

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Taxpayer identification number (TIN) 84-0482695
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1600 PRAIRIE CENTER PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRIGHTON, CO 80601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KYLE ENGMAN

• The books are in the care of ▶ **500 ELDORADO BLVD, SUITE 4200 - BROOMFIELD, CO 80021**

Telephone No. ▶ **303-813-5543** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION Doing business as PLATTE VALLEY MEDICAL CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 PRAIRIE CENTER PARKWAY City or town, state or province, country, and ZIP or foreign postal code BRIGHTON, CO 80601 F Name and address of principal officer: JAMIE CAMPBELL SAME AS C ABOVE	D Employer identification number 84-0482695 E Telephone number 303-498-1600 G Gross receipts \$ 185,054,170. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ SEE SCHEDULE O		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1958		M State of legal domicile: CO

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>FOSTER OPTIMAL HEALTH FOR ALL</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1125
	6	Total number of volunteers (estimate if necessary)	6	56
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	106,854.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	12,727,446.	2,703,942.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150,898,202.	176,302,493.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,744,658.	3,046,510.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,882,480.	1,945,510.
	12		168,252,786.	183,998,455.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	500,374.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	68,126,796.	73,789,378.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,153,599.	105,441,366.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	168,780,769.	179,445,123.
	19	Revenue less expenses. Subtract line 18 from line 12	-527,983.	4,553,332.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	303,535,497.	301,542,275.
	22	Net assets or fund balances. Subtract line 21 from line 20	87,411,598.	80,752,846.
	22		216,123,899.	220,789,429.

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 TROY STOEHR, VP FINANCE & CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's address ▶	Firm's EIN ▶	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOSTER OPTIMAL HEALTH FOR ALL

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 163,795,496. including grants of \$ 214,379.) (Revenue \$ 176,703,100.) IN 1960, THE CITY OF BRIGHTON WANTED TO BRING HEALTHCARE TO OUR COMMUNITY. THEY FORMED AUXILIARY TEAMS, RALLIED TROOPS, AND WENT DOOR TO DOOR UNTIL THEY RAISED \$500,000 TO OPEN BRIGHTON COMMUNITY HOSPITAL (BCH) IN 1960. BCH BECAME THE FIRST PRIVATE GENERAL MEDICAL-SURGICAL HOSPITAL IN ADAMS AND SOUTHERN WELD COUNTIES AND COLORADO'S FIRST TWO-STAGE HOSPITAL-NURSING HOME MEDICAL UNIT LICENSED UNDER ONE ROOF. IN 1980, BCH BECAME PLATTE VALLEY MEDICAL CENTER.

TODAY, WE ARE A SECULAR HOSPITAL AFFILIATED WITH SCL HEALTH SYSTEM. WE AFFILIATED WITH SCL HEALTH IN 2015 TO STRENGTHEN OUR POSITION AND DELIVER MORE ADVANCED CARE THROUGH THE EXPANSION OF SPECIALTIES AND SERVICES. OUR WORK IS A REFLECTION OF OUR CARE AND CONCERN FOR EVERYONE

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 163,795,496.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
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 1125		
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.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.	15	X
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	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KYLE ENGMAN - 303-813-5543**
500 ELDORADO BLVD, SUITE 4200, BROOMFIELD, CO 80021

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TAJQUAH HUDSON DIRECTOR	1.00 50.00	X					50.	957,014.	189,217.	
(2) DANIEL HAMMAN, MD PHYSICIAN COMP PLAN	50.00 0.00				X		905,001.	0.	53,079.	
(3) SHAWN DUFFORD, MD DIRECTOR	1.00 50.00	X					50.	812,632.	109,807.	
(4) MATTHEW GAWART, MD PHYSICIAN COMP PLAN	50.00 0.00				X		867,281.	0.	23,993.	
(5) JOHN HICKS CEO/PRESIDENT	50.00 0.00	X		X			730,844.	0.	108,633.	
(6) AARON BAXTER, MD PHYSICIAN COMP PLAN	50.00 0.00				X		673,499.	0.	41,748.	
(7) JOHN MANGELSON, MD PHYSICIAN COMP PLAN	50.00 0.00				X		651,134.	0.	28,436.	
(8) CHRISTOPHER CANNON, MD PHYSICIAN COMP PLAN	50.00 0.00				X		603,137.	0.	47,347.	
(9) KURT GENSERT VP CHIEF OPERATING/NURSING OFFICER P	50.00 0.00			X			373,358.	0.	71,694.	
(10) SEAN FADDEN FORMER OFFICER	0.00 50.00					X	0.	310,310.	64,557.	
(11) PRAKASH KARKI, MD VP CHIEF MEDICAL OFFICER PVMC	50.00 0.00				X		338,440.	0.	14,398.	
(12) TROY STOEHR VP FINANCE PVMC	50.00 0.00			X			215,234.	0.	57,741.	
(13) KIRK QUACKENBUSH, MD VP CHIEF MEDICAL OFFICER PVMC 1/1-4/	50.00 0.00				X		214,980.	0.	14,727.	
(14) JEFF BERNARD DIRECTOR	1.00 0.00	X					240.	0.	0.	
(15) STEVE BRIZENDINE, MD DIRECTOR	1.00 0.00	X					240.	0.	0.	
(16) PRADEEP DHAR, MD DIRECTOR	1.00 0.00	X					240.	0.	0.	
(17) MIKE DOLAN DIRECTOR	1.00 0.00	X					240.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BOB FEIS CHAIR	2.00 0.00	X		X				240.	0.	0.
(19) RICHARD GONZALES DIRECTOR	1.00 0.00	X						240.	0.	0.
(20) FAYE HUMMEL PAST CHAIR	2.00 0.00	X		X				240.	0.	0.
(21) MICHELLE LEBLANC-GROSS DIRECTOR	1.00 0.00	X						240.	0.	0.
(22) PATTY MURRAY DIRECTOR	1.00 0.00	X						240.	0.	0.
(23) JEFFREY SIPPEN, MD DIRECTOR	1.00 0.00	X						240.	0.	0.
(24) HEIDI STORZ DIRECTOR	1.00 0.00	X						240.	0.	0.
(25) BRUCE WALKER, MD DIRECTOR	1.00 0.00	X						240.	0.	0.
(26) ANN KING WHITE DIRECTOR	1.00 0.00	X						240.	0.	0.
1b Subtotal								5,576,128.	2,079,956.	825,377.
c Total from continuation sheets to Part VII, Section A								240.	0.	0.
d Total (add lines 1b and 1c)								5,576,368.	2,079,956.	825,377.

