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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
Catholic Health Initiatives Colorado

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9100 EAST MINERAL CIRCLE

City or town, state or province, country, and ZIP or foreign postal code
CENTENNIAL, CO 80112

D Employer identification number

84-0405257

E Telephone number

(303) 290-6500

G Gross receipts \$ 2,305,095,217

F Name and address of principal officer:
PETER BANKO
9100 EAST MINERAL CIRCLE
CENTENNIAL, CO 80112

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.centura.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1968

M State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CATHOLIC HEALTH INITIATIVES-COLORADO IS A FAITH BASED ORGANIZATION THAT INVESTS IN CHARITY CARE, COMMUNITY PROGRAMS, AND SPONSORSHIPS DESIGNED TO NURTURE THE HEALTH OF THE PEOPLE OF COLORADO.

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

3 Number of voting members of the governing body (Part VI, line 1a) 4

4 Number of independent voting members of the governing body (Part VI, line 1b) 0

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 11,847

6 Total number of volunteers (estimate if necessary) 690

7a Total unrelated business revenue from Part VIII, column (C), line 12 13,193,073

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 90,829,390

9 Program service revenue (Part VIII, line 2g) 2,129,621,034

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,339,865

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,587,168

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,251,377,457

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 938,612

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 675,526,299

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,323,475,671

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,999,940,582

19 Revenue less expenses. Subtract line 18 from line 12 251,436,875

Expenses

20 Total assets (Part X, line 16) 2,858,674,385

21 Total liabilities (Part X, line 26) 692,197,242

22 Net assets or fund balances. Subtract line 21 from line 20 2,166,477,143

Net Assets or Fund Balances

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

Andrew Gaasch Treasurer

Type or print name and title

2022-05-16

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01345960

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 1455 Pennsylvania Avenue NW Suite 700
Washington, DC 200041008

Phone no. (202) 624-5555

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

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:

CATHOLIC HEALTH INITIATIVES-COLORADO IS A FAITH BASED ORGANIZATION THAT INVESTS IN CHARITY CARE, COMMUNITY PROGRAMS, AND SPONSORSHIPS DESIGNED TO NURTURE THE HEALTH OF THE PEOPLE OF COLORADO.

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 \$ 1,835,676,473 including grants of \$ 1,135,957) (Revenue \$ 2,193,712,611)
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 ► 1,835,676,473

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 11,847			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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	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	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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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		No
b	Other officers or key employees of the organization		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?	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?	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA , CO**

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
►Mikalyn Kluth 9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 (303) 673-8249

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

See instructions for the order in which to list the persons above.

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

[illegible]

Part VII

(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)

Former
Highest compensated employee
Key employee
Officer
Institutional Trustee
Individual trustee or director

(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

[illegible]c Total from continuation sheets to Part VII, Section A 1

d Total (add lines 1b and 1c)

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 ► 1,074

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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 222 N Nevada Ave Colorado Springs, CO 80907	Medical Services	30,734,889
Colorado Springs Cardiologists PC 222 N Nevada Ave Colorado Springs, CO 80907	Medical Services	15,004,500
Colorado Orthopedic Specialist 105 Briargate Parkway Suite 300 Colorado Springs, CO 80920	Medical Services	12,007,854
Cardiac and Thoracic Surgery Associates PC 222 N Nevada Ave Colorado Springs, CO 80907	Medical Services	5,812,812
EUROSURGERY ONE 6 W Dry Creek Cir Suite 390 Littleton, CO 80120	Medical Services	5,770,113

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 ► 124

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	10,005,518		
	e	Government grants (contributions)	1e	25,058,153		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,836,047		
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f ▶		48,899,718		
Program Service Revenue	2a	NET PATIENT SERVICES	Business Code 622110	2,176,367,435	2,176,367,435	
	b	RENTAL TO AFFILIATES	900099	12,605,290	12,605,290	
	c	CHPG INCENTIVE REVENUE	900099	3,629,223	3,629,223	
	d	340B and Pharmacy	621990	13,105,706		13,105,706
	e	Management Fee Revenue	900099	520,438	520,438	
	f	All other program service revenue.		96,189	96,189	0
	g	Total. Add lines 2a-2f. ▶		2,206,324,281		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		9,318,627		87,367
	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	34,585,099	654,585	
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)		34,585,099	654,585	
	d	Net gain or (loss) ▶		35,239,684		35,239,684
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c	Net income or (loss) from gaming activities ▶				
10a	Gross sales of inventory, less returns and allowances	10a	569,439			
b	Less: cost of goods sold	10b	290,962			
c	Net income or (loss) from sales of inventory ▶		278,477		278,477	
Miscellaneous Revenue			Business Code			
11a	CHILD CARE	722100	494,036	494,036		
b	CAFETERIA REVENUE	900099	4,249,432			4,249,432
c						
d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d ▶		4,743,468			
12	Total revenue. See instructions ▶		2,304,804,255	2,193,712,611	13,193,073	48,998,853

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	1,135,957	1,135,957		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	25,550,791	25,550,791		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,051,863	4,294,084	757,779	
7 Other salaries and wages	589,189,869	500,811,387	88,378,482	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,630,400	23,485,840	4,144,560	
9 Other employee benefits	3,875,041	3,681,289	193,752	
10 Payroll taxes	43,779,516	37,212,589	6,566,927	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
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)	527,322,718	490,514,815	36,807,903	0
12 Advertising and promotion	458,576	229,288	229,288	
13 Office expenses	3,078,282	1,539,141	1,539,141	
14 Information technology				
15 Royalties				
16 Occupancy	33,875,208	31,165,191	2,710,017	
17 Travel	511,052	357,736	153,316	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,949,602	11,352,122	597,480	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	126,949,862	120,602,369	6,347,493	
23 Insurance	13,001,814	9,101,270	3,900,544	
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	327,808,035	327,808,035		
b State Provider Tax	148,489,110	148,489,110		
c R&M - Clinical Eng	21,434,436	21,434,436		
d Leases and Rents	37,729,956	28,297,467	9,432,489	
e All other expenses	82,620,840	48,613,556	34,007,284	0
25 Total functional expenses. Add lines 1 through 24e	2,031,442,928	1,835,676,473	195,766,455	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		6,757,531	1	24,399,984
	2	Savings and temporary cash investments		342,971,779	2	373,950,859
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		288,076,316	4	334,499,514
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		48,708,282	8	54,023,658
	9	Prepaid expenses and deferred charges		6,391,449	9	7,702,419
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,472,319,216		
	b	Less: accumulated depreciation	10b	1,188,387,510		
				1,271,779,604	10c	1,283,931,706
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		374,249,375	12	512,153,297
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		7,342,368	14	37,389,468
15	Other assets. See Part IV, line 11		512,397,681	15	484,629,647	
16	Total assets. Add lines 1 through 15 (must equal line 33)		2,858,674,385	16	3,112,680,552	
Liabilities	17	Accounts payable and accrued expenses		187,558,221	17	163,791,293
	18	Grants payable			18	
	19	Deferred revenue		178,640,926	19	145,404,326
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	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		325,998,095	25	289,734,350
	26	Total liabilities. Add lines 17 through 25		692,197,242	26	598,929,969
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		2,166,456,922	27	2,512,582,351
	28	Net assets with donor restrictions		20,221	28	1,168,232
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,166,477,143	32	2,513,750,583
33	Total liabilities and net assets/fund balances		2,858,674,385	33	3,112,680,552	

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	2,304,804,255
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,031,442,928
3	Revenue less expenses. Subtract line 2 from line 1	3	273,361,327
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,166,477,143
5	Net unrealized gains (losses) on investments	5	70,002,619
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	3,909,494
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,513,750,583

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: 20011424
Software Version: 2020v4.0
EIN: 84-0405257
Name: Catholic Health Initiatives Colorado

Form 990 (2020)

Form 990, Part III, Line 4a:

Catholic Health Initiatives-Colorado is a diverse community of caregivers connected and fueled by our individual passions and purposes to change the world around us. While individually inspired, we are collectively unified by our mission. This process presents an opportunity to fulfill our commitment to our organizational mission to "extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities."

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth Shih	1.0									
Chair (as of Jan 2021)	..... 50.0	X		X				0	2,912,231	731,637
PATRICIA WEBB FACHE	1.0									
Chair (thru Dec 2021)	..... 50.0	X		X				0	4,231,874	34,433
Anthony Jones	1.0									
Board Member (thru Dec 2021)	..... 50.0	X						0	2,948,442	27,283
Dan Morissette	1.0									
BOARD MEMBER/ CSH CFO	..... 50.0	X						0	3,318,389	416,463
Mitch H Melfi ESQ	1.0									
Board Member	..... 50.0	X						0	2,118,426	35,099
Tammy Wilcox	1.0									
Board Member (as of Jan 2021)	..... 50.0	X						0	1,229,360	567,143
Andrew Gaasch	5.0									
Treasurer (as of Mar 2021)	..... 45.0			X				0	592,588	129,185
Dan Anderson	5.0									
Treasurer (thru Feb 2021)	..... 45.0			X				0	1,345,898	239,030
Kris Ordelheide	1.0									
Secretary	..... 0.0			X				0	1,053,997	180,228
PETER BANKO	5.0									
President	..... 45.0			X				0	2,612,161	523,376

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Erling	45.0				X			0	910,541	194,893
CEO - Penrose St. Francis Health Services	0.0									
Carrie Damon	5.0				X			0	570,267	42,206
SVP & Chief Information Officer	45.0									
Edward Sim	45.0				X			0	1,624,861	334,149
EVP & COO - ST. ANTHONY HOSPITAL	5.0									
Jane Strobel	45.0				X			0	312,989	8,178
CFO Mercy Regional Medical Center	0.0									
Kenneth Bacon	45.0									
Group President & CEO of St. Anthony Hospital	0.0				X			0	1,326,972	276,864
Kevin Jenkins	45.0									
CEO - St. Anthony Hospital	0				X			0	617,677	116,934
Michael Murphy	45.0									
Interim CEO - Mercy Regional Medical Center (thru Jan 2021)	0.0				X			0	433,158	26,468
Mike Cafasso	45.0									
CEO - St. Mary-Corwin Medical Center	0.0				X			0	547,187	97,641
Tadd Richert	45.0									
Group CFO & CFO - Penrose St. Francis Health Services	0.0				X			0	550,967	38,833
Thomas Gessel	45.0									
Group President	5.0				X			0	1,530,161	291,188

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allison Roberts PHYSICIAN	50.0 0					X		968,767	0	17,772
Camille Azar Physician	50.0 0					X		1,047,786	0	36,835
Keith Minihane PHYSICIAN	50.0 0					X		908,656	0	40,083
Marchyarn Mahathanaruk Physician	50.0 0					X		907,216	0	9,975
Raymond Mencini Physician	50.0 0					X		995,145	0	26,962
CHARLES MCCONNELL Former CEO Mercy Regional Medical Center	0.0 0.0						X	0	541,106	44,977
DEAN SWINDLE CPA FORMER VICE CHAIR	0.0 0.0						X	0	3,729,375	10,863
MATTHEW Leary Former CFO - St. Anthony Hospital	0.0 0.0						X	0	532,284	40,146
PETER POWERS Former CEO - St. Anthony Hospital	0.0 0.0						X	0	117,992	10,145

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Health Initiatives Colorado

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <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 lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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		48,744
j	Total. Add lines 1c through 1i			48,744
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 - \$21,155 American Hospital Association - \$ 18,010 Catholic Health Association - \$9,579

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2020

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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

Term 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	107,945,558		107,945,558
b	Buildings	1,031,815,966	362,197,686	669,618,280
c	Leasehold improvements	302,616,239	176,406,387	126,209,852
d	Equipment	743,056,945	649,783,437	93,273,508
e	Other	286,884,508		286,884,508
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			1,283,931,706

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) BDI - CHIC Investment Mellon	435,222,828	F
(B) BDI - CSH Investments	74,838,184	F
(C) Board Designated Funds	1,711,085	F
(D) Common Investment Pool Donor Limited	381,200	F
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	512,153,297	

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)		
(10)		
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	231,219,954
(2)OCH CAPITAL LEASE	95,300,993
(3)PARKING GARAGE EASEMENT	4,744,583
(4)MEDICAL RECORDS	127,000
(5)ROU Asset	153,237,117
(6)intercompany receivables	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	484,629,647

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ENVIRONMENTAL REMEDIATION	2,743
(3) INTERCOMPANY DEBT	289,119,366
(4) WORKERS COMPENSATION	612,241
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	289,734,350

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
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 financial information is included in the consolidated audited financial statements of CommonSpirit Health, a related organization. CommonSpirit Health's ASC 740 footnote for the year ended June 30, 2021, reads as follows: CommonSpirit has established its status as an organization exempt from income taxes under Internal Revenue Code Section 501(c)(3) and the laws of the states in which it operates, and as such, is generally not subject to federal or state income taxes. However, CommonSpirit's exempt organizations are subject to income taxes on net income derived from a trade or business, regularly carried on, which does not further the organizations' exempt purposes. No significant income tax provision has been recorded in the accompanying consolidated financial statements for net income derived from unrelated trade or business. CommonSpirit's for-profit subsidiaries account for income taxes related to their operations. The for-profit subsidiaries recognize deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of their assets and liabilities, along with net operating loss and tax credit carryovers, for tax positions that meet the more-likely-than-not recognition criteria. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs. Income tax interest and penalties are recorded as income tax expense. For the years ended June 30, 2021 and 2020, CommonSpirit's taxable entities recorded an immaterial amount of interest and penalties as part of the provision for income taxes. CommonSpirit's taxable entities did not have any material unrecognized income tax expense as of June 30, 2021 and 2020. CommonSpirit reviews its tax positions quarterly and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements.

