT SPRINGS, AR 71913 26-1125131 | HEALTHCARE | AR | 501(c)(3) | 3 | CHISVHS | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373 | HEALTHCARE | CO | 501(c)(3) | Type I | NA | Yes | |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853 | HOLDING CO | OH | 501(c)(4) | | GSH | Yes | |
| 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399 | FUNDRAISING | IA | 501(c)(3) | Type I | AH-CMHMV | Yes | |
| One Saint Joseph Drive LEXINGTON, KY 40504 61-1400619 | LT ACH | KY | 501(c)(3) | 3 | SJHS | Yes | |
| 2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213 | HEALTHCARE | TX | 501(c)(3) | Type I | MHSET | Yes | |
| 1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341 | FUNDRAISING | KY | 501(c)(3) | Type I | FH | Yes | |
| 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806 | HEALTHCARE | OH | 501(c)(3) | 10 | FLC | Yes | |
| 1717 SOUTH J ST TACOMA, WA 98405 91-1145592 | FUNDRAISING | WA | 501(c)(3) | 10 | FHS | Yes | |
| 1717 SOUTH J ST TACOMA, WA 98405 91-0564491 | HEALTHCARE | WA | 501(c)(3) | 3 | CHI | Yes | |
| TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377 | PHYSICIANS | WA | 501(c)(3) | 10 | CHI | Yes | |
| 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739 | HEALTHCARE | WA | 501(c)(3) | 10 | FHS | Yes | |
| 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829 | HEALTHCARE | WI | 501(c)(3) | 10 | CHI | Yes | |
| 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752 | HEALTHCARE | ND | 501(c)(3) | 3 | SAMC | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108 | MINISTRIES | CO | 501(c)(3) | Type I | CHI | Yes | |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403 | EDUCATION | OH | 501(c)(3) | 2 | GSH | Yes | |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047 | FUNDRAISING | OH | 501(c)(3) | Type I | GSH | Yes | |

| 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 |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 31-0536981 | HEALTHCARE | OH | 501(c)(3) | 3 | SHP | Yes | |
| PO BOX 1990 KEARNEY, NE 68848 47-0379755 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 111 W 31ST ST KEARNEY, NE 68847 47-0659443 | FUNDRAISING | NE | 501(c)(3) | 7 | GSH | Yes | |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923 | FUNDRAISING | OH | 501(c)(3) | 7 | SHP | Yes | |
| 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626 | FUNDRAISING | WA | 501(c)(3) | 7 | HMC | Yes | |
| 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782 | FUNDRAISING | MN | 501(c)(3) | Type I | SFMC | Yes | |
| 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 1111 6TH AVE DES MOINES, IA 50314 42-1323808 | SHELTER | IA | 501(c)(3) | 7 | CHI-IA CORP | Yes | |
| 250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| 100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729 | HEALTHCARE | KY | 501(c)(3) | 10 | JHSMH | Yes | |
| 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769 | HEALTHCARE | KY | 501(c)(3) | Type II | CHI | Yes | |
| 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795 | FUNDRAISING | MN | 501(c)(3) | 7 | LHC | Yes | |
| 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381 | SENIOR LIVING | OR | 501(c)(3) | 10 | MMC | Yes | |
| 905 MAIN ST LISBON, ND 58054 82-0558836 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| PO BOX 1447 LUFKIN, TX 75901 82-0563768 | PROPERTY MGMT | TX | 501(c)(3) | Type I | MHSET | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635 | LIVING ASSIST | KY | 501(c)(3) | 10 | FLC | Yes | |
| 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548 | FUNDRAISING | TN | 501(c)(3) | 7 | MHCS | Yes | |

| 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 |
| 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345 | HEALTHCARE | TN | 501(c)(3) | 3 | CHI | Yes | |
| 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049 | HEALTHCARE | TN | 501(c)(3) | 10 | MHCS | Yes | |
| PO BOX 1447 LUFKIN, TX 75902 75-0755367 | HEALTHCARE | TX | 501(c)(3) | 3 | CHI | Yes | |
| PO BOX 1447 LUFKIN, TX 75902 76-0436439 | HEALTHCARE | TX | 501(c)(3) | 3 | MHSET | Yes | |
| PO BOX 1447 LUFKIN, TX 75902 75-2663904 | HEALTHCARE | TX | 501(c)(3) | 3 | MHSET | Yes | |