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 136

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	158,038.					
	e Government grants (contributions)	1e	2,545,904.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			2,703,942.				
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code	622110	176,302,493.	176,195,639.	106,854.		
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			176,302,493.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,077,382.			3,077,382.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	2,550,566.				
			(ii) Personal					
	b Less: rental expenses	6b		1,005,663.				
	c Rental income or (loss)	6c		1,544,903.				
	d Net rental income or (loss)			1,544,903.			1,544,903.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other		19,180.			
	b Less: cost or other basis and sales expenses	7b		50,052.				
c Gain or (loss)	7c		-30,872.					
d Net gain or (loss)			-30,872.			-30,872.		
8 a 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								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a CAFETERIA REVENUE	Business Code	722514	393,817.	393,817.			
	b EDUCATION CLASSES		611710	3,675.	3,675.			
	c VENDING MACHINE REVENUE		454210	1,995.	1,995.			
	d All other revenue		900099	1,120.	1,120.			
	e Total. Add lines 11a-11d			400,607.				
12 Total revenue. See instructions			183,998,455.	176,596,246.	106,854.	4,591,413.		

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	213,979.	213,979.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	400.	400.		
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	2,140,048.	2,085,733.	54,315.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	59,402,610.	57,311,748.	2,090,862.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,278,491.	2,016,984.	261,507.	
9 Other employee benefits	6,342,624.	6,243,084.	99,540.	
10 Payroll taxes	3,625,605.	3,552,642.	72,963.	
11 Fees for services (nonemployees):				
a Management	11,908.	11,908.		
b Legal				
c Accounting				
d Lobbying	1,884.	1,884.		
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 Sch O.)	7,785,437.	7,768,991.	16,446.	
12 Advertising and promotion	962,932.	19,439.	943,493.	
13 Office expenses	303,138.	290,531.	12,607.	
14 Information technology	11,514,347.	1,265,944.	10,248,403.	
15 Royalties				
16 Occupancy	3,730,258.	3,730,258.		
17 Travel	47,079.	44,491.	2,588.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	136,615.	136,615.		
20 Interest	2,237,117.	2,237,117.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,064,444.	11,064,444.		
23 Insurance	1,748,551.	1,748,551.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	24,613,213.	24,613,213.		
b CONTRACT SERVICES	12,311,289.	12,311,289.		
c BAD DEBT EXPENSE	8,183,921.	8,183,921.		
d PROVIDER FEE	6,841,656.	6,841,656.		
e All other expenses	13,947,577.	12,100,674.	1,846,903.	
25 Total functional expenses. Add lines 1 through 24e	179,445,123.	163,795,496.	15,649,627.	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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,977,982.	1	8,024,419.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,779,933.	4	24,012,528.
	5 Loans and other receivables from 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		5	
	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)		6	
	7 Notes and loans receivable, net	430,548.	7	593,818.
	8 Inventories for sale or use	3,680,594.	8	4,014,412.
	9 Prepaid expenses and deferred charges	1,199,182.	9	773,031.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 227,360,775.		
	b Less: accumulated depreciation	10b 56,346,971.		
	11 Investments - publicly traded securities	169,634,280.	10c	171,013,804.
	12 Investments - other securities. See Part IV, line 11	21,203,273.	11	21,141,867.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	10,000,000.	13	10,000,000.
	15 Other assets. See Part IV, line 11	72,629,705.	14	61,968,396.
16 Total assets. Add lines 1 through 15 (must equal line 33)	303,535,497.	15	301,542,275.	
17 Accounts payable and accrued expenses	29,447,827.	16	23,123,087.	
18 Grants payable		17		
19 Deferred revenue	188,064.	18	3,952,144.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	57,550,162.	22	52,810,916.	
24 Unsecured notes and loans payable to unrelated third parties		23		
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	225,545.	24	866,699.	
26 Total liabilities. Add lines 17 through 25	87,411,598.	25	80,752,846.	
26 Total liabilities. Add lines 17 through 25		26		
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	216,123,899.	27	220,789,429.
	28 Net assets with donor restrictions		28	
	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	216,123,899.	32	220,789,429.
33 Total liabilities and net assets/fund balances	303,535,497.	33	301,542,275.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	183,998,455.
2	Total expenses (must equal Part IX, column (A), line 25)	2	179,445,123.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,553,332.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	216,123,899.
5	Net unrealized gains (losses) on investments	5	321,477.
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 on Schedule O)	9	-209,279.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	220,789,429.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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 on 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		X
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	X	
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 on Schedule O.	X	
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? _____	X	
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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer 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.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 0.85 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0482695

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0482695
----------------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 158,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0482695
----------------------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0482695
----------------------------------------------------------------------------	---------------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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.**

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 organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0482695
------------------------------------------------------------------------	-----------------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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 (grassroots 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.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,884.
j Total. Add lines 1c through 1i			1,884.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PART II-B, LINE (1I), LOBBYING ACTIVITIES:

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION PAID MEMBERSHIP DUES TO THE COLORADO HOSPITAL ASSOCIATION OF WHICH THE AMOUNT IS ATTRIBUTED TO LOBBYING.

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

2021

Open to Public Inspection

Name of the organization **BRIGHTON COMMUNITY HOSPITAL ASSOCIATION** **Employer identification number** **84-0482695**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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?

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)?

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

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

Schedule D (Form 990) 2021

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,992,122.	1,833,173.	1,734,187.	1,821,097.	1,660,267.
b Contributions	220.			31,060.	19,481.
c Net investment earnings, gains, and losses	357,498.	255,617.	121,579.	104,128.	254,286.
d Grants or scholarships					75,000.
e Other expenditures for facilities and programs	106,574.	96,668.	22,593.	222,098.	37,937.
f Administrative expenses					
g End of year balance	2,243,266.	1,992,122.	1,833,173.	1,734,187.	1,821,097.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100.0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		15,833,066.		15,833,066.
b Buildings		161,758,551.	34,897,975.	126,860,576.
c Leasehold improvements		3,215,609.	1,122,203.	2,093,406.
d Equipment		42,128,940.	20,326,793.	21,802,147.
e Other		4,424,609.		4,424,609.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				171,013,804.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	60,118,732.
(2) THIRD PARTY SETTLEMENTS	509,552.
(3) RENT RECEIVABLES	158,946.
(4) RIGHT OF USE ASSETS	799,263.
(5) OTHER MISC RECEIVABLES	381,903.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	61,968,396.