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.</p>	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2020</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
Name of the organization Catholic Health Initiatives Colorado		Employer identification number 84-0405257

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			39,532,431		39,532,431	1.95 %
b Medicaid (from Worksheet 3, column a)			468,815,404	299,484,513	169,330,891	8.34 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,314,203		5,314,203	0.26 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	513,662,038	299,484,513	214,177,525	10.54 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,927,724		1,927,724	0.09 %
f Health professions education (from Worksheet 5)			4,960,978		4,960,978	0.24 %
g Subsidized health services (from Worksheet 6)			679,327		679,327	0.03 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			910,092		910,092	0.04 %
j Total. Other Benefits	0	0	8,478,121	0	8,478,121	0.42 %
k Total. Add lines 7d and 7j	0	0	522,140,159	299,484,513	222,655,646	10.96 %

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		0
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	694,790,141
6 Enter Medicare allowable costs of care relating to payments on line 5	6	930,969,775
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-236,179,634
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	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

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>18</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
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
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>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.centura.org/community-impact/community-benefit</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

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>https://www.centura.org/patient-tools/billing-and-financial-services</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.centura.org/patient-tools/billing-and-financial-services</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.centura.org/patient-tools/billing-and-financial-services</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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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, 20a, 20b, 20c, 20d, 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 VI, Line 4 COMMUNITY INFORMATION (CONTINUED)	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%.

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 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 6/30/2021 WAS COMPUTED USING THE FOLLOWING FORMULA: OPERATING EXPENSE (BEFORE RESTRUCTURING, IMPAIRMENT AND OTHER LOSSES) DIVIDED BY GROSS PATIENT REVENUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	FOR FINANCIAL STATEMENT PURPOSES, CHI COLORADO HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

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 COMMONSPIRIT HEALTH. THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS: COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE. UPDATES TO THE HINDSIGHT ANALYSIS IS PERFORMED AT LEAST QUARTERLY USING PRIMARILY A ROLLING EIGHTEENMONTH COLLECTION HISTORY AND WRITE-OFF DATA. SUBSEQUENT CHANGES TO ESTIMATES OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT REVENUE IN THE PERIOD OF CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN A THIRDPARTY PAYOR'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE IN PURCHASED SERVICES AND OTHER IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGE IN NET ASSETS. BAD DEBT EXPENSE FOR 2021 WAS NOT SIGNIFICANT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The organization applies the cost to charge ratio calculated in IRS Worksheet 2 to determine the cost of care provided to Medicare patients. 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 COMMONSPIRIT HEALTH, 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: * 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. 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 HOSPITAL: Line 16a URL: https://www.centura.org/patient-tools/billing-and-financial-services ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - PENROSE HOSPITAL: Line 16b URL: https://www.centura.org/patient-tools/billing-and-financial-services ;

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 HOSPITAL: Line 16c URL: https://www.centura.org/patient-tools/billing-and-financial-services ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	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 PROVIDE 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 SUPPORT, 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>PENROSE 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 527,449: RACE AND ETHNICITY: NATIVE AMERICAN/ALASKAN NATIVE 1%; ASIAN 2.8%; BLACK 6.3%; HISPANIC OR LATINO 16.9%; WHITE 78.5%; NATIVE HAWAIIAN/PACIFIC ISLANDER .4%; SOME OTHER RACE 5.5%; MULTIPLE RACES 5.6 %. EDUCATION LEVEL: THE PERCENTAGE OF THE POPULATION IN THE PIKES PEAK REGION WITH AN ASSOCIATE DEGREE OR HIGHER IS 74.7%. THIS IS COMPARABLE TO THE COLORADO STATE AVERAGE OF 71%. UNEMPLOYMENT RATE: THE 4.6% UNEMPLOYMENT RATE IN OUR AREA IS HIGHER THAN THE STATE AVERAGE OF 3.9%. 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 1.4% AND THE STATE AVERAGE OF 2.8%. HIGH SCHOOL GRADUATION RATE: 75.1% OF ADOLESCENTS ARE GRADUATING FROM HIGH SCHOOL WHICH IS A SLIGHTLY LOWER RATE THAN THE COLORADO STATE AVERAGE OF 77.3%. POPULATION LIVING IN HOUSEHOLDS WITH RATIO OF HOUSEHOLDS IN THE 80TH PERCENTILE TO INCOME AT THE 20TH PERCENTILE IS 4.3, COMPARED TO COLORADO'S RATE OF 4.5. 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 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%. 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 5.2%; ASIAN .6%; BLACK .5%; HISPANIC OR LATINO 13.5%; WHITE 88.2%; NATIVE HAWAIIAN/PACIFIC ISLANDER .1%; SOME OTHER RACE 3.4%; MULTIPLE RACES 2.1%. EDUCATION LEVEL: POPULATION WITH ASSOCIATE'S DEGREE OR HIGHER: 73.1%. UNEMPLOYMENT RATE: 3% COMPARED TO COLORADO'S RATE OF 3.9%. POPULATION WITH LIMITED ENGLISH PROFICIENCY: 1.5% COMPARED TO COLORADO'S RATE OF 2.8%. HIGH SCHOOL GRADUATION RATE: 80.9% COMPARED TO COLORADO'S RATE OF 77.6%. RATIO OF HOUSEHOLDS IN THE 80TH % TO INCOME AT THE 20TH % IS 4.2 COMPARED TO COLORADO'S RATE OF 4.5. 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: 77.4% WHITE; 2.2% BLACK; .9% ASIAN; 2.1 % NATIVE AMERICAN ETHNICITY: 44% HISPANIC/LATINO, NON-HISPANIC: 56% EDUCATION LEVEL: IN OUR COMMUNITY, 62.7% OF THE POPULATION HAS AN ASSOCIATE'S DEGREE OR HIGHER. CO AVERAGE IS 71.7%. UNEMPLOYMENT RATE: 5.7%, CO AVERAGE IS 4.0%. POPULATION WITH LIMITED ENGLISH PROFICIENCY: 1.4%, CO AVERAGE IS 2.8%. HIGH SCHOOL GRADUATION RATE: 74.9%, CO AVERAGE IS 77.6%. RATIO OF HOUSEHOLDS IN THE 80TH % TO INCOME AT THE 20TH % IS 4.7 COMPARED TO COLORADO'S RATE OF 4.5. 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 1%; ASIAN 2.8%; BLACK 6.3%; HISPANIC OR LATINO 16.9%; WHITE 78.5%; NATIVE HAWAIIAN/PACIFIC ISLANDER .4%; SOME OTHER RACE 5.5%; MULTIPLE RACES 5.6%. EDUCATION LEVEL: THE PERCENTAGE OF THE POPULATION IN THE PIKES PEAK REGION WITH AN ASSOCIATE DEGREE OR HIGHER IS 74.7%. THIS IS COMPARABLE TO THE COLORADO STATE AVERAGE OF 71%. UNEMPLOYMENT RATE: THE 4.6% UNEMPLOYMENT RATE IN OUR AREA IS HIGHER THAN THE STATE</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>AVERAGE OF 3.9%. 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 1.4% AND THE STATE AVERAGE OF 2.8%. HIGH SCHOOL GRADUATION RATE: 75.1% OF ADOLESCENTS ARE GRADUATING FROM HIGH SCHOOL WHICH IS A SLIGHTLY LOWER RATE THAN THE COLORADO STATE AVERAGE OF 77.3%. POPULATION LIVING IN HOUSEHOLDS WITH RATIO OF HOUSEHOLDS IN THE 80TH PERCENTILE TO INCOME AT THE 20TH PERCENTILE IS 4.3, COMPARED TO COLORADO'S RATE OF 4.5. 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 ASSOCIATE'S 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%. 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%; 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%. RATIO OF HOUSEHOLDS IN THE 80TH % TO INCOME AT THE 20TH % IS 4.0 COMPARED TO COLORADO'S RATE OF 4.5. 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: 88.8% White, 4% Black, 1.3% Asian, 1.7% Native American/Alaska Native, 0.1% Native Hawaiian/Pacific Islander, 1.9% some other race, and 2.2% multiple races. Ethnicity: 13.7% Hispanic/Latino, Non-Hispanic: 86.3%. Education Level: In our community, 24.9% of the population has an Associate's Degree or higher. CO average is 44.7% High School Graduation Rate: 23.2%, CO average is 77.6%. Unemployment Rate: 6.2%, CO average is 3.9%. Population with Limited English Proficiency: 1.9%, CO average is 2.8%. RATIO OF HOUSEHOLDS IN THE 80TH % TO INCOME AT THE 20TH % IS 4.2 COMPARED TO COLORADO'S RATE OF 4.5</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	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 A MAJORITY OF LOCAL COMMUNITY LEADERS LIVING IN THE HOSPITAL SERVICE AREA AND NOT CONTRACTORS OR EMPLOYEES OF THE HOSPITAL SYSTEM. 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.

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

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 84-0405257

Name: Catholic Health Initiatives Colorado

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 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
1	PENROSE HOSPITAL 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.	
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. SEE THE NARRATIVE FOR LINE 11 FOR A DESCRIPTION OF THE NEEDS AND HOW THEY ARE 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 5 Facility A, 1	Facility A, 1 - ALL FACILITIES. In order to assess the needs of our community, we created a hospital subcommittee made up of key stakeholders 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 Hospital and St Francis Medical Center. Penrose Hospital and St Francis Medical Center 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 6a Facility A, 2	Facility A, 2 - St Anthony Hospital and OrthoColorado Hospital. St Anthony Hospital and OrthoColorado 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 6b Facility A, 1	Facility A, 1 - Penrose Hospital and St. Francis Medical Center. El Paso County Public Health (EPCPH)

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 HOSPITAL. Penrose-St Francis and community stakeholders identified three significant needs in their community which they prioritized and focused on. The needs were Behavioral Health, Access to Healthy and Affordable Food, and Access to Care. For Behavioral Health, three goals were utilized and then implemented to use evidence-based practice approaches, including: Increasing access to behavioral health services and providers; Developing screening tool and mechanism for identifying depression in postpartum women; and, Strengthening and expanding community partnerships to provide care for those presenting with behavioral health diagnoses. For these goals, we achieved the following: * Secured \$465k from the CommonSpirit fund to partner with school districts and community organizations to scale violence prevention initiatives. * Invested \$20k to fund school-based youth programs and/or training that will advance early intervention and moving upstream to increase protective factors and strengthen skills in order to reduce youth violence. * Funding for Forge Evolution's staff to become Red Cross instructors to train at-risk youth in First Aid/CPR/AED and Babysitting. * Expanding our reach by funding Kingdom Builders' Project Right Direction where youth learn life skills to advance their competency in making informed decisions, critically thinking, communicating effectively, building healthy relationships and managing their lives and an opportunity to be trained as a peer mentor. * Providing an opportunity for 10 youth that could not normally afford to be trained as a Certified Nursing Assistant scholarships at Heart-to-Heart Academy and a career path with Centura. * Supporting Solid Rock's Southeast Civic Ambassador Program which provides community service, mentorship and connections with elected officials, business owners, non-profit and community leaders to empower youth as future advocates. * Subsidizing Deerfield Hill's Community Center staff hours to provide after-school programming, field trips and camps during school breaks for youth from Harrison School District 2. For our second CHNA priority, Access to Healthy and Affordable Foods, three goals were utilized and then implemented to use evidence-based practice approaches, including: Decreasing number of food deserts by 20%; Decreasing number of community members eligible but not enrolled in SNAP by 60%; Increasing use of locally-sourced, healthy affordable foods within Centura Health by 50%. For these goals, we achieved the following: * Coalition membership with Blueprint to End Hunger CO- Policy advocacy Project to enable local business to accept SNAP/WIC benefits * Implemented a Community Health Worker model - Community food advocate outreach to encourage both consumers and retailers to participate in DUFBI program * Sponsored CSA boxes at several hospital and clinic locations. Subsidized for low-income patients. * SNAP Enrollment through clinic community health advocate</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, 1	in partnership with Colorado's leading anti-hunger organization * Commitment to sourcing l ocal foods for hospital use by participating in Denver's Anchor Institution project For ou r third CHNA priority, Access to Care, one goal was advanced: Increase the number of prima ry care providers. For this goal, we achieved the following: * Systemwide initiative to in crease access to primary care providers by hiring 300 more in the next 12 months * Centura 's digital team is improving the ability for patients to access care and services with onl ine scheduling and improved portal capabilities All three prioritized needs were addressed by Penrose-St. Francis and provided benefits related to improving the health of our commu nity through multiple programs. Including, providing families with room nights and service s equating to \$314,425 at the John Zayn Guest House for patient's families regardless of t he ability to pay; dedicated over \$486,686 in the areas of nutrition services, wellness ac tivities, and community outreach to 3,968 persons.