| 1201 FRANK AVE LUFKIN, TX 95904 75-2721155 | PHYSICIANS | TX | 501(c)(3) | Type I | MHSET | Yes | |
| PO BOX 1447 LUFKIN, TX 95902 75-2492741 | HEALTHCARE | TX | 501(c)(3) | 3 | MHSET | Yes | |
| 1111 6TH AVE DES MOINES, IA 50314 42-6076069 | AUXILIARY | IA | 501(c)(3) | Type I | MF-DM IA | Yes | |
| 1111 6TH AVE DES MOINES, IA 50314 42-1193699 | PHYSICIANS | IA | 501(c)(3) | 10 | CHI-IA CORP | Yes | |
| 1111 6TH AVE DES MOINES, IA 50314 42-1511682 | EDUCATION | IA | 501(c)(3) | 2 | CHI-IA CORP | Yes | |
| 1111 6TH AVE DES MOINES, IA 50314 23-7358794 | FUNDRAISING | IA | 501(c)(3) | 7 | CHI-IA CORP | Yes | |
| 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946 | FUNDRAISING | OR | 501(c)(3) | 7 | MMC | Yes | |
| PO BOX 368 CORNING, IA 50841 42-1461064 | FUNDRAISING | IA | 501(c)(3) | Type I | AHMH-Corning | Yes | |
| 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338 | FUNDRAISING | ND | 501(c)(3) | Type I | MHVC | Yes | |
| 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204 | FUNDRAISING | IA | 501(c)(3) | Type I | AHBMHS | Yes | |
| 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360 | FUNDRAISING | ND | 501(c)(3) | 7 | MHDL | Yes | |
| 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI-IA CORP | Yes | |

| 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 |
| 204 N 4th Ave E Newton, IA 50314 42-1470935 | PHYSICIANS | IA | 501(c)(3) | 3 | CHI-IA CORP | Yes | |
| 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868 | HEALTHCARE | OR | 501(c)(3) | 3 | CHI | Yes | |
| 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803 | FUNDRAISING | ND | 501(c)(3) | Type I | MMC | Yes | |
| 7500 S 91ST ST LINCOLN, NE 68526 39-2031968 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 401 N 9th St BISMARCK, ND 585014507 45-0439894 | HEALTHCARE | ND | 501(c)(3) | 7 | NHCA | Yes | |
| 1200 N 7TH ST OAKES, ND 58474 45-0231675 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 1200 N 7TH ST OAKES, ND 58474 71-0966606 | FUNDRAISING | ND | 501(c)(3) | Type I | OCH | Yes | |
| PO BOX 1447 LUFKIN, TX 75902 75-2493116 | PROPERTY MGMT | TX | 501(c)(3) | Type I | MHSET | Yes | |
| 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625 | HEALTHCARE | OH | 501(c)(3) | 10 | FLC | Yes | |
| 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099 | HOLDING CO | OH | 501(c)(3) | Type II | FLC | Yes | |
| 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807 | LIVING COMM | OH | 501(c)(3) | 10 | FLC | Yes | |
| 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295 | COMMUNITY | CO | 501(c)(3) | 7 | CHIC | Yes | |
| 16251 Sylvester Road SW Burien, WA 98166 91-1170040 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 9100 E Mineral Circle Centennial, CO 80112 84-1183335 | LTERM CARE | CO | 501(c)(3) | 7 | CHIC | Yes | |
| 25 POCONO RD DENVER, NJ 07834 22-2876836 | HEALTHCARE | NJ | 501(c)(3) | 10 | SCHS | Yes | |
| 25 POCONO RD DENVER, NJ 07834 22-2502997 | FUNDRAISING | NJ | 501(c)(3) | 7 | SCHS | Yes | |
| 25 POCONO RD DENVER, NJ 07834 22-3639733 | MANAGEMENT | NJ | 501(c)(3) | 10 | CHI | Yes | |
| 25 POCONO RD DENVER, NJ 07834 22-3319886 | HEALTHCARE | NJ | 501(c)(3) | 3 | SCHS | Yes | |
| 555 S 70TH ST LINCOLN, NE 68510 47-0625523 | FUNDRAISING | NE | 501(c)(3) | 7 | SERMC | Yes | |
| 555 S 70TH ST LINCOLN, NE 68510 36-3233120 | HEALTHCARE | NE | 501(c)(3) | 3 | SERMC | Yes | |

| 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 |
| 555 S 70TH ST LINCOLN, NE 68510 47-0379836 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267 | FUNDRAISING | NE | 501(c)(3) | 7 | SFMC | Yes | |
| 305 ESTILL ST BEREA, KY 40403 26-0152877 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| 701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649 | FUNDRAISING | KY | 501(c)(3) | Type I | SJHS | Yes | |
| 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| 2500 Fairway Street DICKINSON, ND 58601 36-3418207 | FUNDRAISING | ND | 501(c)(3) | Type I | SJHHC | Yes | |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 02-0633634 | HEALTHCARE | OH | 501(c)(3) | 7 | SHP | Yes | |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411 | HEALTHCARE | OH | 501(c)(3) | Type I | CHI | Yes | |