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) LESSEE DEPOSITS	18,900.
(3) OTHER MISC PAYABLES	46,305.
(4) LEASE LIABILITIES	801,494.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	866,699.

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 FASB 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.

PART V, LINE 4:

TO PROVIDE FINANCIAL SUPPORT FOR THE PROGRAMS AND SERVICES OF PLATTE VALLEY MEDICAL CENTER. THE PERMANENT ENDOWMENT FUNDS ARE FOR PURPOSE AND TIME RESTRICTIONS IMPOSED BY DONORS.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **BRIGHTON COMMUNITY HOSPITAL ASSOCIATION** Employer identification number **84-0482695**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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 _____ %		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			3,410,872.		3,410,872.	1.90%
b Medicaid (from Worksheet 3, column a)			47,176,768.	31,525,278.	15,651,490.	8.72%
c Costs of other means-tested government programs (from Worksheet 3, column b)			611,311.	562,085.	49,226.	.03%
d Total. Financial Assistance and Means-Tested Government Programs			51,198,951.	32,087,363.	19,111,588.	10.65%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			650,377.	3,090.	647,287.	.36%
f Health professions education (from Worksheet 5)			1,264,955.		1,264,955.	.70%
g Subsidized health services (from Worksheet 6)			8,016,028.	4,523,525.	3,492,503.	1.95%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			254,447.		254,447.	.14%
j Total. Other Benefits			10,185,807.	4,526,615.	5,659,192.	3.15%
k Total. Add lines 7d and 7j			61,384,758.	36,613,978.	24,770,780.	13.80%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
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	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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: <u>20 21</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	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
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	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</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 checked="" 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	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <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 type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <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 checked="" 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</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 Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

	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?	X	
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?		X
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?	X	
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)

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	23	X
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.	24	X

Schedule H (Form 990) 2021

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 5: PLATTE VALLEY MEDICAL CENTER (PVMC) IS AN ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF BRIGHTON, COLORADO AND WHILE BRIGHTON IS SITUATED IN ADAMS COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN BOTH ADAMS AND WELD COUNTIES. WE ARE COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY. IN SO DOING, PVMC WORKED CLOSELY WITH COMMUNITY PARTNERS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2021. THE GOAL FOR THE CHNA WAS TO DETERMINE CURRENT AND PROJECTED FUTURE HEALTH CARE NEEDS IN THE PVMC PRIMARY COMMITMENT AREA AND TO IDENTIFY GAPS IN SERVICES TO IMPROVE THE HEALTH OF OUR COMMUNITY. WE UTILIZED FOUR METHODS OF COLLECTING PRIMARY DATA: COMMUNITY LEADER PRIORITIZATION MEETINGS; PUBLIC INPUT AT COMMUNITY EVENTS; ONLINE COMMUNITY SURVEYS; AND KEY INFORMANT PHONE SURVEYS.

COMMUNITY LEADER PRIORITIZATION MEETINGS

HOSPITAL LEADERS, DEPARTMENTAL REPRESENTATIVES, AND LEADERS FROM THE COMMUNITY MET ON JULY 9, 2021, TO DISCUSS AND PRIORITIZE THE SIGNIFICANT NEEDS. THE MEETING WAS A HYBRID OF IN-PERSON AND VIRTUAL PARTICIPATION USING GOOGLE MEET. THE GROUP RECEIVED A SUMMARY OF THE SECONDARY DATA. FOLLOWING THE PRESENTATION, THE ATTENDEES MET IN SMALL GROUPS TO DISCUSS THE 13 COMMUNITY NEEDS. THEY WERE THEN ASKED TO INDIVIDUALLY PRIORITIZE THE TOP SIX ISSUES IN THE PLATTE VALLEY MEDICAL CENTER SERVICE AREA. THE PARTICIPANTS IN THE ROOM WERE GIVEN FIVE GREEN DOTS AND TOLD TO PLACE A DOT NEXT TO THE FIVE ISSUES OF GREATEST IMPORTANCE. EACH DOT REPRESENTED ONE POINT. PARTICIPANTS WHO JOINED VIRTUALLY WROTE THEIR TOP FIVE ISSUES IN THE GOOGLE MEET CHAT. AFTER EVERYONE VOTED, THE VOTES WERE TALLIED UP.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

THE SIX ISSUES WITH THE MOST POINTS BECAME THE TOP SIX PRIORITY NEEDS.

A SECOND ROUND OF PRIORITIZATION TO INCORPORATE PRIMARY DATA COLLECTED, CONSISTED OF HOSPITAL LEADERS, DEPARTMENTAL REPRESENTATIVES, AND LEADERS FROM THE COMMUNITY. THE MEETING OCCURRED ON SEPTEMBER 15, 2021, TO DETERMINE THE PRIORITY NEEDS TO ADDRESS FOR THE NEXT THREE YEARS. THE MEETING WAS A HYBRID OF IN-PERSON AND VIRTUAL PARTICIPANTS USING GOOGLE MEET. THE GROUP RECEIVED A SUMMARY OF THE PRIMARY DATA COLLECTED FROM KEY INFORMANT PHONE INTERVIEWS, PUBLIC INPUT FROM COMMUNITY EVENTS, AND OPINIONS COLLECTED FROM A COMMUNITY ONLINE SURVEY. FOLLOWING THE PRESENTATION, ATTENDEES WERE GIVEN TIME IN SMALL GROUPS TO DISCUSS THE SIX ISSUES AND WERE ASKED TO INDIVIDUALLY PRIORITIZE THE TOP TWO ISSUES IN THE PLATTE VALLEY MEDICAL CENTER SURROUNDING AREA. THE PARTICIPANTS IN THE ROOM WERE GIVEN A NUMBER ONE DOT AND A NUMBER TWO DOT AND TOLD TO IDENTIFY THE TOP TWO ISSUES BY PLACING A DOT NEXT TO THE TWO ISSUES THEY FELT WERE OF GREATEST CONCERN. THE NUMBER ONE DOT WAS WORTH TWO POINTS AND THE NUMBER TWO DOT WAS WORTH ONE POINT. PEOPLE WHO JOINED VIRTUALLY SUBMITTED THEIR TOP TWO ISSUES IN THE GOOGLE MEET CHAT.