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, 2	Facility A, 2 - ST. ANTHONY HOSPITAL. St Anthony Hospital (SAH) and community stakeholders identified three significant needs in their community which they prioritized and focused on. The prioritized needs were Behavioral Health, Access to Health Affordable Foods, Access to Safe and Stable Housing, 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 goals for Behavioral Health were to reach 80% of school-age youth with a behavioral health strategy; Increase capacity of our community to support behavioral health needs through increased awareness of BH and reduced stigma associated with BH; and Increase people reporting access to BH services by 40%. SAH has Implemented Zero Suicide Framework within its hospital to increase screening and referral processes, including training for all staff. The Alternatives to Opioids program is running in our hospital to provide alternatives to opioid use and potential addition. To reduce mental health stigma, the Let's Talk campaign had 2.5 million impressions and partnerships have been established with LatinX and Black community ambassadors to conduct outreach among their communities. Additionally, a baseline assessment was done in our local school district, and programming has been implemented to reach 5,875 students previously not reached. Access to Safe and Stable Housing goals were to increase access to safe and stable housing and shelter within the community; and to increase by 60% the number of community members who are identified for housing insecurity and referred to resources in the community. SAH has participated on local housing and homeless coalitions and is in the process of implementing a housing stability assessment question into our EHR to refer patients to available resources. Access to Healthy Affordable Food goals were to increase by 20% the number of produce sites that access SNAP and WIC; increase the number of locations to sell healthy affordable food by 20%; increase number of community members eligible but not enrolled in SNAP by 60%; and to increase local sourcing of produce by 50%. SAH has partnered with organizations to provide technical assistance and funding to businesses to accept SNAP and WIC. Additionally, we have partnered to work with retailers to offer Double Up Food Bucks for produce purchase. In partnership with a local organization, SNAP outreach was done in multiple languages resulting in 4,816 SNAP applications completed. Our hospital system has done an inventory of purchasing patterns and is beginning to shift sourcing. Injury Prevention goals were designed to align with our behavioral health goals. Our team was actively involved in local coalitions to inform our behavioral health work and to reduce injuries associated with violence and substance use.

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 CO MMUNITY STAKEHOLDERS IDENTIFIED THREE SIGNIFICANT NEEDS IN THEIR COMMUNITY WHICH THEY PRIO RITIZED AND FOCUSED ON. THE PRIORITIZED NEEDS WERE BEHAVIORAL HEALTH, SUBSTANCE USE DISORD ER, HEALTHY LIVING: NUTRITION AND FOOD SECURITY, AND ADULT ORAL HEALTH. For our first CHNA priority, Behavioral Health, three goals were utilized and then implemented to use eviden ce-based practice approaches, including: * Reach 80% of school-aged youth with social cohe sion/resiliency strategy. * Increase capacity of our community to support behavioral healt h needs through increased awareness and reduced stigma of behavioral health * Increase peo ple reporting access to behavioral health services For these goals, we achieved the follow ing: *Created and led a prevention group called Southwest Colorado Opioid Overdose Prevent ion (SCOOP) and identified the following activities: * Prevention - Maximize existing reso urces for provider education on opioid prescribing in both inpatient and outpatient settin gs * Treatment - Plan financially sustainable, community-based treatment options for La Pl ata County * Workforce - Plan a strategy for OUD/SDU provider organizations, colleges/univ ersities, and clinicians in La Plata County to act in a coordinated fashion to address wor kforce shortages * Recovery - Assess recovery infrastructure in La Plata County, in partne rship with the Consortium and Young People in Recovery. For our second CHNA priority, one goals was utilized and then implemented to use evidence-based practice approaches, includi ng: Identifying and screening patients for substance abuse and connecting them to appropri ate treatment. For this goal, we achieved the following: The hospital scaled an Alternativ es to Opioids (ALTO) program which aligned with the state. For our third CHNA priority, He althy Living: Nutrition and Food Security, three goals were utilized and then implemented to use evidence-based practice approaches, including: Decreasing number of food deserts by 20%; Decreasing number of community members eligible but not enrolled in SNAP by 60%; Inc reasing use of locally-sourced, healthy affordable foods within Centura Health by 50%. For these goals, we achieved the following: * Coalition membership with Blueprint to End Hung er CO- Policy advocacy Project to enable local business to accept SNAP/WIC benefits * Impl emented a Community Health Worker model - Community food advocate outreach to encourage bo th consumers and retailers to participate in DUFB program * Sponsored CSA boxes at several hospital and clinic locations. Subsidized for low-income patients. * SNAP Enrollment thro ugh clinic community health advocate in partnership with Colorado's leading anti-hunger or ganization * Commitment to sourcing local foods for hospital use by participating in Denve r's Anchor Institution project All four prioritized needs were addressed by Mercy Regional Medical Center and provided 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	enefits related to improving the health of our community through multiple programs. Includ ing supporting a safety net clinic in the amount of \$301,276. Silverton Community Health C linic serves at risk populations that otherwise wouldn't obtain timely treatment. Furtherm ore, Mercy invested \$60,983 in a food prescription model in partnership with local farmers to promote healthy food options and support the local economy. Mercy Also provided \$154,4 55 in health professions education; \$95,665 in subsidized health services; and \$101,923 in cash and in-kind contributions for community benefit.

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, 4	Facility A, 4 - ST. MARY-CORWIN MEDICAL CENTER. St. Mary-Corwin Medical Center (SMC) and community stakeholders identified two significant needs in their community which they prioritized and focused on. The prioritized needs were Behavioral Health and Food Security. 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. For our first CHNA priority, Behavioral Health, three goals were utilized and then implemented to use evidence-based practice approaches, including: * Reach 80% of school-aged youth with social cohesion/resiliency strategy * Increase capacity of our community to support behavioral health needs through increased awareness and reduced stigma of behavioral health * Increase people reporting access to behavioral health services For these goals, we achieved the following: * Implemented a prenatal depression screening program * Secured \$178 in grant funding too strengthen maltreatment prevention services in our primary care clinic * Developed a system strategy to address mental health tech recruitment and training For our second CHNA priority, Healthy Living: Nutrition and Food Security, three goals were utilized and then implemented to use evidence-based practice approaches, including: Decreasing number of food deserts by 20%; Decreasing number of community members eligible but not enrolled in SNAP by 60%; Increasing use of locally-sourced, healthy affordable foods within Centura Health by 50%. For these goals, we achieved the following: * Coalition membership with Blueprint to End Hunger CO- Policy advocacy Project to enable local business to accept SNAP/WIC benefits * Implemented a Community Health Worker model - Community food advocate outreach to encourage both consumers and retailers to participate in DUFb program * Sponsored CSA boxes at several hospital and clinic locations. Subsidized for low-income patients. * SNAP Enrollment through clinic community health advocate in partnership with Colorado's leading anti-hunger organization * Commitment to sourcing local foods for hospital use by participating in Denver's Anchor Institution project All prioritized needs were addressed by St. Mary Corwin and provided benefits related to improving the health of our community through multiple programs. Including \$37,912 in community health improvement services and community benefit operations; \$2,006,125 in health professions education; and \$96,938 in cash and in-kind contributions for community benefit.

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 Behavioral Health, Access to Healthy and Affordable Food, and Access to Care. For Behavioral Health, three goals were utilized and then implemented to use evidence-based practice approaches, including: Increasing access to behavioral health services and providers; Developing screening tool and mechanism for identifying depression in postpartum women; and, Strengthening and expanding community partnerships to provide care for those presenting with behavioral health diagnoses. For these goals, we achieved the following : * Secured \$465k from the CommonSpirit fund to partner with school districts and community organizations to scale violence prevention initiatives. * Invested \$20k to fund school-based youth programs and/or training that will advance early intervention and moving upstream to increase protective factors and strengthen skills in order to reduce youth violence. * Funding for Forge Evolution's staff to become Red Cross instructors to train at-risk youth in First Aid/CPR/AED and Babysitting. * Expanding our reach by funding Kingdom Builder's Project Right Direction where youth learn life skills to advance their competency in making informed decisions, critically thinking, communicating effectively, building healthy relationships and managing their lives and an opportunity to be trained as a peer mentor. * Providing an opportunity for 10 youth that could not normally afford to be trained as a Certified Nursing Assistant scholarships at Heart-to-Heart Academy and a career path with Centura. * Supporting Solid Rock's Southeast Civic Ambassador Program which provides community service, mentorship and connections with elected officials, business owners, non-profit and community leaders to empower youth as future advocates. * Subsidizing Deerfield Hills Community Center staff hours to provide after-school programming, field trips and camps during school breaks for youth from Harrison School District 2. For our second CHNA priority, Access to Healthy and Affordable Foods, three goals were utilized and then implemented to use evidence-based practice approaches, including: Decreasing number of food deserts by 20%; Decreasing number of community members eligible but not enrolled in SNAP by 60%; Increasing use of locally-sourced, healthy affordable foods within Centura Health by 50%. For these goals, we achieved the following: * Coalition membership with Blueprint to End Hunger CO- Policy advocacy Project to enable local business to accept SNAP/WIC benefits * Implemented a Community Health Worker model - Community food advocate outreach to encourage both consumers and retailers to participate in DUF program * Sponsored CSA boxes at several hospital and clinic locations. Subsidized for low-income patients. * SNAP Enrollment through clinic community health</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, 5	advocate in partnership with Colorado's leading anti-hunger organization * Commitment to sourcing local foods for hospital use by participating in Denver's Anchor Institution project For our third CHNA priority, Access to Care, one goal was advanced: Increase the number of primary care providers. For this goal, we achieved the following: * Systemwide initiative to increase access to primary care providers by hiring 300 more in the next 12 months * Centura's digital team is improving the ability for patients to access care and services with online scheduling and improved portal capabilities All three prioritized needs were addressed by Penrose-St. Francis and provided benefits related to improving the health of our community through multiple programs. Including, providing families with room nights and services equating to \$314,425 at the John Zayn Guest House for patient's families regardless of the ability to pay; dedicated over \$486,686 in the areas of nutrition services, wellness activities, and community outreach to 3,968 persons.

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 o f 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 cri sis through training about identification and resources through Mental Health First Aid (M HFA) 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 t he number of appropriate referrals to available resources within the community. Intentiona l St. Anthony Summit Medical Center and community stakeholders identified three significan t needs in their community which they prioritized and focused on. The prioritized needs we re Behavioral Health, Substance Use, and Food Security and Health Equity. The process foll owed to address the needs, was to create several goals for each need, and then implementin g specific activities and metrics to measure progress of address the need. For our first C HNA priority, Mental Health, three goals were advanced: Reach 80% of school-aged youth wit h social cohesion/resiliency strategy; Increase capacity of our community to support behav ioral health needs through increased awareness and reduced stigma of behavioral health; an d, Increase people reporting access to behavioral health services. For these goals we achi eved the following: * Partnered with Building Hope Summit County for all youth stigma rela ted activities. Including, Social emotional curriculum, Second Step K-8 * We're a partner for Building Hope Summit County - a community-wide initiative designed to create a more co ordinated, effective and responsive mental health system that promotes emotional health, r educes stigma and improves access to care and support. * In Summit they have awarded 1500 therapy scholarships since 2017, provided 8500 1-hour therapy sessions and now have 40 the rapists credentialed to accept insurance. * Conducted six trainings on consent, sexting an d health dating relationships * Joint partnership training with Summit Advocates, includin g a Spanish bilingual volunteer. * Our goal was 25% of the student body, but with this pla n set up with the school district, we're look to at least 80% of the student body. * Contr acted with UnitedWay 2-1-1 to provide state-wide behavioral health resources as part of ou r Social Determinants of Health Strategy For our second CHNA goal, Substance Use, we advan ced two goals: Reduce opioid prescription, misuse and abuse; and, increase community aware ness and education regarding 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, 6	<p>pioid crisis, safe use, safe storage and overdose. For this goal, we achieved the followin g: *</p> <p>Implemented Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT i s an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders. *</p> <p>Scaled Alternative to Op ioids (ALTOs). The ALTO Program uses targeted non-opioid medications, trigger point inject ions, nitrous oxide, and ultrasound guided nerve blocks to tailor patients' pain managemen t needs and avoid opioids whenever possible. *</p> <p>Scaled Zero Suicide. The foundational belie f of Zero Suicide is that suicide deaths for individuals under the care of health and beha vioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide tr ansformation toward safer suicide care. We partnered with Rocky Mountain Crisis Partners (RMCP) to refer patients to appropriate interventions. For our third CHNA priority, Food Se curity, three goals were utilized and then implemented to use evidence-based practice appr oaches, including: Decreasing number of food deserts by 20%; Decreasing number of communit y members eligible but not enrolled in SNAP by 60%; Increasing use of locally-sourced, hea lthy affordable foods within Centura Health by 50%. For these goals, we achieved the follo wing: *</p> <p>Coalition membership with Blueprint to End Hunger CO- Policy advocacy Project to e nable local business to accept SNAP/WIC benefits *</p> <p>Implemented a Community Health Worker m odel - Community food advocate outreach to encourage both consumers and retailers to parti cipate in DUFb program *</p> <p>Sponsored CSA boxes at several hospital and clinic locations. Sub sidized for low-income patients. *</p> <p>SNAP Enrollment through clinic community health advocat e in partnership with Colorado's leading anti-hunger organization *</p> <p>Commitment to sourcing local foods for hospital use by participating in Denver's Anchor Institution project All three prioritized needs were addressed by St. Anthony Summit Medical Center and provided b enefits related to improving the health of our community through multiple programs. Includ ing \$262,573 in community health improvement services and community benefit operations; \$1 5,093 in health professions education; \$268,214 in subsidized health services; and, \$74,25 0 in cash and in-kind contributions for community benefit.</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, 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 Behavioral Health, Access to Healthy Affordable Food, and Lung disease. 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. For our first CHNA priority, Behavioral health, three goals were utilized and then implemented to use evidence-based practice approaches, including: * Reach 80% of school-aged youth with social cohesion/resiliency strategy. * Increase capacity of our community to support behavioral health needs through increased awareness and reduced stigma of behavioral health * Increase people reporting access to behavioral health services For these goals, we achieved the following: * Secured \$413K from CommonSpirit to strengthen maltreatment prevention services in our pediatric clinic * Partnership with Colorado's HealthySteps * By working collaboratively with the primary care, early childhood and community agencies who serve children and families, we're opening pathways for early identification and support and giving all Colorado children an equal opportunity to thrive. * Led School Mental Health Community of Practice-Virtual forum for school administrators and teachers to learn about mental health training, including support * Scaled a Youth resiliency and mental health support program with various community partners. Focused on team-building, life-skills training and apprenticeships -all with the aim to increase protective factors and strengthen youth resiliency * Advanced grassroots efforts with Latinx and Black communities to reduce stigma associated with seeking behavioral health services For our second CHNA priority, Food Security, three goals were utilized and then implemented to use evidence-based practice approaches, including: Decreasing number of food deserts by 20%; Decreasing number of community members eligible but not enrolled in SNAP by 60%; Increasing use of locally-sourced, healthy affordable foods within Centura Health by 50%. For these goals, we achieved the following: * Coalition membership with Blueprint to End Hunger CO- Policy advocacy Project to enable local business to accept SNAP/WIC benefits * Implemented a Community Health Worker model - Community food advocate outreach to encourage both consumers and retailers to participate in DUFEB program * Sponsored CSA boxes at several hospital and clinic locations. Subsidized for low-income patients. * SNAP Enrollment through clinic community health advocate in partnership with Colorado's leading anti-hunger organization * Commitment to sourcing local foods for hospital use by participating in Denver's Anchor Institution project For our third CHNA priority, Lung Disease prevention, three goals were utilized and then implemented to use e