| 104 W 17TH ST SCHUYLER, NE 68661 36-3630014 | FUNDRAISING | NE | 501(c)(3) | Type I | AHMHS | Yes | |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809 | HEALTHCARE | CO | 501(c)(3) | 3 | CHI | Yes | |
| 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 2801 St Anthony Way PENDLETON, OR 97801 93-0391614 | HEALTHCARE | OR | 501(c)(3) | 3 | CHI | Yes | |
| 2801 St Anthony Way PENDLETON, OR 97801 93-0992727 | FUNDRAISING | OR | 501(c)(3) | Type I | SAH | Yes | |
| FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507 | HEALTHCARE | AR | 501(c)(3) | 3 | SVIMC | Yes | |
| 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721 | HEALTHCARE | KS | 501(c)(3) | 3 | CHI | Yes | |
| 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702 | FUNDRAISING | KS | 501(c)(3) | Type I | SCH | Yes | |
| 12469 Five Point Road TOLEDO, OH 43551 27-0163752 | LIVING COMM | OH | 501(c)(3) | 10 | FLC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692 | HEALTHCARE | CO | 501(c)(4) | | CHI | Yes | |
| 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978 | LTERM CARE | MN | 501(c)(3) | 10 | CHI | Yes | |
| 19 POCONO RD DENVILLE, NJ 07834 22-2536017 | ELDERLY CARE | NJ | 501(c)(3) | 10 | SCHS | Yes | |
| 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158 | FUNDRAISING | TX | 501(c)(3) | Type II | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594 | HEALTHCARE | TX | 501(c)(3) | 10 | SJSC | Yes | |
| 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461 | HEALTHCARE | MD | 501(c)(3) | 3 | CHI | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775 | PHYSICIANS | MD | 501(c)(3) | Type I | SJMC | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423 | HEALTHCARE | TX | 501(c)(3) | 10 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161 | MANAGEMENT | TX | 501(c)(3) | Type I | SFH | Yes | |
| 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 2500 Fairway St DICKINSON, ND 58601 45-0226429 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863 | LIVING COMM | OH | 501(c)(3) | 10 | FLC | Yes | |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278 | HEALTHCARE | TX | 501(c)(3) | 3 | SLCDC | Yes | |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902 | HEALTHCARE | TX | 501(c)(3) | 3 | SLCDC | Yes | |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |

| 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 |
| 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485 | FUNDRAISING | TX | 501(c)(3) | 7 | SLHS | Yes | |
| PO Box 20269 HOUSTON, TX 77225 76-0536232 | MANAGEMENT | TX | 501(c)(3) | Type I | CHI | Yes | |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713 | PROPERTY MGMT | TX | 501(c)(3) | Type I | CHI-SLH | Yes | |
| 1213 Hermann Drive Ste 855 HOUSTON, TX 77004 76-0531716 | PROPERTY MGMT | TX | 501(c)(3) | Type I | SLHS | Yes | |
| 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549 | PROPERTY MGMT | TX | 501(c)(3) | Type I | SLCDC-SL | Yes | |
| 1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604 | FUNDRAISING | NE | 501(c)(3) | 7 | SMCH | Yes | |
| TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537 | FUNDRAISING | AR | 501(c)(3) | Type I | SVIMC | Yes | |
| TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917 | HEALTHCARE | AR | 501(c)(3) | 3 | CHI | Yes | |
| TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696 | HEALTHCARE | AR | 501(c)(3) | 10 | SVIMC | Yes | |
| 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964 | HEALTHCARE | OH | 501(c)(3) | Type I | CHI | Yes | |
| 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161 | FUNDRAISING | OH | 501(c)(3) | Type I | FLC | Yes | |
| 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097 | ASSIST LIVING | OH | 501(c)(3) | 10 | FLC | Yes | |
| 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486 | HEALTHCARE | OH | 501(c)(3) | 3 | CHI | Yes | |
| 110 N MAIN ST STE 500 DAYTON, OH 45402 30-0502367 | HEALTHCARE | OH | 501(c)(3) | 10 | CHS | Yes | |