ORGANIZATIONS THAT TOOK PART IN THESE MEETINGS INCLUDED: ALMOST HOME, BOYS & GIRLS CLUB, BRIGHTON HOUSING AUTHORITY, WELD COUNTY HEALTH DEPARTMENT, EAGLE VIEW ADULT CENTER, SALUD FAMILY HEALTH CENTER, PENNOCK CENTER FOR COUNSELING, RICHARD LAMBERT FOUNDATION.

PUBLIC INPUT AT COMMUNITY EVENTS

PLATTE VALLEY MEDICAL CENTER ENGAGED COMMUNITY MEMBERS AT THREE EVENTS TO FURTHER DISCUSS AND PRIORITIZE THE NEEDS. THE FIRST COMMUNITY EVENT WAS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

HELD ON JULY 22, 2021, AT THE CITY OF BRIGHTON PICNIC AND ENGAGED 102 PEOPLE. THE SECOND EVENT WAS AUGUST 5, 2021, AT THE ADAMS COUNTY SENIOR RESOURCE FAIR AND ENGAGED 59 PEOPLE. THE THIRD COMMUNITY EVENT WAS HELD ON SEPTEMBER 11, 2021, AT THE FT. LUPTON TRAPPERS DAY AND ENGAGED 195 PEOPLE. A POSTER WITH THE TOP IDENTIFIED ISSUES WAS USED TO SOLICIT ADDITIONAL COMMUNITY INPUT. COMMUNITY MEMBERS WERE ASKED TO THINK ABOUT THE BIGGEST PROBLEMS IN THE COMMUNITY. THEY WERE THEN GIVEN TWO VOTES: ONE VOTE (WORTH TWO POINTS) TO IDENTIFY A PROBLEM THEY FELT WAS THE BIGGEST ISSUE, AND ONE VOTE FOR THE SECOND BIGGEST ISSUE (WORTH ONE POINT).

ONLINE COMMUNITY SURVEYS

COLORADO HEALTH INSTITUTE (CHI), A DENVER-BASED RESEARCH AND DATA ANALYSIS FIRM THAT WORKS TO PROVIDE HEALTH DECISION SUPPORT AND INSIGHTS, DEVELOPED AND CONDUCTED A COMMUNITY SURVEY ON BEHALF OF SCL HEALTH. THE SURVEY WAS ADMINISTERED TO MORE THAN 300 PEOPLE IN SCL HEALTH'S FRONT RANGE SERVICE REGION, INCLUDING DENVER, JEFFERSON, ADAMS, BROOMFIELD AND BOULDER COUNTIES, FROM AUGUST 10 TO AUGUST 23, 2021. THE SURVEY WAS PROVIDED IN ENGLISH AND SPANISH. CHI SENT THE ELECTRONIC SURVEY LINK TO POTENTIAL PARTICIPANTS BY EMAIL USING CONSTANT CONTACT, WITH LIMITED ADDITIONAL OUTREACH THROUGH PERSONAL EMAILS AND SOCIAL MEDIA POSTS. SCL HEALTH'S INTERNAL COMMUNICATIONS TEAM ASSISTED WITH SURVEY DISSEMINATION BY SENDING TARGETED EMAILS TO LOCAL CONTACTS. THROUGH THE USE OF ZIP CODE IDENTIFICATION, SURVEY RESULTS WERE SEGMENTED BY EACH HOSPITAL'S SERVICE AREA. OF THE RESPONDENTS, 49 WERE RESIDENTS OF ADAMS AND WELD COUNTIES.

KEY INFORMANT PHONE SURVEYS

SEVENTEEN (17) PHONE INTERVIEWS WERE CONDUCTED FOR THE CHNA FROM JULY 26

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

TO SEPTEMBER 9, 2021. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED WITH HEALTH AND WELLBEING IN ADAMS AND WELD COUNTIES WHO SPOKE TO ISSUES AND NEEDS IN THE COMMUNITIES SERVED BY THE MEDICAL CENTER. THE IDENTIFIED STAKEHOLDERS WERE INVITED BY EMAIL TO PARTICIPATE IN A PHONE INTERVIEW. THE STAKEHOLDER INTERVIEWS WERE STRUCTURED TO OBTAIN GREATER DEPTH AND RICHNESS OF INFORMATION ON COMMUNITY NEEDS IDENTIFIED AS PRIORITIES THROUGH A DISCUSSION CONDUCTED WITH COMMUNITY REPRESENTATIVES PRIOR TO THE INTERVIEWS. FIRST, INTERVIEW PARTICIPANTS WERE ASKED TO DESCRIBE, FROM THEIR PERSPECTIVES, SOME OF THE MAJOR ISSUES IMPACTING THE COMMUNITY AS WELL AS THE SOCIAL DETERMINANTS OF HEALTH CONTRIBUTING TO POOR HEALTH IN THE COMMUNITY. INTERVIEW PARTICIPANTS WERE ALSO ASKED TO RATE THE IMPACT AND IMPORTANCE OF EACH NEED PRIOR TO PARTICIPATING IN THE TELEPHONE INTERVIEWS THROUGH A BRIEF SURVEY. DURING THE INTERVIEWS, PARTICIPANTS WERE ASKED TO SHARE THEIR PERSPECTIVES ON THE ISSUES, CHALLENGES AND BARRIERS RELATIVE TO THE IDENTIFIED HEALTH NEEDS (I.E., WHAT MAKES EACH HEALTH NEED A SIGNIFICANT ISSUE IN THE COMMUNITY? WHAT ARE THE CHALLENGES PEOPLE FACE IN ADDRESSING THESE NEEDS?), ALONG WITH IDENTIFYING KNOWN RESOURCES TO ADDRESS THESE HEALTH NEEDS, SUCH AS SERVICES, PROGRAMS AND/OR COMMUNITY EFFORTS.