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	vidence-based practice approaches, including: working with community partners to promote t obacco cessation efforts. Collaborate with youth serving agencies/organizations to increas e protective factors to discourage tobacco use among youth and decrease use among youth. A nd collaborate with agencies that work with pregnant women to decrease tobacco use during pregnancy and postpartum. For these goals we achieved the following: * Collaborated with F remont County Department of Public Health and Environment on Tobacco cessation efforts. Es tablished a referral pathway from our primary care and pediatric clinics to the health dep artment to ensure that families have access to smoking cessation programs. * Secured fundi ng and scaled a maltreatment prevention program for our pediatric offices. All three prior itized needs were addressed by St. Thomas More and provided benefits related to improving the health of our community through multiple programs. Including \$153,846 in cash and in-k ind contributions for community benefit.

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, Access to Healthy Affordable Foods, Access to Safe and Stable Housing, 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 goals for Behavioral Health were to reach 80% of school-age youth with a behavioral health strategy; Increase capacity of our community to support behavioral health needs through increased awareness of BH and reduced stigma associated with BH; and Increase people reporting access to BH services by 40%. SAH has Implemented Zero Suicide Framework within its hospital to increase screening and referral processes, including training for all staff. The Alternatives to Opioids program is running in our hospital to provide alternatives to opioid use and potential addiction. To reduce mental health stigma, the Let's Talk campaign had 2.5 million impressions and partnerships have been established with LatinX and Black community ambassadors to conduct outreach among their communities. Additionally, a baseline assessment was done in our local school district, and programming has been implemented to reach 5,875 students previously not reached. Access to Safe and Stable Housing goals were to increase access to safe and stable housing and shelter within the community; and to increase by 60% the number of community members who are identified for housing insecurity and referred to resources in the community. SAH has participated on local housing and homeless coalitions and is in the process of implementing a housing stability assessment question into our EHR to refer patients to available resources. Access to Healthy Affordable Food goals were to increase by 20% the number of produce sites that accept SNAP and WIC; increase the number of locations to sell healthy affordable food by 20%; increase number of community members eligible but not enrolled in SNAP by 60%; and to increase local sourcing of produce by 50%. SAH has partnered with organizations to provide technical assistance and funding to businesses to accept SNAP and WIC. Additionally, we have partnered to work with retailers to offer Double Up Food Bucks for produce purchase. In partnership with a local organization, SNAP outreach was done in multiple languages resulting in 4,816 SNAP applications completed. Our hospital system has done an inventory of purchasing patterns and is beginning to shift sourcing. Injury Prevention goals were designed to align with our behavioral health goals. Our team was actively involved in local coalitions to inform our behavioral health work.</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	rk and to reduce injuries associated with violence and substance use

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, 9	Facility A, 9 - ST ANTHONY NORTH HOSPITAL. St Anthony North Hospital (SAN) and community stakeholders identified three significant needs in their community which they prioritized and focused on. The prioritized needs were Behavioral Health, Access to Healthy Affordable Foods, Access to Safe and Stable Housing, 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 goals for Behavioral Health were to reach 80% of school-age youth with a behavioral health strategy; Increase capacity of our community to support behavioral health needs through increased awareness of BH and reduced stigma associated with BH; and Increase people reporting access to BH services by 40%. SAH has Implemented Zero Suicide Framework within its hospital to increase screening and referral processes, including training for all staff. The Alternatives to Opioids program is running in our hospital to provide alternatives to opioid use and potential addiction. To reduce mental health stigma, the Let's Talk campaign had 2.5 million impressions and partnerships have been established with LatinX and Black community ambassadors to conduct outreach among their communities. Additionally, a baseline assessment was done in our local school district, and programming has been implemented to reach 11,278 students previously not reached. Access to Safe and Stable Housing goals were to increase access to safe and stable housing and shelter within the community; and to increase by 60% the number of community members who are identified for housing insecurity and referred to resources in the community. SAH has participated on local housing and homeless coalitions and is in the process of implementing a housing stability assessment question into our EHR to refer patients to available resources. Access to Healthy Affordable Food goals were to increase by 20% the number of produce sites that access SNAP and WIC; increase the number of locations to sell healthy affordable food by 20%; increase number of community members eligible but not enrolled in SNAP by 60%; and to increase local sourcing of produce by 50%. SAH has partnered with organizations to provide technical assistance and funding to businesses to accept SNAP and WIC. Additionally, we have partnered to work with retailers to offer Double Up Food Bucks for produce purchase. In partnership with a local organization, SNAP outreach was done in multiple languages resulting in 4,816 SNAP applications completed. Our hospital system has done an inventory of purchasing patterns and is beginning to shift sourcing.

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 MERCY HOME HEALTH ONE MERCADO STREET suite 270 DURANGO, CO 81301	HEMECARE
1 SENIOR HEALTH CENTER WEST 11700 W 2nd Place Lakewood, CO 80228	PRIMARY CARE GERIATRICS
2 Endocrinology Diabetes & Thyroid Specialists of Colorado 11700 W 2nd Place Suite 210 Lakewood, CO 80228	physician clinic
3 PHYSICIAN PARTNERS ORTHOPAEDIC SURGERY 4112 OUTLOOK BLVD PUEBLO, CO 81008	ORTHOPAEDIC SURGERY
4 ASSOCIATED SURGEONS 11700 W 2nd Place Suite 210 Lakewood, CO 80228	GENERAL SURGERY
5 Southern Colorado Gynecology Oncology 2222 N Nevada Ave Suite 2025 Colorado Springs, CO 80907	physician office
6 PENROSE URGENT CARE AT CRIPPLE CREEK 1101 TELLER COUNTY ROAD 1 CRIPPLE CREEK, CO 80813	URGENT CARE
7 MERCY DIAGNOSTIC LAB 2577 N MAIN AVE DURANGO, CO 81301	MDS SERVICES
8 CENTURA HOME OXYGEN-PUEBLO 4025 CLUB MANOR DRIVE PUEBLO, CO 81008	HOME MEDICAL EQUIP.
9 PSF Primary Care Health Care Services 6011 E Woodmen Suite 100 Colorado Springs, CO 80923	Physician office
10 Southern Colorado Breast Care Specialists 2312 N Nevada Ave Suite 235 Colorado Springs, CO 80907	physician office
11 PROGRESSIVE CARE CENTER 1338 PHAY AVE CANON CITY, CO 81212	SKILLED NURSING RESPITE CARE
12 ST ANTHONY HOSPICE 1391 SPEER BLVD Suite 600 DENVER, CO 80204	HOME HOSPICE
13 SENIOR HEALTH CENTER NORTH 8510 BRYANT ST SUITE 250 WESTMINSTER, CO 80031	PRIMARY CARE GERIATRICS
14 Cardiac and Thoracic Surgery Associates PC 2222 N Nevada Ave Suite 5011 Colorado Springs, CO 80907	Physicians

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 CHAMBERS SPECIALTY SURGICAL CARE 11700 W 2nd Place Suite 210 Lakewood, CO 80228	GENERAL SURGERY
1 ST ANTHONY KEYSTONE MEDICAL CLINIC 1252 COUNTY ROAD 8 KEYSTONE, CO 80435	PRIMARY CARE/URGENT CARE/ER
2 NORTH RIDGE MEDICAL PRACTICE 13691 COLORADO BLVD SUITE 106 THORNTON, CO 80602	PRIMARY CARE
3 CENTURA HOME OXYGEN-COLORADO SPRINGS 4260 BUCKINGHAM DR suite 100 COLORADO SPRINGS, CO 80907	HOME MEDICAL EQUIP.
4 TOUCHSTONE 1925 E ORMAN PUEBLO, CO 81004	FAMILY PRACTICE
5 INTERNAL MEDICINE 614 YALE CANON CITY, CO 81212	INTERNAL MEDICINE
6 Southern Colorado Vascular Surgery 2222 N Nevada Ave Suite 5011 Colorado Springs, CO 80907	Physician office
7 INTERMOUNTAIN NEURO PHYSICIANS 11750 W 2nd Place Suite 255 Lakewood, CO 80228	OUTPATIENT NEURO
8 REHABILITATIONCCOM 1338 PHAY AVE CANON CITY, CO 81212	REHAB CLINIC ORTHOPAEDIC CLINIC CCOM
9 FAMILY MEDICINE CLINIC NORTH 8510 BRYANT ST SUITE 210 WESTMINSTER, CO 80031	PRIMARY CARE CLINIC RESIDENCY FACILITY
10 Centura Family Care Center 916 Indiana Ave Pueblo, CO 81004	Physician clinic
11 PENROSE MOUNTAIN URGENT CARE CLINIC 41 STATE HIGHWAY 67 WOODLAND PARK, CO 80863	URGENT CARE OP REHAB
12 Advanced Care in Endocrinology and Diabetes 3207 North Academy Blvd Suite 1300 Colorado Springs, CO 80917	Physician Practice
13 SOUTHERN COLORADO FAMILY MEDICINE 1008 MINNEQUA AVE PUEBLO, CO 81004	FAMILY PRACTICE
14 HOSPICE OF MERCY ONE MERCADO STREET suite 270 DURANGO, CO 81301	HEMOCARE

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 Mercy Cardiology Associates 1 Mercado Street Durango, CO 81301	outpatient care clinic
1 CHPG Westminster Internal & Family Medicine 400 W 144th Suite 260A Westminster, CO 80023	PHYSICIAN PRACTICE
2 Aspen Ridge ENT 11700 2nd Place Suite 210 Lakewood, CO 80228	outpatient clinic
3 ST MARY CORWIN HOME SERVICES 4025 CLUB MANOR DRIVE PUEBLO, CO 81003	HEMOCARE
4 PRIMARY CARE SERVICES 4231 W 16TH AVE DENVER, CO 80204	PRIMARY CARE CLINIC
5 CENTURA HOME OXYGEN-DENVER 2590 W 2ND AVE SUITE 5 DENVER, CO 80219	HOME MEDICAL EQUIP.
6 ST ANTHONY COPPER MOUNTAIN CLINIC 860 COPPER RD COPPER MOUNTAIN, CO 80443	PRIMARY CARE URGENT CARE
7 Urgent Care of Golden 1030 Johnson Rd Suite 200 Golden, CO 80401	OP Urgent care
8 OBGYN SERVICES 1335 PHAY AVE SUITE B CANON CITY, CO 81212	OB/GYN
9 SASMC AMBULATORY SURGERY CENTER 340 PEAK ONE DRIVE FRISCO, CO 80443	AMBULATORY SURGERY CENTER
10 Durango Cancer Center 1 Mercado Street Suite 100 Durango, CO 81301	radiation and follow up care for cancer patients
11 The Vascular Center of Colorado LLC 2222 N Nevada Ave Ste 3000 Colorado Springs, CO 80907	Medical facility
12 Audubon Ambulatory Surgery Center LLC 3030 North Circle Drive Colorado Springs, CO 80909	Surgery Medical facility
13 CHICUSP Surgery Center LLC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001	Surgery Medical facility
14 Colorado Springs CK Leasing LLC 630 Southpointe Court Ste 200 Colorado Springs, CO 80906	Medical facility