| 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857 | PHYSICIANS | NE | 501(c)(3) | Type I | CHI NEBRASKA | Yes | |
| 9100 E Mineral Circle Centennial, CO 80112 84-0927232 | HEALTHCARE | CO | 501(c)(3) | 3 | CHIC | Yes | |
| 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423 | FUNDRAISING | OH | 501(c)(3) | Type I | THS | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|----------------------------|--|----------------------------------|---|----|
| | | | | | | Yes | No |
| 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681 | HEALTHCARE | OH | 501(c)(3) | Type I | SFH | Yes | |
| 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920 | HEALTHCARE | OH | 501(c)(3) | Type II | THS | Yes | |
| 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105 | HEALTHCARE | OH | 501(c)(3) | 3 | SFH | Yes | |
| ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484 | ASSIST LIVING | OH | 501(c)(3) | 7 | THS | Yes | |
| 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 801 PAGE DR FARGO, ND 58103 45-0226714 | LTERM CARE | ND | 501(c)(3) | 10 | CHI | Yes | |
| 191 WOODPORT RD SPARTA, NJ 07871 22-1768334 | HOME HEALTH | NJ | 501(c)(3) | 10 | SCHS | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|-------------------------|---|--|---|---------------------------------|--|---|----|--|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| Audubon Land Company LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085 | Real Estate | CO | CHIC | Related | 298,037 | 20,270,617 | | No | | | No | 73 % |
| AVON EMERGENCY AND URGENT CARE CENTER LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282 | HEALTHCARE SRVC | CO | CHIC | Related | -757,555 | 6,191,153 | | No | | Yes | | 77 % |
| BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184 | HEALTHCARE SRVC | TX | SLHS | Related | 0 | 3,250,000 | | No | | Yes | | 65 % |
| BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994 | AMBUL SURG CTR | NE | ACH | Related | 1,187,048 | 2,549,504 | | No | | | No | 53 % |
| BERYWOOD OFFICE PROPERTIES LLC 2501 Citico Avenue CHATTANOGA, TN 37404 62-1875199 | PHYS OFFICE | TN | MHCS | Related | 133,390 | 918,922 | | No | | Yes | | 63 % |
| BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736 | DIAGNOSTIC IMAGING | KY | SJHS | Related | 122,291 | 3,216,558 | | No | | | No | 65 % |
| CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938 | PRACTICE MGMT SRVC | CO | CHI | Related | 1,263,355 | -272,620 | | No | | Yes | | 100 % |
| CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461 | Physical Therapy | NE | SFMC | Related | 3,422,589 | 3,722,591 | | No | | | No | 51 % |
| CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023 | OP SURGERY CENTER | AL | CHIC | Related | 1,734,228 | 2,020,115 | | No | | Yes | | 65 % |
| CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942 | INVESTMENTS | CO | CHI | Unrelated | 468,697,209 | 6,697,320,773 | | No | 1,194,677 | Yes | | 100 % |
| CHICAMSURG Surgery Centers LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027 | SURGERY CENTER | TN | CHIC | Related | 76,843 | 134,172 | | No | | | No | 51 % |
| CHICLARKIN VENTURES LLC 9100 E Mineral Circle Centennial, CO 80112 47-4210888 | URGENT CARE | CO | CHIC | Related | 167,285 | 7,823,355 | | No | | Yes | | 87 % |
| Colorado Springs CK Leasing LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714 | REAL ESTATE | CO | CHIC | Related | 668,738 | -132,333 | | No | | Yes | | 52 % |
| FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123 | HEALTHCARE SRVC | KY | FHS | Related | 0 | 101,598 | | No | | Yes | | 51 % |
| HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767 | PROPERTY HOLDING | WI | SL HOSP- VINTAGE | Related | 1,686,676 | 52,912,453 | | No | | | No | 51 % |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership | | | | | | | | | | | | |
|--|-------------------------|---|--|---|---------------------------------|--|---|----|--|--|----|--------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
| | | | | | | | Yes | No | | Yes | No | |
| HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196 | LAUNDRY | NE | na | Related | 376,035 | 4,358,356 | | No | | | No | 100 % |
| Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403 | ONCOLOGY | KS | SCH | Related | -403,368 | 850,579 | | No | | | No | 51 % |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902 | AMBUL SURG CTR | NE | ACH | Related | 3,108,510 | 2,029,071 | | No | | | No | 60 % |
| LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496 | ENDOSCOPY SRVC | NE | ACH | Related | 699,620 | 777,431 | | No | | | No | 51 % |
| LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET Lincoln, NE 68510 26-2496856 | Real Estate | NE | SERMC | Related | 812,108 | 301,911 | | No | | | No | 54 % |
| Mercy Rehabilitation Hospital LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201 | HEALTHCARE SRVC | KY | CHI IA | Related | 0 | 1,138,872 | | No | | | No | 51 % |
| NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191 | SPINE HOSPITAL | NE | ACH | Related | 11,039,563 | 19,771,159 | | No | | | No | 51 % |
| NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771 | AMBUL SURG CTR | AR | SVIMC | Related | 279,520 | 1,700,868 | | No | | | No | 67 % |
| ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105 | ORTHO HOSPITAL | CO | CHIC | Related | 15,065,598 | 3,364,245 | | No | | | No | 60 % |
| Pasadena Urgency Center LLC 4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 81-2482854 | URGENT CARE | TX | SLHS | Related | -1,031,166 | 1,686,969 | | No | | | No | 57 % |
| PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610 | HEALTHCARE SRVC | WA | FHS | Related | 377,689 | 1,738,875 | | No | | | No | 60 % |
| Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619 | Medical Imaging | CO | CHIC | Related | -2,396,662 | 1,744,893 | | No | | | No | 70 % |
| PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598 | HOSPITAL | TX | SL CDC-PMC | Related | 3,630,803 | 64,361,393 | | No | | Yes | | 51 % |
| Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737 | SURGERY CENTER | CO | CHIC | Related | -74,501 | 210,538 | | No | | | No | 51 % |
| Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736 | MGMT SVCS | KY | SJHS | Related | -19,517 | 1,393,440 | | No | | Yes | | 63 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|---|---------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157 | OP SURGERY | KY | SJHS | Related | 0 | 0 | | No | | Yes | | 51 % |
| SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545 | HOME HEALTH | OH | CHINHC | Related | 4,139,859 | 13,245,757 | | No | | | No | 100 % |
| ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100 | REAL ESTATE | CO | CHIC | Related | 151,050 | 13,285,935 | | No | | | No | 59 % |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365 | DIAGNOSTICS | TX | SLHS HOLDINGS | Related | 469,596 | 609,938 | | No | | Yes | | 45 % |
| ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437 | HOSPITAL | TX | SL CDC-W | Related | 1,269,122 | 36,450,234 | | No | | Yes | | 51 % |
| ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726 | DIAGNOSTICS | TX | SLHSH | Related | -76,895 | 1,135,073 | | No | | Yes | | 51 % |
| SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539 | SURGERY CENTER | KY | SJHS | Related | -108,052 | 0 | | No | | Yes | | 51 % |
| THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-3571570 | HEALTHCARE SRVC | CO | CHIC | Related | 76,753 | 84,093 | | No | | Yes | | 51 % |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
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| | | | | | | | | Yes | No |
| Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396 | Managed Care | NE | CHI Nebraska | C Corporation | 9,217,638 | 22,568,323 | 100 % | Yes | |
| All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914 | Healthcare | TX | SJSC | C Corporation | 236,684 | 699,916 | 100 % | Yes | |
| Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049 | Management Services | KY | CHI | C Corporation | 5,601 | 6,045,874 | 100 % | Yes | |
| AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414 | HOME HEALTH | OH | CHS | C Corporation | 91,529,470 | 56,968,045 | 100 % | Yes | |
| AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699 | HOME HEALTH | OH | ANC | C Corporation | 21,023,902 | 15,079,827 | 100 % | Yes | |
| BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851 | Fitness Club | KY | JHSMH | C Corporation | 0 | 0 | 100 % | Yes | |
| BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376 | Health Care | TX | BRHS | C Corporation | 134,400 | 35,529 | 100 % | Yes | |
| Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736 | Healthcare | TN | MHCS | C Corporation | 0 | 1,008 | 100 % | Yes | |
| Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022 | Captive Management | CJ | CHI | C Corporation | 3,500 | 176,569 | 100 % | Yes | |
| Carmona-DeSoto Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076 | Healthcare | AR | CHI-SVHS | C Corporation | 0 | 0 | 100 % | Yes | |
| Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511 | Research | CO | CIRI | C Corporation | 497,688 | 1,989,262 | 100 % | Yes | |
| CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545 | Condo Assoc | TX | CHI-SLHBCM | C Corporation | 0 | 0 | 100 % | Yes | |
| ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960 | Insurance | CO | PHPSI | C Corporation | 80,448 | 5,368,013 | 100 % | Yes | |
| Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813 | Inactive | CO | CHIC | C Corporation | 0 | 0 | 100 % | Yes | |

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| | | | | | | | | Yes | No |
| CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212 | HOME HEALTH | OH | CHI | C Corporation | 1,295,835 | 52,264,929 | 100 % | Yes | |
| Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382 | Real Estate | IA | CHI-IA Corp | C Corporation | 71,628 | 1,079,124 | 93 % | Yes | |
| Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679 | Health Care | TX | BRHS | C Corporation | 22,442 | 182,538 | 100 % | Yes | |
| First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| Franciscan City Urgent Care Services PS dba City MD - Franciscan Urgent Car e C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959 | Healthcare | NY | FHS | C Corporation | 3,755,671 | 1,106,230 | 100 % | Yes | |
| Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967 | Healthcare | CO | CHI | C Corporation | 0 | 15,522,048 | 100 % | Yes | |
| Good Samantan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440 | Medical Clinic | NE | CHI Nebraska | C Corporation | 260,344 | 212,541 | 100 % | Yes | |
| HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750 | Insurance | WA | QCHPS | C Corporation | 45,119 | 3,244,070 | 100 % | Yes | |
| Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558 | MGMT | NE | GSH | C Corporation | 150,551 | 1,318,274 | 100 % | Yes | |
| Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474 | Health Org | WA | FHS | C Corporation | 0 | 0 | 100 % | Yes | |
| HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223 | Insurance | CO | PHPSI | C Corporation | 5,739,433 | 5,513,263 | 100 % | Yes | |
| Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026 | Medical Services | WA | HMC | C Corporation | 0 | 0 | 100 % | Yes | |
| Medical Office Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0720429 | Real Estate | AR | CHI-SVHS | C Corporation | 177,558 | 81,158 | 77 % | Yes | |
| Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137 | Sale of DME | ND | MMC Williston | C Corporation | 561,543 | 852,276 | 100 % | Yes | |
| Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849 | Heath Care | TX | MHSET | C Corporation | 0 | 0 | 100 % | Yes | |

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| | | | | | | | | Yes | No |
| Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422 | Housing | IA | CHI-IA Corp | C Corporation | 951,900 | 0 | 100 % | Yes | |
| Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308 | Retail Sales | OR | MMC | C Corporation | 34,601 | 126,694 | 100 % | Yes | |
| MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952 | Healthcare | TX | MHSET | C Corporation | 11,048,138 | 1,739,550 | 100 % | Yes | |
| Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739 | MGMT SVC ORG | TN | MHCS | C Corporation | 13,439,403 | 3,317,936 | 100 % | Yes | |
| PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798 | HOME HEALTH | OH | ANC | C Corporation | 10,173,794 | 6,744,244 | 100 % | Yes | |
| QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605 | Insurance | AR | QCHI | C Corporation | 193,555,136 | 75,365,153 | 100 % | Yes | |
| QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912 | Insurance | WA | QCPS | C Corporation | 11,810,605 | 6,432,511 | 100 % | Yes | |
| QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037 | Admin Services | CO | QCHI | C Corporation | 63,300,575 | 219,676,343 | 100 % | Yes | |
| QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808 | Holding Co | CO | CHI | C Corporation | 308,157 | 1,222,966 | 100 % | Yes | |
| QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520 | Holding Co | CO | PHPS | C Corporation | 0 | 9,944 | 100 % | Yes | |
| QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640 | Insurance | AR | QCH | C Corporation | 111,184,831 | 54,451,054 | 100 % | Yes | |
| QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827 | Insurance | NE | QCH | C Corporation | 0 | 0 | 100 % | Yes | |
| RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824 | Insurance | CO | PHPS | C Corporation | 9,198,897 | 6,690,368 | 100 % | Yes | |
| RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332 | Insurance | CO | PHPS | C Corporation | 8,666,516 | 6,927,980 | 100 % | Yes | |
| Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654 | Pharmacy | OH | THS | C Corporation | 1,513,328 | 2,686,059 | 100 % | Yes | |

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| | | | | | | | | Yes | No |
| Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202 | Billing Services | CO | SCCC | C Corporation | 0 | 0 | 100 % | Yes | |
| SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450 | Healthcare | OH | SHP | C Corporation | 29,440,066 | 8,967,737 | 100 % | Yes | |
| SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408 | Healthcare | CO | FSI | C Corporation | 0 | 1,598,610 | 100 % | Yes | |
| SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198 | Mgmt | KY | SJHS | C Corporation | 0 | 0 | 100 % | Yes | |
| SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801 | Insurance | WA | PHPS | C Corporation | 181,743,407 | 66,769,322 | 100 % | Yes | |
| St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812 | Healthcare | ND | SAMC | C Corporation | 0 | 0 | 100 % | Yes | |
| St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943 | Athletic Club | OR | SAH | C Corporation | 1,609,675 | 2,187,406 | 100 % | Yes | |
| St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569 | Rental | WA | FSI | C Corporation | 4,387,694 | 34,715,309 | 100 % | Yes | |
| St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932 | PHO | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | Yes | |
| St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138 | Holding Co | TX | SLHS | C Corporation | 3,074,493 | 39,559,748 | 100 % | Yes | |
| St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785 | Healthcare | AR | SVIMC | C Corporation | 4,768,531 | 29,679,087 | 100 % | Yes | |
| StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713 | Insurance | CO | PHPS | C Corporation | 62,195 | 5,180,266 | 100 % | Yes | |
| STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629 | Holding Co | NE | SERMC | C Corporation | 334,599 | 2,195,538 | 100 % | Yes | |
| Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163 | Medical Clinic | TX | SLCDC-SL | C Corporation | 0 | 0 | 100 % | Yes | |
| The Texas Heart Institute at St Luke's Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009 | Condo Assoc | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | Yes | |

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| | | | | | | | | Yes | No |
| Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750 | Mgmt Services | MD | FSI | C Corporation | 0 | 0 | 100 % | Yes | |
| TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026 | Mgmt Services | OH | THS | C Corporation | 13,543,963 | 184,008 | 100 % | Yes | |