ORGANIZATIONS THAT PARTICIPATED INCLUDED: FOOD BANK OF THE ROCKIES, VIA MOBILITY SERVICES, COMMUNITY REACH CENTER, BRIGHTON SCHOOL DISTRICT 27J, SENIOR HUB, BAART, COLORADO ACCESS, SALUD FAMILY HEALTH CENTERS, PENNOCK CENTER FOR COUNSELING, ADAMS COUNTY COMMISSIONERS, TRI COUNTY HEALTH DEPARTMENT, WELD RE-8 SCHOOL DISTRICT.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS LISTED

PARTICIPATED THE CHNA PROCESS:

ADAMS COUNTY COMMISSIONERS

ALMOST HOME

BAART

BOYS & GIRLS CLUB

BRIGHTON HOUSING AUTHORITY

BRIGHTON SCHOOL DISTRICT 27J

COLORADO ACCESS

COMMUNITY REACH CENTER

EAGLE VIEW ADULT CENTER

FOOD BANK OF THE ROCKIES

PENNOCK CENTER FOR COUNSELING

RICHARD LAMBERT FOUNDATION

SALUD FAMILY HEALTH CENTERS

THE SENIOR HUB

TRI COUNTY HEALTH DEPARTMENT,

VIA MOBILITY SERVICES

WELD RE-8 SCHOOL DISTRICT

WELD COUNTY HEALTH DEPARTMENT

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 7A: [HTTPS://WWW.SCLHEALTH.ORG/](https://www.sclhealth.org/)

[LOCATIONS/PLATTE-VALLEY-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT](#)

[/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](#)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 7D: COPIES OF THE CHNA WERE DISTRIBUTED AT VARIOUS COMMUNITY COALITIONS AND RESOURCE MEETINGS BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT AND TO COMMUNITY ORGANIZATIONS UPON REQUEST. CHNA IS ALSO AVAILABLE ON THE PVMC WEBSITE UNDER COMMUNITY BENEFIT.

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 10A:
[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/PLATTE-VALLEY-MEDICAL-CENTER/ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/](https://www.sclhealth.org/locations/platte-valley-medical-center/about/community-benefit/community-health-improvement-plan/)

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 11: MENTAL HEALTH/SUBSTANCE ABUSE IN THE COMMUNITY:
- WE PARTNERED WITH WEST PINES BEHAVIORAL HEALTH TO PROVIDE VIRTUAL AFTER-HOURS ASSESSMENT AND REFERRAL FOR PATIENTS MEETING M-1 HOLD CRITERIA. THESE PATIENTS COULD BE A DANGER TO THEMSELVES OR OTHERS OR EXHIBIT OTHER SERIOUS MENTAL DISABILITIES. THESE INTERVENTIONS HAVE BEEN IMPORTANT TO IMPROVING ACCESS TO MENTAL HEALTH SERVICES AND IMPROVED CARE COORDINATION LEVERAGED BETWEEN INTERNAL AND EXTERNAL ORGANIZATIONS.
- A \$30,000 GRANT WAS GIVEN TO PENNOCK CENTER FOR COUNSELING CENTER SO THAT THEY WOULD BE ABLE TO ASSIST WITH THE INCREASED NEED FOR MENTAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

HEALTH SERVICES.

- A \$20,000 GRANT WAS GIVEN TO RICHARD LAMBERT FOUNDATION TO PROVIDE COMPREHENSIVE MENTAL HEALTH AND GRIEF SUPPORT TO COMMUNITY MEMBERS WHO ARE EXPERIENCING GRIEF OR TRAUMA.

- PVMC PARTICIPATED IN THE COLORADO ALTERNATIVES TO OPIOIDS (ALTO) PROJECT. IN 2021 PVMC LOWERED NEW OPIOID PRESCRIPTIONS (6% OF NEW OPIOID PRESCRIPTION GIVEN TO DISCHARGING PATIENTS EXCEEDED 7 DAYS IN DURATION) AND INCREASED THE PERCENTAGE OF EPRESCRIBING OF CONTROLLED SUBSTANCES FOR DISCHARGED PATIENTS (90% IN 2021, 87.32% IN 2020, 80.77% IN 2019).

- CONTINUED A PROGRAM TO DISTRIBUTE A NARCAN KIT AT DISCHARGE TO ANY PATIENT ADMITTED WITH A DIAGNOSIS OF HEROIN OR OPIOID OVERDOSE.

- PARTICIPATED IN THE COLORADO HOSPITALS SUBSTANCE EXPOSED NEWBORNS QUALITY IMPROVEMENT COLLABORATIVE TO IMPROVE OUTCOMES FOR NEWBORNS EXPOSED TO METHAMPHETAMINES OR OPIOIDS PRIOR TO BIRTH.

- PVMC ACTIVELY PARTICIPATES IN WELD COUNTY HEALTH DEPARTMENT'S "THRIVING WELD" INITIATIVES AND SERVES ON TRI-COUNTY HEALTH DEPARTMENT'S OVERDOSE PREVENTION PARTNERSHIP.

HEART DISEASE/STROKE (CARDIOVASCULAR):

- STROKE SUPPORT GROUP- VIRTUAL SUPPORT GROUP PROVIDED BY PVMC PHYSICAL MEDICINE DEPARTMENT FOR PATIENTS AND FAMILIES- 62 ENCOUNTERS.

- AN ULTRA-LOW RISK CHEST PAIN PATHWAY TO PREVENT UNNECESSARY HOSPITAL ADMISSIONS AND REDUCE ASSOCIATED COSTS WAS IMPLEMENTED IN Q1 2017 AND IS CURRENTLY IN USE.

- IN ORDER TO PROVIDE THE COMMUNITY WITH SUPERIOR CARDIAC CARE, PVMC WAS RECERTIFIED AS A PRIMARY STROKE CENTER ON SEPTEMBER 2021 AND EARNED CHEST PAIN RECERTIFICATION ON MARCH 2021.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

- CARDIAC REHAB BEGAN A MONTHLY "WALK WITH A DOC" PROGRAM IN 2021 TO ENCOURAGE AND INCREASE ACTIVITY LEVELS IN PATIENTS WHILE ALSO GETTING THE OPPORTUNITY TO TALK TO A DOCTOR.

NEEDS NOT ADDRESSED

EACH OF THE HEALTH NEEDS IDENTIFIED IN THE CHNA ARE IMPORTANT AND NUMEROUS PARTNERS THROUGHOUT THE COMMUNITY ARE ADDRESSING THESE NEEDS THROUGH VARIOUS INNOVATIVE PROGRAMS AND INITIATIVES. IN 2021, PVMC DID NOT DIRECTLY ADDRESS CANCER, DIABETES OR UNINTENTIONAL INJURIES. THE PVMC CHIP DID ADDRESS CARDIOVASCULAR DISEASE AND MENTAL HEALTH AND SUBSTANCE USE IN ORDER TO MAXIMIZE RESOURCES, EXPERTISE AND TIME TO ACHIEVE SUCCESSFUL IMPACT. WE WILL CONTINUE TO LOOK FOR COMMUNITY PARTNERS WITH WHICH TO COLLABORATE IN ORDER TO WORK ON ISSUES NOT ADDRESSED IN THIS CHIP.