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

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

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

Name and address	Type of Facility (describe)
46 CHIC-AMSurg Surgery Center LLC 1A Burton Hills Blvd Nashville, TN 37215	Medical facility
1 Three Springs Imaging LLC 1Mercado Street Ste 200A Durango, CO 81301	Imaging Medical facility
2 Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003	Surgery Medical facility
3 Penrad Imaging LLC 1390 Kelly Johnson Blvd Colorado Springs, CO 80920	Imaging Medical facility
4 Vibra Hospital of Denver LLC 4600 Lena Drive Mechanicsburg, PA 17055	Medical facility
5 Synergy Orthopedics 8510 Bryant St Suite 320 Westminster, CO 80031	Physician clinic
6 SMC GASTROENTEROLOGY 1925 E ORMAN PUEBLO, CO 81004	GASTROENTEROLOGY PRACTICE
7 WOMEN'S HEALTH SPECIALISTS 13691 Colorado Blvd Suite 106 thornton, CO 80602	WOMEN'S CARE CLINIC
8 DURANGO URGENT CARE AT DMR 1 SKIER PLACE DURANGO, CO 81301	URGENT CARE
9 PSF Primary Care Health Care Services 2960 N Circle Dr Suite 100 Colorado Springs, CO 80909	Physcian office
10 North Metro Internal Medicine 8300 Alcott St Suite 302 Westminster, CO 80031	outpatient clinic
11 SUMMIT CARDIOLOGY 360 PEAK ONE DR Suite 390 FRISCO, CO 80443	CARDIOLOGY PRACTICE
12 PENROSE HOME CARE 7015 TALL OAKS DRIVE COLORADO SPRINGS, CO 80919	HOME HOSPICE
13 SMC SURGICAL PHYSICIANS 1925 E ORMAN PUEBLO, CO 81004	GENERAL SURGERY
14 Dimension Pain Management 400 W 144th Suite 240 Westminster, CO 80031	Physician Practice

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 PENROSE COMMUNITY HOSPITAL 3205 N CASCADE AVE COLORADO SPRINGS, CO 80917	OP CLINIC URGENT CARE NO IP SERVICES
1 SURGERY SERVICES & THE MEDICAL HOME 1339 PHAY AVE CANON CITY, CO 81212	SURGERY PRACTICE FAMILY PRACTICE
2 Vascular & Endovascular Specialist of Colorado 11700 W 2nd Place Suite 210 Lakewood, CO 80228	SPECIALTY SURGERY
3 SMC Physician Partners-Rehab 1925 E ORMAN PUEBLO, CO 81004	REHAB PHYSICIAN
4 BRECKENRIDGE MEDICAL CLINIC 555 S PARK AVE PLAZA II PO BOX 6909 BRECKENRIDGE, CO 80424	PRIMARY CARE/URGENT CARE/ER
5 TOUCHSTONE PUEBLO WEST CLINIC 141 S PURCELL BLVD Suite 106 PUEBLO WEST, CO 81007	FAMILY PRACTICE
6 PSYCHIATRIC SERVICES 11600 W 2nd Place Lakewood, CO 80228	OUTPATIENT CLINIC
7 ST ANTHONY HEALTH CENTER EVERGREEN 1520 EVERGREEN PKWY EVERGREEN, CO 80439	PHYSICIAN PRACTICE
8 MERCY HEALTH SERVICES CLINIC 1800 E THIRD AVE DURANGO, CO 81301	HEALTH SERVICES
9 Centura Health Urgent Care Canon City 3245 E US Hwy 50 Canon City, CO 81212	urgent care clinic
10 Rocky Mountain Sports and Family Medicine 1315 Fortino Blvd W Pueblo, CO 81008	physician clinic
11 AZTEC DIAGNOSTIC LAB 604 S RIO GRANDE AZTEC, NM 87410	MDS SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

Catholic Health Initiatives Colorado

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 33

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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: 20011424
Software Version: 2020v4.0
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
CITY OF COLORADO SPRINGS PO Box 1575 MC 250 Colorado Springs, CO 80901	84-6000573	CITY OF CO SPRINGS	75,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
ONWARD A LEGACY FOUNDATION PO BOX 26 CORTEZ, CO 81321	26-0045741	501(c)(3)	72,202	0	N/A	N/A	GENERAL OPERATING 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
ARRUPE JESUIT HIGH SCHOOL 4343 Utica St Denver, CO 80212	46-0508814	501(c)(3)	29,200	0	N/A	N/A	GENERAL OPERATING SUPPORT
CROSSROADS TURNING POINTS INC 4 Montebello Road Pueblo, CO 81001	84-0810723	501(c)(3)	24,000	0	N/A	N/A	GENERAL OPERATING 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
LOCAL FIRST FOUNDATION PO Box 2058 Durango, CO 81301	32-0600640	501(c)(3)	20,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
VUELA FOR HEALTH 3532 N Franklin ST Denver, CO 80205	84-1444277	501(c)(3)	20,000	0	N/A	N/A	GENERAL OPERATING 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
AMERICAN JUNIOR GOLF FOUNDATION INC 1980 Sports Club Drive Braselton, GA 30517	58-1433914	501(c)(3)	15,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
TEAM SUMMIT COLORADO 800 Copper Road 3307 Copper Mountain, CO 80443	74-2529909	501(C)(3)	15,000	0	N/A	N/A	GENERAL OPERATING 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
UNIVERSITY OF COLORADO 1420 Austin Bluffs Parkway Colorado Springs, CO 80919	84-6000555	501(c)(3)	15,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
The Greater Colorado Springs Chamber and EDC 102 S Tejon Street Suite 430 Colorado Springs, CO 80903	84-0174190	501(c)(6)	14,583	0	N/A	N/A	GENERAL OPERATING 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
Southern Colorado Womens Chamber of Commerce PO Box 49218 Colorado Springs, CO 80949	84-1235063	501(c)(6)	14,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
POLICE FOUNDATION OF COLORADO SPRINGS 10 Lake Cir Colorado Springs, CO 80906	27-0926740	501(c)(3)	12,211	0	N/A	N/A	GENERAL OPERATING 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
ADAMS COUNTY REGIONAL ECONOMIC PARTNERSHIP 1870 W 122nd Ave Suite 300 Westminster, CO 80234	84-0872188	501(c)(6)	11,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
CARE AND SHARE 2605 Preamble Point Colorado Springs, CO 80915	84-0731930	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING 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
DISCOVER GOODWILL FOUNDATION 1460 Garden of the Gods Road Colorado Springs, CO 80907	84-1488592	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
FIRE FOUNDATION OF CO SPRINGS PO Box 8051 Colorado Springs, CO 80933	81-3734979	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING 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
NEWBORN HOPE INC PO Box 2515 Colorado Springs, CO 80901	84-1093905	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
PEAK VISTA COMMUNITY HEALTH CENTERS 3205 N Academy Blvd Suite 130 Colorado Springs, CO 80917	84-0617567	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING 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
RED ROCKS COMMUNITY COLLEGE 13300 W 6th Ave Arvada, CO 80228	38-3721881	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
SMART COMMUTE METRO NORTH 12200 Pecos ST Suite 100 Westminster, CO 80234	46-0567410	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING 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
Susan G Komen Breast Cancer Foundation Inc National Office 13770 NOEL ROAD STE 801889 DALLAS, TX 75380	84-1199858	501(c)(3)	10,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
CATHOLIC CHARITIES OF CENTRAL COLORADO INC 228 N Cascade Ave Colorado Springs, CO 80903	84-0586169	501(c)(3)	7,500	0	N/A	N/A	GENERAL OPERATING 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
FIVE STAR EDUCATION FOUNDATION 1500 E 128th Ave Thornton, CO 80241	74-2401659	501(c)(3)	7,500	0	N/A	N/A	GENERAL OPERATING SUPPORT
GROWING HOME INC 3489 W 72nd Ave Suite 112 Westminster, CO 80030	84-1461503	501(c)(3)	7,500	0	N/A	N/A	GENERAL OPERATING 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
ROCKY MOUNTAIN PARTNERSHIP 1500 E 128th Ave Thornton, CO 80241	45-3139024	501(c)(3)	7,500	0	N/A	N/A	GENERAL OPERATING SUPPORT
INSTITUTE OF THE DAUGHTERS OF MARY HELP OF CHRISTIANS 2403 MARLBOROUGH PL Colorado Springs, CO 80909	74-2476099	501(C)(3)	7,200	0	N/A	N/A	GENERAL OPERATING 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 DIOCESE OF PUEBLO FOUNDATION 101 N Greenwood Street Pueblo, CO 81003	84-0797660	501(c)(3)	6,500	0	N/A	N/A	GENERAL OPERATING SUPPORT
Housing & Building Association of Colorado Springs 4585 Hilton Parkway Colorado Springs, CO 80907	84-0426532	501(c)(6)	6,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANTHONY HEALTH FOUNDATION 1160 West 2nd place Lakewood, CO 80228	84-0405257	501(c)(3)	6,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
FOOD FOR HOPE PO Box 685 Eastlake, CO 80614	47-3117111	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING 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
FRONT RANGE COMMUNITY COLLEGE 3645 W 112Th Ave Westminster, CO 80031	38-3721881	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
LIFE NETWORK 3700 Galley Rd Colorado Springs, CO 80909	84-0970592	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING 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
MANNA SOUP KITCHEN PO Box 1196 Durango, CO 81301	84-1004473	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
NAMI CS 1615 S Murray Blvd Colorado Springs, CO 80916	74-2338585	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING 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
PIKES PEAK HOSPICE FOUNDATION 2550 Tenderfoot Hill Street Colorado Springs, CO 80906	84-0816047	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING SUPPORT
PIKES PEAK UNITED WAY 518 North Nevada Avenue Colorado Springs, CO 80903	84-0511799	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING 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
SUMMIT NORDIC SKI CLUB PO Box 1882 Frisco, CO 80443	20-1811513	501(c)(3)	5,000	0	N/A	N/A	GENERAL OPERATING SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Catholic Health Initiatives Colorado		Employer identification number 84-0405257