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION:

PART V, SECTION, B, LINE 16A, 16B, 16C:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/PLATTE-VALLEY-MEDICAL-CENTER/PATIENTS-VISITORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/](https://www.sclhealth.org/locations/platte-valley-medical-center/patients-visitors/billing-pricing/financial-assistance/)

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? 14

Name and address	Type of Facility (describe)
1 PLATTE VALLEY AMBULANCE SERVICE, LLC 1606 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	AMBULANCE SERVICES
2 PLATTE VALLEY MEDICAL GROUP, LLC 1600 PRAIRE CENTER PKWY BRIGHTON, CO 80601	PHYSICIAN CLINICS
3 PLATTE VALLEY MEDICAL IMAGING, LLC 1606 PRAIRIE CENTER PKWY STE 130 BRIGHTON, CO 80601	RADIOLOGY SERVICES
4 SPECTRUM MEDICAL IMAGING 1610 PRAIRIE CENTER PKWY STE 2100 BRIGHTON, CO 80601	RADIOLOGY SERVICES
5 SCL HEALTH MEDICAL GROUP - BRIGHTON O 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUT PATIENT PHYSICIAN CLINIC
6 SCL HEALTH HEART & VASCULAR INSTITUTE 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUT PATIENT PHYSICIAN CLINIC
7 PVMG - BRIGHTON OB-GYN 1606 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUT PATIENT PHYSICIAN CLINIC
8 PVMG - BRIGHTON FAMILY MEDICINE 1606 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUT PATIENT PHYSICIAN CLINIC
9 PVMG - REUNION OB-GYN 10569 CHAMBERS RD COMMERCE CITY, CO 80022	OUT PATIENT PHYSICIAN CLINIC
10 PVMG - BRIGHTON INTEGRATIVE INTERNAL 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUT PATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2021

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.

PART I, LINE 6A:

THIS ORGANIZATION IS PART OF SCL HEALTH SYSTEM WHICH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A CONSOLIDATED BASIS. THE REPORT IS PREPARED BY THE PARENT COMPANY, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

PART I, LINE 7:

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

PART I, LINE 7, COLUMN (F): THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE ON SCHEDULE H, PART I, LINE 7 COLUMN (F) IS \$8,183,921.

PART II, COMMUNITY BUILDING ACTIVITIES:

132100 11-22-21

Schedule H (Form 990) 2021

Part VI Supplemental Information (Continuation)

COMMUNITY-BUILDING ACTIVITIES ARE THOSE THAT IMPROVE THE HEALTH AND SAFETY OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G. POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). PVMC DIRECTOR AND ADMINISTRATIVE STAFF SERVED ON COMMUNITY BOARDS AND CHAMBERS IN ORDER TO ASSIST WITH COMMUNITY BUILDING. PVMC ASSOCIATES SERVED ON THE CHAMBER OF COMMERCE OF BRIGHTON AND THE NON-PROFIT COUNCIL OF THE BRIGHTON CHAMBER, FT. LUPTON CHAMBER OF COMMERCE, COMMERCE CITY CHAMBER OF COMMERCE, SOUTHEAST WELD COUNTY CHAMBER OF COMMERCE, BRIGHTON URBAN RENEWAL ASSOCIATION, KIWANIS, ROTARY, STATE NURSING BOARD, ALMOST HOME BOARD, SENIOR CENTER ADVISORY BOARD, AND COLORADO HOSPITAL ASSOCIATION.

PVMC HOSTED QUARTERLY NETWORKING MEETINGS OF THE BRIGHTON SERVICE AGENCY COALITION (BSAC). THE BSAC IS A COLLABORATIVE GROUP OF SOCIAL SUPPORT ORGANIZATIONS WHO SEEK OPPORTUNITIES TO STAY IN TUNE WITH EMERGING NEEDS IN THE COMMUNITY, GRANTS, AND POTENTIAL JOINT SOLUTION STRATEGIES TO IMPACT RESIDENTS. HOSTING THESE MEETINGS DECREASES DUPLICATION OF SERVICES AND PROMOTES THE BEST POSSIBLE USE OF RESOURCES. PVMC'S COMMUNITY HEALTH IMPROVEMENT PROGRAM (CHIP) PROVIDES GRANTS TO LOCAL NON-PROFIT ORGANIZATIONS SERVING THE PVMC COMMUNITY. THESE DONATIONS SUPPORT DIVERSE EFFORTS RELATED TO CHILD, SENIOR AND MENTAL HEALTH SERVICES, AS WELL AS SOCIAL DETERMINANTS OF HEALTH INCLUDING HOUSING SECURITY, FOOD STABILITY AND TRANSPORTATION.

PART III, LINE 1:

THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO. 15 TO THE EXTENT THAT HFMA STATEMENT NO. 15 FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR REPORTING BAD DEBT.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS.

THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS.

PART III, LINE 4:

THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS.

THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS.

Part VI Supplemental Information (Continuation)

THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID. THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE. HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE.

THE FOLLOWING IS THE TEXT OF THE FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE:

NET PATIENT SERVICE REVENUE GENERALLY RELATES TO CONTRACTS WITH PATIENTS IN WHICH THE PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO PATIENTS OVER A PERIOD OF TIME. REVENUE IS ESTIMATED FOR PATIENTS WHO HAVE NOT BEEN DISCHARGED AS OF THE REPORTING PERIOD BASED ON ACTUAL CHARGES INCURRED TO DATE IN RELATION TO TOTAL EXPECTED CHARGES. SCL HEALTH BELIEVES THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. THE CONTRACTUAL RELATIONSHIP WITH PATIENTS ALSO TYPICALLY INVOLVES A THIRD-PARTY PAYOR (MEDICARE, MEDICAID, MANAGED CARE PLANS, AND COMMERCIAL INSURANCE COMPANIES), AND THE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

TRANSACTION PRICES FOR THE SERVICES PROVIDED ARE DEPENDENT UPON THE TERMS PROVIDED BY OR NEGOTIATED WITH THE THIRD-PARTY PAYORS. THE PAYMENT ARRANGEMENTS WITH THIRD-PARTY PAYORS FOR THE SERVICES PROVIDED TO THE RELATED PATIENTS TYPICALLY SPECIFY PAYMENT OR REIMBURSEMENT TO SCL HEALTH AT OTHER-THAN-STANDARD CHARGES.

BECAUSE ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, SCL HEALTH HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION NOT TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY SATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY SATISFIED PERFORMANCE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENERALLY COMPLETED WHEN PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD.

NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES ESTIMATES OF IMPLICIT PRICE CONCESSIONS AND RETROACTIVE REVENUE ADJUSTMENTS DUE TO AUDITS, REVIEWS, AND INVESTIGATIONS. IMPLICIT PRICE CONCESSIONS RELATE PRIMARILY TO UNINSURED PATIENTS AND PATIENTS WITH CO-PAYS, CO-INSURANCE, AND DEDUCTIBLES AND ARE ESTIMATED BASED ON HISTORICAL COLLECTION DATA. RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, OR INVESTIGATIONS.

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES. AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM. BY ABSORBING THE MEDICARE SHORTFALL COSTS WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS.

TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS. THE ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST REPORT COST TO CHARGE RATIO.

PART III, LINE 9B:

AN INTEGRAL COMPONENT OF OUR MISSION IS TO BE GOOD FINANCIAL STEWARDS. THIS REQUIRES US TO DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH ARE ABLE TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED. WE MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND ENSURE THAT WE MANAGE OUR RESOURCES SO WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST. THE ORGANIZATION

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND DISCHARGE. IN ADDITION, THE PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS. PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED.

PART V, SECTION A, LINE 1

WEBSITE:

WWW.SCLHEALTH.ORG/LOCATIONS/PLATTE-VALLEY-MEDICAL-CENTER/

PART VI, LINE 2:

PVMC IS ALWAYS WORKING WITH AND REVIEWING THE NEEDS OF THE COMMUNITY IN ORDER TO PROVIDE THE BEST SERVICE TO THOSE IN THE PVMC SERVICE AREA. THROUGH CONTACTS WITH LOCAL AND STATE HEALTH AND SERVICE ORGANIZATIONS (E.G. TRI-COUNTY HEALTH DEPARTMENT, WELD COUNTY HEALTH DEPARTMENT, PENNOCK COUNSELING CENTER, REACH COMMUNITY CENTER, ADAMS COUNTY HEALTH INITIATIVE, CHA, ALMOST HOME AND INDEPENDENT CONSULTANTS, PVMC MONITORS AND IDENTIFIES AREAS OF NEEDS IN THE COMMUNITY AND WORKS TO IDENTIFY WAYS TO ENSURE THAT THE NEEDS ARE MET.

INTERNAL TRACKING AND REVIEWS ARE COMPLETED IN ORDER TO CONFIRM THAT PVMC PROGRAMS ARE MEETING THEIR GOALS TO ADDRESS THE NEEDS OF THE COMMUNITY. IN ADDITION, SCL HEALTH SYSTEM PARTICIPATES IN THE METRO DENVER PARTNERSHIP FOR HEALTH, A COLLABORATIVE OF COLORADO HEALTH SYSTEMS, PUBLIC HEALTH DEPARTMENTS AND COMMUNITY BASED PROVIDERS. THIS COLLABORATIVE WORKS TO

Part VI Supplemental Information (Continuation)

ADDRESS CHALLENGING COMMUNITY HEALTH NEEDS USING COLLECTIVE IMPACT STRATEGIES.

PART VI, LINE 3:

THE ORGANIZATION NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE. NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL. IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS AND THROUGH THE PATIENT PORTAL, MYCHART. THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE. THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST.

THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

PART VI, LINE 4:

PLATTE VALLEY MEDICAL CENTER (PVMC) IS AN ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF BRIGHTON, COLORADO AND WHILE BRIGHTON IS SITUATED IN ADAMS COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN BOTH ADAMS AND WELD COUNTIES.

TOTAL POPULATION

ON AVERAGE, FROM 2015 TO 2019, THE POPULATION OF THE PVMC SERVICE AREA WAS 177,994. ADAMS COUNTY HAD A POPULATION OF 504,108, AND WELD COUNTY'S

Part VI Supplemental Information (Continuation)

POPULATION WAS 305,345. COLORADO'S TOTAL POPULATION WAS 5,610,349.

POPULATION BY GENDER: IN THE SERVICE AREA, 52.4% OF THE POPULATION WAS MALE AND 47.6% WAS FEMALE. IN COLORADO, 50.3% OF THE POPULATION WAS MALE AND 49.7% WAS FEMALE.

POPULATION BY AGE: YOUTH, AGES 0 - 19, MAKE UP 30.3% OF THE POPULATION IN THE SERVICE AREA. ABOUT 60% OF THE POPULATION WAS 20 TO 64 YEARS OLD AND 10.4% WERE 65 YEARS AND OLDER. THE SERVICE AREA HAD A HIGHER PERCENTAGE OF YOUTH, AGES 0-19 AND ADULTS, AGES 35-44 AND 45-54, THAN FOUND IN COLORADO.

POPULATION BY YOUTH, AGES 0-17 AND SENIORS, AGES 65+, AND MEDIAN AGE COMMERCE CITY HAD THE LARGEST PERCENTAGE OF YOUTH, AGES 5-17 (32.8%) AND HENDERSON HAD THE SMALLEST PERCENTAGE OF SENIORS (7.0%) IN THE SERVICE AREA. HUDSON HAD THE SMALLEST PERCENTAGE OF YOUTH (24.3%). HUDSON HAD THE HIGHEST PERCENTAGE OF SENIORS (13.7%) IN THE SERVICE AREA. MEDIAN AGE IN ADAMS COUNTY WAS 33.8 YEARS AND IN 34.4 YEARS IN WELD COUNTY WHICH WERE LOWER THAN THE STATE MEDIAN OF 36.7 YEARS

RACE/ETHNICITY IN THE SERVICE AREA, 60.0% OF THE POPULATION IS WHITE, 34.2% ARE HISPANIC/LATINX, 1.9% ARE ASIAN, AND 1.7% ARE BLACK/AFRICAN AMERICAN. THE SERVICE AREA HAD A HIGHER PERCENTAGE OF HISPANIC/LATINX RESIDENTS (34.2%) THAN COLORADO (21.5%).

RACE/ETHNICITY BY PLACE OVER HALF OF THE POPULATION IN COMMERCE CITY (53.4%) IS HISPANIC OR LATINX. BRIGHTON 80602 HAS THE HIGHEST PERCENTAGE OF ASIANS (6.9%) IN THE SERVICE AREA. COMMERCE CITY ALSO HAS THE HIGHEST PERCENTAGE OF AFRICAN AMERICANS (4.7%).