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[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 4a Severance or change-of-control payment	IN CALENDAR YEAR 2020 THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE: CHARLES MCCONNELL - \$277,646
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>During the 2020 calendar year, CommonSpirit maintained a supplemental non-qualified deferred compensation plan for Division CEOs/presidents and other designated CommonSpirit executives at the level of senior vice president and above. Due to the "super" vesting rules under the deferred compensation plan, participants who have met certain requirements such as involuntary termination without cause, age, age and years of service, or more than 5 years of plan participation are eligible to receive their 2020 contributions in cash. During 2020, the following payments were made pursuant to the super vesting rules: Mitch Melfi, \$174,168 Patricia Webb, \$190,532. Compensation amounts for the supplemental nonqualified retirement plans discussed above are reported as deferred compensation in the year accrued (Schedule J, Part II, column C) and are reflected again as reportable compensation in the year paid (Schedule J, Part II, column B (iii)). 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 FORFEITURE PROVISIONS AND AN ELECTED VESTING SCHEDULE. DURING THE CALENDAR YEAR 2020, THE FOLLOWING INDIVIDUALS PARTICIPATED IN AND RECEIVED THE FOLLOWING AMOUNTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLANS: SERP & PENSION RESTORATION CREDIT: KENNETH BACON - \$236,124 PETER BANKO - \$484,198 MICHAEL CAFASSO - \$59,080 CARRIE DAMON - \$23,321 DANIEL ENDERSON - \$206,422 BRIAN ERLING - \$154,382 ANDREW GAASCH - \$87,932 THOMAS GESSEL - \$251,614 KEVIN JENKINS - \$77,170 CHARLES MCCONNELL - \$25,575 KRIS ORDELHEIDE - \$149,518 EDWARD SIM - \$293,206 SERP & PENSION RESTORATION LIQUIDATIONS: KRIS ORDELHEIDE - \$149,518 MIKE CAFASSO - \$59,080 THOMAS GESSEL - \$127,828 DANIEL ENDERSON - \$173,519</p> <p>Certain listed persons participate in the Dignity Health Excess Benefit Plan, a nonqualified supplemental benefit plan limited to participants in the Dignity Health Retirement Plan whose benefits are affected by the limitations imposed by sections 401(a)(17) and 415 of the Internal Revenue Code. Benefit service under this plan was frozen as of January 1, 2008. No reportable individuals received payments pursuant to the plan arrangement during 2020. Certain listed persons employed by Dignity Health are eligible to participate in non-qualified 457(f) plans that are subject to substantial risk of forfeiture, as required by the IRS. The 2007 Executive Deferred Compensation Plan is for executives hired prior to June 30, 2006. The benefit is intended to bridge the difference, if any, between the benefit provided under the Dignity Health Excess Benefit Plan had benefit service not been frozen at January 1, 2008, and the benefits provided from all other qualified and non-qualified plans. Benefits vest under this 457(f) plan at the later of the date the participant attains age 62 or is credited with 15 years of service. The 2010 Executive Deferred Compensation Plan is for certain officers and key employees, primarily those who are not eligible to participate in the Dignity Health Excess Benefit Plan or the 2007 Executive Deferred Compensation Plan described above. This benefit provides an annual accrual of 10% of total compensation and is payable annually on July 1 once vested, which is age 62 with 5 years of service. The plan also allows for special awards. Payments pursuant to the plan arrangements for one board member occurred during 2020 include E. Shih, \$384,755. Compensation amounts for the supplemental nonqualified retirement plans discussed above are reported as deferred compensation in the year accrued (Schedule J, Part II, column C) and are reflected again as other reportable compensation in the year paid (Schedule J, Part II, column B(iii)).</p>
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: 20011424
Software Version: 2020v4.0
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				
1DEAN SWINDLE CPA	(i)	0	0	0	0	0	0	0
FORMER VICE CHAIR	(ii)	85,245	993,564	2,650,566	10,863	0	3,740,238	0
1Elizabeth Shih	(i)	0	0	0	0	0	0	0
Chair (as of Jan 2021)	(ii)	939,218	1,344,006	629,007	639,195	92,442	3,643,868	384,755
2PATRICIA WEBB FACHE	(i)	0	0	0	0	0	0	0
Chair (thru Dec 2021)	(ii)	863,126	1,217,675	2,151,073	16,484	17,949	4,266,307	0
3Anthony Jones	(i)	0	0	0	0	0	0	0
Board Member (thru Dec 2021)	(ii)	1,172,323	1,760,362	15,757	15,734	11,549	2,975,725	0
4Mitch H Melfi ESQ	(i)	0	0	0	0	0	0	0
Board Member	(ii)	797,503	1,140,998	179,925	17,150	17,949	2,153,525	0
5Dan Morissette	(i)	0	0	0	0	0	0	0
BOARD MEMBER/ CSH CFO	(ii)	1,255,586	1,792,008	270,795	376,999	39,464	3,734,852	0
6Tammy Wilcox	(i)	0	0	0	0	0	0	0
Board Member (as of Jan 2021)	(ii)	612,163	506,250	110,947	515,297	51,846	1,796,503	0
7PETER BANKO	(i)	0	0	0	0	0	0	0
President	(ii)	1,467,907	1,132,546	11,709	494,173	29,203	3,135,537	0
8Dan Enderson	(i)	0	0	0	0	0	0	0
Treasurer (thru Feb 2021)	(ii)	708,356	452,736	184,806	215,522	23,508	1,584,928	0
9Andrew Gaasch	(i)	0	0	0	0	0	0	0
Treasurer (as of Mar 2021)	(ii)	418,319	173,303	966	94,757	34,428	721,773	0
10Kris Ordelheide	(i)	0	0	0	0	0	0	0
Secretary	(ii)	541,542	346,649	165,807	158,618	21,610	1,234,225	0
11MATTHEW Leary	(i)	0	0	0	0	0	0	0
Former CFO - St. Anthony Hospital	(ii)	414,537	115,557	2,190	9,975	30,171	572,430	0
12CHARLES MCCONNELL	(i)	0	0	0	0	0	0	0
Former CEO Mercy Regional Medical Center	(ii)	126,080	134,129	280,897	30,539	14,438	586,083	0
13PETER POWERS	(i)	0	0	0	0	0	0	0
Former CEO - St. Anthony Hospital	(ii)	115,477	0	2,515	2,842	7,303	128,137	0
14Kenneth Bacon	(i)	0	0	0	0	0	0	0
Group President & CEO of St. Anthony Hospital	(ii)	852,093	462,445	12,434	246,099	30,765	1,603,836	0
15Mike Cafasso	(i)	0	0	0	0	0	0	0
CEO - St. Mary-Corwin Medical Center	(ii)	337,232	137,849	72,107	68,318	29,324	644,829	0
16Brian Erling	(i)	0	0	0	0	0	0	0
CEO - Penrose St. Francis Health Services	(ii)	609,476	291,589	9,477	164,357	30,536	1,105,435	0
17Thomas Gessel	(i)	0	0	0	0	0	0	0
Group President	(ii)	853,430	538,154	138,577	261,589	29,599	1,821,349	0
18Kevin Jenkins	(i)	0	0	0	0	0	0	0
CEO - St. Anthony Hospital	(ii)	427,242	181,461	8,974	87,145	29,789	734,611	0
19Michael Murphy	(i)	0	0	0	0	0	0	0
Interim CEO - Mercy Regional Medical Center (thru Jan 2021)	(ii)	331,471	90,391	11,296	9,975	16,493	459,626	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 Tadd Richert Group CFO & CFO - Penrose St. Francis Health Services	(i)	0	0	0	0	0	0	0
	(ii)	415,753	133,785	1,430	6,825	32,008	589,800	0
1 Edward Sim EVP & COO - ST. ANTHONY HOSPITAL	(i)	0	0	0	0	0	0	0
	(ii)	952,278	661,783	10,800	303,181	30,968	1,959,010	0
2 Jane Strobel CFO Mercy Regional Medical Center	(i)	0	0	0	0	0	0	0
	(ii)	252,621	56,834	3,534	7,705	473	321,167	0
3 Carrie Damon SVP & Chief Information Officer	(i)	0	0	0	0	0	0	0
	(ii)	449,434	115,809	5,024	23,321	18,885	612,473	0
4 Camille Azar Physician	(i)	819,313	220,659	7,813	7,583	29,251	1,084,620	0
	(ii)	0	0	0	0	0	0	0
5 Marchyarn Mahathanaruk Physician	(i)	477,402	428,902	912	9,975	0	917,191	0
	(ii)	0	0	0	0	0	0	0
6 Raymond Mencini Physician	(i)	542,887	438,171	14,087	6,067	20,896	1,022,107	0
	(ii)	0	0	0	0	0	0	0
7 Keith Minihane PHYSICIAN	(i)	608,863	298,234	1,559	6,825	33,258	948,739	0
	(ii)	0	0	0	0	0	0	0
8 Allison Roberts PHYSICIAN	(i)	505,137	462,589	1,041	9,975	7,797	986,539	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Health Initiatives Colorado

Employer identification number
84-0405257

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Clayton Koobs	Family member of KEY EMPLOYEE	24,975	COMPENSATION FOR SERVICES AS AN EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
Catholic Health Initiatives Colorado**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection****Employer identification number**

84-0405257

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a 2020 Form 1099 fillings	Centura Health Corporation, a related tax exempt organization is the common paymaster for CHI Colorado therefore, all vendors, including independent contractors, are paid and reported by Centura Health Corporation on behalf of these named entities.

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, COMMONSPIRIT HEALTHS' ("CSH") 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 COMMONSPIRIT HEALTH ("CSH"), 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 COMMONSPIRIT HEALTH, 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 COMMONSPIRIT HEALTH ("CSH"). 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 COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CSH 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 CSH TO ACCOMPLISH CSH'S GOALS AND OBJECTIVES, AND TO SATISFY CSH DEBTS. PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, CSH 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 CSH, CHIC, CENTURA HEALTH CORPORATION, AND ADVENT HEALTH, CERTAIN MATTERS AFFECTING CHIC MUST BE APPROVED BY BOTH PORTERCARE AND CSH. THOSE ITEMS INCLUDE: - THE TRANSFER OF ASSETS VALUED AT OVER \$3000,000 - 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>CENTURA HEALTH CORPORATION ("CHC") MANAGES THE DAILY ACTIVITIES OF THE ORGANIZATION UNDER A JOINT OPERATING AGREEMENT BETWEEN THE ADVENT HEALTHCARE SYSTEM AND COMMONSPIRIT HEALTH. THE ORGANIZATION HAS ADOPTED THE COI POLICY OF CHC. THE POLICY READS AS FOLLOWS: 1. CONFLICT OF INTEREST POLICY 1.1 CONSISTENT WITH CENTURA INTEGRITY STANDARDS, IT IS POLICY THAT EACH BOARD OF TRUSTEE MEMBER, CORPORATE OFFICER, AND KEY EMPLOYEE ACT AT ALL TIMES IN A MANNER THAT IS CONSISTENT WITH CENTURA'S MISSION AND VALUES BASED SERVICE TO THE COMMUNITY AND EXERCISE CARE THAT HE OR SHE DOES NOT HAVE ANY PERSONAL INTEREST WHICH MIGHT CONFLICT WITH OR APPEAR TO CONFLICT WITH THE INTEREST OF CENTURA OR WHICH MIGHT INFLUENCE THEIR JUDGMENT OR ACTIONS IN PERFORMING THEIR DUTIES. 1.1.1 IN CONNECTION WITH AN ACTUAL OR POSSIBLE TRANSACTION OR ARRANGEMENT INVOLVING CENTURA, ANY BOARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST DISCLOSE AND BE GIVEN THE OPPORTUNITY TO SHARE ALL MATERIAL FACTS WITH THE BOARD CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. 1.1.2 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS ON AN ANNUAL BASIS THROUGH THE CONFLICT OF INTEREST QUESTIONNAIRE. 2. PROCEDURE FOR DISCLOSING AND REVIEWING TRANSACTION OR ARRANGEMENT CONFLICT OF INTERESTS: 2.1 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES THAT HAVE A FINANCIAL INTEREST IN ANY ACTUAL OR POSSIBLE TRANSACTION INVOLVING CENTURA ARE REQUIRED TO DISCLOSE THE FINANCIAL INTEREST. 2.1.1 IN ORDER TO DETERMINE IF A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WHO IS CONSIDERED TO HAVE A FINANCIAL INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING. AFTER SUCH PRESENTATION, THE INDIVIDUAL SHALL LEAVE THE MEETING FOR DISCUSSION AND A VOTE ON THE ISSUE. 2.1.2 AFTER EXERCISING DUE DILIGENCE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE WHETHER CENTURA CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM ANOTHER PERSON OR ENTITY. IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER THE TRANSACTION IS IN CENTURA'S BEST INTEREST AND IS FAIR. 3. PROCEDURE FOR DISCLOSING AND REVIEWING OTHER CONFLICT OF INTERESTS: 3.1 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES SHALL ALSO DISCLOSE IN ADVANCE TO CENTURA LEADERS ANY NON-TRANSACTIONAL ACTIONS OR RELATIONSHIPS THAT HAVE THE POTENTIAL TO CREATE A CONFLICT OF INTEREST. 3.1.1 THE BOARD OR BOARD COMMITTEE SHALL CAREFULLY REVIEW AND SCRUTINIZE ANY CONFLICT OF INTEREST. BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, THE BOARD SHALL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE BOARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE UNDER THE CIRCUMSTANCES, INCLUDING POSSIBLE CORRECTIVE ACTION, IN ORDER TO BEST PROTECT THE INTERESTS OF CENTURA. 3.1.2 ON AN ANNUAL BASIS, BOARD MEMBERS, CORPORATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>OFFICERS, AND KEY EMPLOYEES WILL ALSO BE SENT AN EMAIL REQUESTING THEY COMPLETE THE BOARD MEMBER AND CORPORATE OFFICER CONFLICT OF INTEREST QUESTIONNAIRE BY THE SPECIFIED DUE DATE IN THE EMAIL. 3.1.3 THE CORPORATE RESPONSIBILITY DEPARTMENT SHALL NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY POTENTIAL CONFLICTS AND THE CHAIRPERSON, OR DESIGNEE, SHALL PERFORM FURTHER INVESTIGATION AS HE OR SHE DEEMS APPROPRIATE. 4. RECORD OF PROCEEDINGS: 4.1 THE MINUTES OF THE BOARD AND BOARD COMMITTEE SHALL CONTAIN: 4.1.1 THE NAMES OF PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST AND THE NATURE OF THE FINANCIAL INTEREST. 4.1.2 THE NAMES OF PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO ANY FINANCIAL INTEREST, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES, AND A RECORD OF THE BOARD OR BOARD COMMITTEE DECISION. 5. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY: 5.1 IF THE BOARD OR BOARD COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INDIVIDUAL HAS FAILED TO DISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT, THE INDIVIDUAL WILL BE GIVEN A CHANCE TO EXPLAIN. 5.1.1 AFTER HEARING THE RESPONSE, THE BOARD WILL CONDUCT SUCH ADDITIONAL INVESTIGATION AS APPROPRIATE. IF THE BOARD DETERMINES THAT THE INDIVIDUAL HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THE CONFLICT OF INTEREST POLICY, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION.</p>

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 Commonspirit health's' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT commonspirithealth.org.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Parking Lot Revenue - Total Revenue: 96189, Related or Exempt Function Revenue: 96189, 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: 13935908, Program Service Expense: 13869591, Management and General Expenses: 66317, Fundraising Expenses: ; Purchased Services - Total Expense: 35871187, Program Service Expense: 30490509, Management and General Expenses: 5380678, Fundraising Expenses: ; Support Allocation - Total Expense: 249013092, Program Service Expense: 224111783, Management and General Expenses: 24901309, Fundraising Expenses: ; Regional Pool - Total Expense: 4239402, Program Service Expense: 4239402, Management and General Expenses: , Fundraising Expenses: ; Physician Remuneration - Total Expense: 93021024, Program Service Expense: 93021024, Management and General Expenses: , Fundraising Expenses: ; Medical Services - Total Expense: 51622665, Program Service Expense: 51622665, Management and General Expenses: , Fundraising Expenses: ; Lab Internal Purchase Services - Total Expense: 36555444, Program Service Expense: 36555444, Management and General Expenses: , Fundraising Expenses: ; Works Comp Ins - Total Expense: 9303109, Program Service Expense: 7907643, Management and General Expenses: 1395466, Fundraising Expenses: ; Other Purchased Services - Total Expense: 33760887, Program Service Expense: 28696754, Management and General Expenses: 5064133, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Equity changes of unconsolidated orgs - 49734704; Transfer to affiliates - -45825210;

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136162832

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Catholic Health Initiatives Colorado

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

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

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	

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

See Additional Data Table

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

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

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

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

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

1a

No

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

1b

No

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

Yes

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

1m

Yes

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

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

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

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION	C	10,005,518	FMV

Schedule R (Form 990) 2020

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).

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
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	HOSPITAL	NE	501(c)(3)	3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH		No
345 S Halcyon Rd Arroyo Grande, CA 93420 20-3256066	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
420 34TH Street Bakersfield, CA 93301 95-1802779	HOSPITAL	CA	501(c)(3)	3	DCC		No
350 West Thomas Road Phoenix, AZ 85013 86-0174371	FUNDRAISING FOUNDATION	AZ	501(c)(3)	7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	Type I	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	BSLHV		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	INACTIVE	PA	501(c)(3)	Type I	CSH		No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING FOUNDATION	TX	501(c)(3)	Type I	TCHB		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(c)(3)	3	TCHB		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	rehabilitation	TX	501(c)(3)	10	SJSC		No
1401 South Grand Avenue Los Angeles, CA 90015 95-4000909	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HOSPITAL	ND	501(c)(3)	3	CSH		No
9100 East Mineral Circle Centennial, CO 80112 84-0405257	HOSPITAL	CO	501(c)(3)	3	CSH		No
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(c)(3)	3	CSH		No
9100 East Mineral Circle Centennial, CO 80112 84-0902211	FUNDRAISING FOUNDATION	CO	501(c)(3)	7	CHIC		No
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004	FUNDRAISING FOUNDATION	CO	501(c)(3)	Type I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	Telehealth	CO	501(c)(3)	Type I	CHI NS		No
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CENTER	OR	501(c)(3)	10	MMC - Roseburg		No
300 OLD RIVER ROAD STE 200 BAKERSFIELD, CA 93311 84-4171789	CLINIC	CA	501(c)(3)	3	DCC		No
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	INACTIVE	KS	501(c)(3)	3	CSH		No
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	SENIOR LIVING	MN	501(c)(3)	10	CSH		No
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	ACH		No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	Investments	KY	501(c)(3)	Type I	CSH		No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	Senior Living	OH	501(c)(3)	Type I	SFH-OH		No
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(c)(3)	3	MHCS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HOME HEALTH	CO	501(c)(3)	10	CHI NS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HOLDING CO	CO	501(c)(3)	Type I	CSH		No
12809 West Dodge Road Omaha, NE 68510 36-3233121	HOLDING CO	NE	501(c)(3)	Type I	CSH		No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	Type I	CSH		No
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	Type I	CSH		No
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(c)(3)	3	CHISVHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type I	SVIMC		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(c)(3)	3	CHISVHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	Type I	NA		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 85-3374038	FUNDRAISING FOUNDATION	CO	501(c)(3)	7	CSH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 85-0919176	Operating Investments	DE	501(c)(3)	Type I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	Research	CO	501(c)(3)	Type I	CSH		No
1805 Medical Center Drive San Bernardino, CA 92411 95-1643373	HOSPITAL	CA	501(c)(3)	3	DCC		No
625 Eden Park Drive 7th Floor CINCINNATI, OH 45202 23-7419853	HOLDING CO	OH	501(c)(4)		GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AH-CMHMV		No
One Saint Joseph Drive LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(c)(3)	3	SJHS		No
185 BERRY STREET STE 200 San Francisco, CA 94107 81-5009488	HOSPITAL	CO	501(c)(3)	3	CSH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(c)(3)	3	CSH		No
200 Mercy Oaks Drive Redding, CA 96003 23-7115371	Senior Center Services	CA	501(c)(3)	7	DH		No
185 BERRY STREET STE 200 San Francisco, CA 94107 46-2037641	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
2101 N Waterman Avenue San Bernardino, CA 92404 23-7440086	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
475 South Dobson Road Chandler, AZ 85224 74-2418514	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No
185 BERRY STREET STE 200 San Francisco, CA 94107 94-3006034	Self Insurance	CA	501(c)(3)	Type I	DH		No
185 BERRY STREET STE 200 San Francisco, CA 94107 81-3800752	Self Insurance	NV	501(c)(3)	Type I	DH		No
3400 Data Drive Rancho Cordova, CA 95670 68-0220314	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(c)(3)	Type I	DCC		No
185 BERRY STREET STE 200 San Francisco, CA 94107 94-6612446	Self Insurance	CA	501(c)(3)	Type I	DH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
1555 Soquel Drive Santa Cruz, CA 95065 77-0056778	Community Health System	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 94-2450442	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0127719	Operation and management of housing complex to elderly persons	CA	501(c)(3)	10	DHS		No
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	Type I	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(c)(3)	3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(c)(3)	3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	CHILC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING FOUNDATION	WA	501(c)(3)	10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(c)(3)	3	CSH		No
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	INACTIVE	MO	501(c)(3)	10	CSH		No
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	PHYSICIANS	WA	501(c)(3)	10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	INACTIVE	WI	501(c)(3)	10	CSH		No
1911 Johnson Avenue San Luis Obispo, CA 93401 20-3256125	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(c)(3)	3	SAMC		No
1420 South Central Avenue Glendale, CA 91204 95-3625651	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	INACTIVE	CO	501(c)(3)	Type I	CSH		No
625 Eden Park Drive 7th Floor CINCINNATI, OH 45202 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH		No
625 Eden Park Drive 7th Floor CINCINNATI, OH 45202 31-1206047	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No

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						Yes	No
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	GSH-KN		No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(c)(3)	3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING FOUNDATION	WA	501(c)(3)	7	HMC		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING FOUNDATION	MN	501(c)(3)	Type I	SFMC-MN		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(c)(3)	3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	ASSIST LIVING	IA	501(c)(3)	7	CHI-IA CORP		No
One Saint Joseph Drive LEXINGTON, KY 40504 61-1029768	HOSPITAL	KY	501(c)(3)	3	KOH		No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	PHYSICIANS	KY	501(c)(3)	10	JHSMH		No
One Saint Joseph Drive LEXINGTON, KY 40504 61-1029769	HEALTHCARE	KY	501(c)(3)	Type I	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(c)(3)	3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	LHC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	KOH		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(c)(3)	3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	ASSIST LIVING	KY	501(c)(3)	10	CHILC		No
1400 E Church Street Santa Maria, CA 93454 95-3818027	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
768 Mountain Ranch Road San Andreas, CA 95249 68-0127677	HOSPITAL	CA	501(c)(3)	3	DCC		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING FOUNDATION	TN	501(c)(3)	7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(c)(3)	3	CSH		No

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						Yes	No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS		No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(c)(3)	3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	Type I	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	INACTIVE	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	Type I	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING FOUNDATION	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING FOUNDATION	OR	501(c)(3)	7	MMC - Roseburg		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(c)(3)	3	CSH		No
3865 J Street Sacramento, CA 95816 68-0117340	Senior Citizen's Housing/Retirement Communities	CA	501(c)(3)	10	DH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(c)(3)	3	CSH		No

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						Yes	No
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
204 N 4th Ave E Newton, IA 50314 42-1470935	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
301 E 13th Street Merced, CA 95340 77-0035928	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(c)(3)	3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MMC Williston		No
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2223 East Rosser Avenue Bismarck, ND 58501 91-1845296	MANAGEMENT	ND	501(c)(3)	7	SAMC		No
18300 Roscoe Blvd Northridge, CA 91328 23-7444901	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(c)(3)	3	CSH		No
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	OCH		No
1400 E Church Street Santa Maria, CA 93454 77-0447575	Clinic	CA	501(c)(3)	3	DCC		No
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No
3400 Data Drive Rancho Cordova, CA 95670 46-5322209	HOSPITAL	CA	501(c)(3)	3	DH		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	LTERM CARE	OH	501(c)(3)	10	CHILC		No
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	CHILC		No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC		No
9100 E Mineral Circle Centennial, CO 80112 84-1183335	Senior Center Services	CO	501(c)(3)	7	CHIC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2876836	INACTIVE	NJ	501(c)(3)	10	SCHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3639733	INACTIVE	NJ	501(c)(3)	10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3319886	INACTIVE	NJ	501(c)(3)	3	SCHS		No

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						Yes	No
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	INACTIVE	NE	501(c)(3)	3	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SFMC-NE		No
900 Hyde Street San Francisco, CA 94109 94-1156295	HOSPITAL	CA	501(c)(3)	3	DCC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
ONE ST JOSEPHS DRIVE LEXINGTON, KY 40504 61-1334601	HOSPITAL	KY	501(c)(3)	3	KOH		No
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	SJHHC		No
438 West Las Tunas Drive San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	Type I	DH		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING FOUNDATION	NE	501(c)(3)	Type I	AHMHS		No
155 Glasson Way Grass Valley, CA 95945 94-1439787	HOSPITAL	CA	501(c)(3)	3	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(c)(3)	3	CSH		No
2323 De La Vina St Suite 104 Santa Barbara, CA 93105 23-7137119	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	Type I	DH		No
1600 North Rose Avenue Oxnard, CA 93030 20-2865781	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
350 West Thomas Road Phoenix, AZ 85013 94-2941245	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No

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						Yes	No
1800 N California Street Stockton, CA 95204 51-0432777	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1050 Linden Avenue Long Beach, CA 90813 23-7153876	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1050 Linden Avenue Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	Type I	DH		No
450 Stanyan Street San Francisco, CA 94117 94-3336143	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FUNDRAISING FOUNDATION	NV	501(c)(3)	Type I	DH		No
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(c)(3)	3	CSH		No
1145 Broadway Plaza STE 1200 TACOMA, WA 98402 86-3590968	INACTIVE	WA	501(c)(3)	10	FHS		No
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUNDRAISING FOUNDATION	OR	501(c)(3)	Type I	SAH		No
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(c)(3)	3	SVIMC		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(c)(3)	3	CSH		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING FOUNDATION	KS	501(c)(3)	Type I	SCH		No
12469 Five Point Road TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	CHILC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	INVESTMENTS	OR	501(c)(4)		CSH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2536017	INACTIVE	NJ	501(c)(3)	8	SCHS		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(c)(3)	3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING FOUNDATION	TX	501(c)(3)	Type I	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	LTERM CARE	TX	501(c)(3)	10	SJSC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-0591461	INACTIVE	MD	501(c)(3)	3	CSH		No

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						Yes	No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(c)(3)	3	SJSC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-1311775	INACTIVE	MD	501(c)(3)	Type I	SJMC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	Type I	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(c)(3)	3	CSH		No
2500 Fairway St DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(c)(3)	3	CSH		No
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	CHILC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING FOUNDATION	TX	501(c)(3)	7	SLHS		No
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	Type I	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 Hermann Drive Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	Type I	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	Type I	SLCDC-SL		No
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SMCH		No

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						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING FOUNDATION	AR	501(c)(3)	Type I	SVIMC		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	PHYSICIANS	AR	501(c)(3)	10	SVIMC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 34-1412964	HOLDING CO	OH	501(c)(3)	Type I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-5357161	INACTIVE	OH	501(c)(3)	Type I	SFH-OH		No
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	CHILC		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(c)(3)	3	SLHS		No
625 Eden Park Drive 7th Floor CINCINNATI, OH 45202 31-0537486	HOSPITAL	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	Type I	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	INACTIVE	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	THS		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	Type I	NA		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(c)(3)	3	THS		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-1768334	INACTIVE	NJ	501(c)(3)	10	SCHS		No
1003 Willo Creek Road Prescott, AZ 86301 86-0098923	Hospital	AZ	501(c)(3)	3	DCC		No
1003 Willo Creek Road Prescott, AZ 86301 86-1038463	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	YRMC		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
American Mercy Home Care LLC 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	NA	N/A				No			No	
ARIZONA CARE NETWORK - NEXT LLC 4222 E THOMAS RD STE 400 Phoenix, AZ 85018	Care Network	AZ	NA	N/A				No			No	
Arizona Care Network LLC (ACN LLC) 4222 E THOMAS RD STE 400 Phoenix, AZ 85013	Care Network	AZ	NA	N/A				No			No	
Arizona Diagnostic Radiology Group LLC 1510 Cotner Avenue Los Angeles, CA 90025	Diagnostic Services	CA	NA	N/A				No			No	
Audubon Land Company LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906	Real Estate	CO	NA	N/A				No			No	
BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030	HEALTHCARE SRVC	TX	NA	N/A				No			No	
BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124	AMBUL SURG CTR	NE	NA	N/A				No			No	
BERYWOOD OFFICE PROPERTIES LLC 2501 Citico Avenue CHATTANOGA, TN 37404	PHYS OFFICE	TN	NA	N/A				No			No	
BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD	Health Services	CH	NA	N/A				No			No	
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504	DIAGNOSTIC IMAGING	KY	NA	N/A				No			No	
CBCC Outsmarting Cancer LLC 6501 Truxtun Avenue Bakersfield, CA 93309	Radiation / Oncology	CA	NA	N/A				No			No	
CENTRAL NEBRASKA REHAB SVCS LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803	Physical Therapy	NE	NA	N/A				No			No	
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209	OP SURGERY CENTER	AL	NA	N/A				No			No	
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	INVESTMENTS	CO	NA	N/A				No			No	
CHICAMSURG Surgery Centers LLC 1A Burton Hills Blvd Nashville, TN 37215	SURGERY CENTER	CO	NA	N/A				No			No	

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							Yes	No		Yes	No	
Colorado Springs CK Leasing LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906	REAL ESTATE	CO	NA	N/A				No			No	
Community Mercy Home Care Services of Springfield LLC 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	NA	N/A				No			No	
DE JV LLC 8686 New Trails Drive The Woodlands, TX 77381	Emergency Care	NV	NA	N/A				No			No	
DHHP Surgery Centers LLC 1513 S Grand Avenue Ste 350 Los Angeles, CA 90015	SURGERY	DE	NA	N/A				No			No	
DHRT Holdings LLC 185 Berry Street Suite 200 San Francisco, CA 94107	Holding Company	DE	NA	N/A				No			No	
Dignity- GoHealthUrgent Care Mgmt LLC 5555 Glenridge Connector Ste 700 Atlanta, GA 30342	Management Services	DE	NA	N/A				No			No	
Dignity Health at Home LLC 1700 EDISON DR MILFORD, OH 45150	HEALTHCARE SRVC	DE	NA	N/A				No			No	
Dignity Health Specialty Pharmacy LLC 185 Berry Street Suite 200 San Francisco, CA 94107	Specialty Pharmacy Services	DE	NA	N/A				No			No	
Dignity Home Recovery Care LLC 49 Music Square West Suite 401 Nashville, TN 37203	Home Recovery Program	DE	NA	N/A				No			No	
DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC 14201 Dallas Parkway Dallas, TX 75254	Surgery	TX	NA	N/A				No			No	
DignityUSP NorCal Surgery Centers LLC 14201 Dallas Parkway Dallas, TX 75254	SURGERY	TX	NA	N/A				No			No	
DIGNITYUSP PHOENIX SURGERY CENTERS LLC 14201 Dallas Parkway Dallas, TX 75254	Surgery	TX	NA	N/A				No			No	
DignityUSPJohn Muir East Bay Surg Ctrs LLC 14201 Dallas Parkway Dallas, TX 75254	SURGERY	TX	NA	N/A				No			No	
Dignity-Abrazo Health Network LLC 4222 E THOMAS RD STE 400 PHOENIX, AZ 85018	Management Services	AZ	NA	N/A				No			No	
Dominican Magnetic Resonance Imaging Center 1545 Soquel Drive Santa Cruz, CA 94065	Imaging Center	CA	NA	N/A				No			No	

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							Yes	No		Yes	No	
ECCS ACQUISITION COMPANY LLC 2940 NORTH CIRCLE DRIVE COLORADO SPRINGS, CO 80909	AMBUL SURG CTR	CO	NA	N/A				No			No	
Endoscopy Center of Arkansas 1024 North University Ave Little Rock, AR 72207	Diagnostic Services	AR	NA	N/A				No			No	
Folsom Sierra Endoscopy Center LP 1671 Creekside Drive Suite 100 Folsom, CA 95630	Endoscopy	CA	NA	N/A				No			No	
Franciscan Medical Pavilion Bonney Lake LLC 6622 Wollochet Dr NW Gig Harbor, WA 98335	Real Estate	WA	NA	N/A				No			No	
FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202	HEALTHCARE SRVC	WA	NA	N/A				No			No	
Good Samaritan Home Care Services of Vincenne IN LLC 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	NA	N/A				No			No	
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045	PROPERTY HOLDING	WI	NA	N/A				No			No	
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802	LAUNDRY	NE	NA	N/A				No			No	
Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401	ONCOLOGY	KS	NA	N/A				No			No	
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130	AMBUL SURG CTR	NE	NA	N/A				No			No	
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130	ENDOSCOPY SRVC	NE	NA	N/A				No			No	
Lexington MBO Partners Ltd 5050 South Syracuse St Ste 800 Denver, CO 80237	Real Estate	CO	NA	N/A				No			No	
LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET Lincoln, NE 68510	Real Estate	NE	NA	N/A				No			No	
Memorial Medical Plaza 3838 San Dimas Suite B 201 Bakersfield, CA 93301	Real estate	CA	NA	N/A				No			No	
Mercy Davis Cancer Center Management Co LLC 2740 M Street Merced, CA 95340	Management of Cancer Center	CA	NA	N/A				No			No	

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							Yes	No		Yes	No	
Mercy Rehabilitation Hospital LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202	HEALTHCARE SRVC	TX	NA	N/A				No			No	
Military Road Properties LLC 181 S 333rd Street STE 250 Federal Way, WA 98003	Real Estate	WA	NA	N/A				No			No	
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122	SPINE HOSPITAL	NE	NA	N/A				No			No	
NICU Operating CO of Santa Cruz LLC 1555 Soquel Drive Santa Cruz, CA 95065	Neonatal Healthcare	CA	NA	N/A				No			No	
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120	AMBUL SURG CTR	AR	NA	N/A				No			No	
NORTHERN PLAINS LABORATORY LLC 401 N 9 STREET BISMARK, ND 58501	Diagnostic Services	ND	NA	N/A				No			No	
NSC Channel Islands LLC 569 Brookwood Village Suite 901 Birmingham, AL 35209	Ambulatory surgical center	CA	NA	N/A				No			No	
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228	ORTHO HOSPITAL	CO	NA	N/A				No			No	
Park Rapids Area Health Care 600 Pleasant Avenue S Park Rapids, MN 56470	HEALTHCARE SRVC	MN	NA	N/A				No			No	
Patient Transport Services of Columbus Inc 1700 EDISON DR MILFORD, OH 45150	Ambulance	OH	NA	N/A				No			No	
PENINSULA RADIATION ONCOLOGY CENTER LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405	HEALTHCARE SRVC	WA	NA	N/A				No			No	
Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920	Medical Imaging	CO	NA	N/A				No			No	
Performance Med Equip & Respir Svsc LLC 19625 62nd Ave S STE 101 Kent, WA 98032	Holding Company	WA	NA	N/A				No			No	
Plaza Surgery Center LP 525 E Plaza Drive Suite 100 Santa Maria, CA 93454	Surgery	CA	NA	N/A				No			No	
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002	HOSPITAL	TX	NA	N/A				No			No	

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							Yes	No		Yes	No	
Precision Medicine Alliance LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	Diagnostic Services	CO	NA	N/A				No			No	
Radiation Oncology Centers of Ventura County 1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030	IMAGING	CA	NA	N/A				No			No	
RBR Management LLC 91 Corporate Park Drive Suite 120 Henderson, NV 89074	Ambulance	NV	NA	N/A				No			No	
Reid-ANC Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	IN	NA	N/A				No			No	
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503	Inactive	DE	NA	N/A				No			No	
Saint Joseph Health ASC LLC 1 Saint Joseph Drive Lexington, KY 40504	Surgery	KY	NA	N/A				No			No	
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	KY	NA	N/A				No			No	
Santa Cruz Comprehensive Imaging LLC 1661 Soquel Drive Suite G Santa Cruz, CA 95065	Imaging	CA	NA	N/A				No			No	
Santa Cruz Land & Building LP 1555 Soquel Drive Santa Cruz, CA 95065	REAL ESTATE	CA	NA	N/A				No			No	
Santa Cruz Surgery Center LLC 3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065	SURGERY	CA	NA	N/A				No			No	
Seven Oaks Surgery Center LLC 1801 Orange Tree Lane Suite 200 Redlands, CA 92374	Surgery	CA	NA	N/A				No			No	
Southeastern Home Care LLC 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	NA	N/A				No			No	
St Joseph's Surgery Center LP 15305 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001	Surgery	TX	NA	N/A				No			No	
St Elizabeth Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	KY	NA	N/A				No			No	
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	NA	N/A				No			No	

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

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							Yes	No		Yes	No	
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030	Diagnostic Services	TX	NA	N/A				No			No	
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030	HOSPITAL	TX	NA	N/A				No			No	
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030	Diagnostic Services	TX	NA	N/A				No			No	
Templeton Surgery Center LLC 1310 Las Tablas Road Suite 104 Templeton, CA 94365	Surgery	CA	NA	N/A				No			No	
The Medical Pavilion at St John's 1600 Rose Avenue Oxnard, CA 93030	Real Estate	CA	NA	N/A				No			No	
THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301	HEALTHCARE SRVC	CO	NA	N/A				No			No	
Tia Arizona LLC 3030 N Central Avenue Suite 1402 Phoenix, AZ 85012	Clinic	AZ	NA	N/A				No			No	
Valley Physicians Surgery Center At Northridge LLC 18330 Roscoe Blvd Northridge, CA 91328	Surgery	CA	NA	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	NA	C Corporation					No
All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN CJ 98-0556913	Insurance	CJ	NA	C Corporation					No
ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	NA	C Corporation					No
Alternative Insurance Management Service Inc 198 Inverness Drive West Englewood, CO 80112 84-1112049	Management Services	CO	NA	C Corporation					No
AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	NA	C Corporation					No
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	NA	C Corporation					No
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Inactive	KY	NA	C Corporation					No
BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Healthcare	TX	NA	C Corporation					No
Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	NA	C Corporation					No
Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	NA	C Corporation					No
CHI St Luke's Health - Memorial Condominium Association Inc 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	NA	C Corporation					No
ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	NA	C Corporation					No
Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Ambulatory Surgery Center	CA	NA	S Corporation					No
Comcare Services Inc 9100 E Mineral Circle Centennial, CO 80112 84-0904813	Inactive	CO	NA	C Corporation					No
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	NA	C Corporation					No

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								Yes	No
Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	NA	C Corporation					No
Dignity Health Holding Corporation 185 Berry Street Suite 200 San Francisco, CA 94107 46-0675371	Holding Co	NV	NA	C Corporation					No
Dignity Health Insurance Ltd PO Box 1051 Grand Cayman Islands, GRAND CAYMAN CJ 98-1065338	Captive Insurance	CJ	NA	C Corporation					No
Dignity Health Provider Resources Inc 185 Berry Street Suite 200 San Francisco, CA 94107 47-3366764	Health Plan	CA	NA	C Corporation					No
Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Healthcare	TX	NA	C Corporation					No
Franciscan City Urgent Care Srvs PS C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Inactive	NY	NA	C Corporation					No
Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Holding Co	CO	NA	C Corporation					No
Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	NA	C Corporation					No
HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	NA	C Corporation					No
Health Services of the Pacific Central Coast Inc 1400 E Church Street Santa Maria, CA 93454 77-0074057	Healthcare	CA	NA	C Corporation					No
Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	NA	C Corporation					No
Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Inactive	WA	NA	C Corporation					No
HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	NA	C Corporation					No
Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical Services	WA	NA	C Corporation					No
Integrated Medical Services 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	Multi-specialty physicians group	AZ	NA	C Corporation					No

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								Yes	No
KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	NA	C Corporation					No
Medical Office Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	NA	C Corporation					No
Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	NA	C Corporation					No
Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Inactive	TX	NA	C Corporation					No
Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Inactive	IA	NA	C Corporation					No
Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	NA	C Corporation					No
MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	NA	C Corporation					No
Millennium Surgery Center Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	Healthcare	CA	NA	S Corporation					No
Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	NA	C Corporation					No
North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	NA	C Corporation					No
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	NA	C Corporation					No
QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	NA	C Corporation					No
QualChoice Health Plan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	NA	C Corporation					No
QualChoice Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	NA	C Corporation					No
QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	NA	C Corporation					No

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								Yes	No
QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	NA	C Corporation					No
RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	NA	C Corporation					No
RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	NA	C Corporation					No
Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	NA	C Corporation					No
Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Inactive	NJ	NA	C Corporation					No
SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Inactive	CO	NA	C Corporation					No
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Inactive	KY	NA	C Corporation					No
SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	NA	C Corporation					No
St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharmacy	CA	NA	C Corporation					No
St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	NA	C Corporation					No
St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	NA	C Corporation					No
St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	NA	C Corporation					No
St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	NA	C Corporation					No
STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	NA	C Corporation					No
Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Inactive	TX	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Towson Management Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 52-1710750	Inactive	MD	NA	C Corporation					No
TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	NA	C Corporation					No