Part VI Supplemental Information (Continuation)

CITIZENSHIP, 2019: AMONG AREA COUNTIES, 15.3% OF ADAMS COUNTY RESIDENTS 8.7% OF WELD COUNTY RESIDENTS WERE FOREIGN BORN. ADAMS COUNTY WAS HIGHER THAN THE 9.7% OF THE STATE POPULATION WHO WERE FOREIGN BORN. OF THE FOREIGN BORN IN ADAMS COUNTY, 63.1% WERE NOT U.S. CITIZENS. IN WELD COUNTY, 64.3% OF THE FOREIGN-BORN POPULATION WERE NOT US CITIZENS.

LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER OVER THREE-QUARTERS OF THE SERVICE AREA POPULATION, AGES 5 YEARS AND OLDER, SPEAK ONLY ENGLISH IN THE HOME (76.9%). ABOUT 23% SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, AND 20.5% OF THE POPULATION SPEAKS SPANISH AT HOME. THESE RATES ARE HIGHER THAN FOUND IN COLORADO.

SOCIAL AND ECONOMIC FACTORS RANKINGS: THE COUNTY HEALTH RANKINGS RANKS COUNTIES ACCORDING TO HEALTH FACTORS DATA. SOCIAL AND ECONOMIC INDICATORS ARE EXAMINED AS A CONTRIBUTOR TO THE HEALTH OF A COUNTY'S RESIDENTS. COLORADO'S 64 COUNTIES ARE RANKED ACCORDING TO SOCIAL AND ECONOMIC FACTORS WITH 1 BEING THE COUNTY WITH THE BEST FACTORS TO 64 FOR THAT COUNTY WITH THE POOREST FACTORS. THIS RANKING EXAMINES: HIGH SCHOOL GRADUATION RATES; UNEMPLOYMENT; CHILDREN IN POVERTY; SOCIAL SUPPORT; AND OTHERS. ADAMS COUNTY IS RANKED 38TH AND WELD COUNTY CAME IN 28TH.

ECONOMICS, 2020: THE MEDIAN HOUSEHOLD INCOME IN THE STATE WAS \$77,104. THE COUNTY INCOMES WERE (FROM HIGHEST TO LOWEST) BROOMFIELD (\$106,892), JEFFERSON (\$89,696), BOULDER (\$88,341), WELD (\$78,160), ADAMS (\$75,341), AND GILPIN (\$74,806).

HEALTH FACTORS RANKINGS: THE OVERALL RANKINGS IN HEALTH FACTORS REPRESENT

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

WHAT INFLUENCES THE HEALTH OF A COUNTY. THEY ARE AN ESTIMATE OF THE FUTURE HEALTH OF COUNTIES AS COMPARED TO OTHER COUNTIES WITHIN A STATE. THE RANKS ARE BASED ON FOUR TYPES OF MEASURES: HEALTH BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC, AND PHYSICAL ENVIRONMENT FACTORS. ADAMS COUNTY RANKED 41ST AND WELD COUNTY WAS 27TH.

HEALTH OUTCOMES RANKINGS: COUNTY HEALTH RANKINGS EXAMINES HEALTHY BEHAVIORS AND RANKS COUNTIES ACCORDING TO HEALTH BEHAVIOR DATA. COLORADO'S 64 COUNTIES ARE RANKED FROM 1 (HEALTHIEST) TO 64 (LEAST HEALTHY) BASED ON A NUMBER OF INDICATORS THAT INCLUDE: ADULT SMOKING, OBESITY, PHYSICAL INACTIVITY, EXCESSIVE DRINKING, SEXUALLY TRANSMITTED INFECTIONS, AND OTHERS. BOTH COUNTIES WERE IN THE TOP HALF FOR HEALTH OUTCOMES. ADAMS WAS THE LOWEST AT 3 AND WELD COUNTY RANKED AT 19 OF THE 64 COUNTIES.

EMPLOYMENT STATUS FOR THE POPULATION 16 AND OVER (2019)
WITHIN THE SERVICE AREA, COMMERCE CITY (4.9%) AND FT. LUPTON (4.7%) HAD THE HIGHEST UNEMPLOYMENT RATES AND KEENESBURG HAD THE LOWEST UNEMPLOYMENT RATE (1.7%). COLORADO HAD AN UNEMPLOYMENT RATE OF 4.3%, HIGHER THAN THE SERVICE AREA (3.7%).

POVERTY LEVELS, 2019

POVERTY THRESHOLDS ARE USED FOR CALCULATING OFFICIAL POVERTY POPULATION STATISTICS AND ARE UPDATED EACH YEAR BY THE CENSUS BUREAU. FOR 2019, THE FEDERAL POVERTY THRESHOLD FOR ONE PERSON WAS \$12,490, AND FOR A FAMILY OF FOUR, \$25,750. IN THE SERVICE AREA, 8.7% OF THE POPULATION WAS LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL), AND 24.6% WERE CONSIDERED LOW-INCOME (LIVING AT OR BELOW 200% FPL). THESE POVERTY RATES

Part VI Supplemental Information (Continuation)

WERE LOWER THAN THE COUNTY RATES OF POVERTY. COLORADO HAD HIGHER RATES OF PEOPLE LIVING BELOW 100% (10.3%) AND 200% (25.4%) OF THE POVERTY LEVEL COMPARED TO THE SERVICE AREA (8.7% AND 24.6%, RESPECTIVELY).

FREE AND REDUCED-PRICE MEALS ELIGIBILITY, 2017-2018

THE NUMBER OF STUDENTS ELIGIBLE FOR THE FREE AND REDUCED-PRICE MEAL (FRPM) PROGRAM IS ONE INDICATOR OF THE SOCIOECONOMIC STATUS OF A SCHOOL DISTRICT'S STUDENT POPULATION. THE PERCENT OF STUDENTS IN ADAMS COUNTY ELIGIBLE FOR THE FRPM PROGRAM WAS 54.3%. IN WELD COUNTY, 42.8% OF STUDENTS WERE ELIGIBLE FOR THE PROGRAM. IN COLORADO, 41.7% OF STUDENTS WERE ELIGIBLE FOR THE FRPM PROGRAM.

EDUCATIONAL ATTAINMENT (AGE 25+)

OF THE SERVICE AREA POPULATION, AGES 25 AND OLDER, 14.2% HAD NOT ATTAINED A HIGH SCHOOL DIPLOMA AND 85.8% WERE HIGH SCHOOL GRADUATES. JUST UNDER 24% OF THE POPULATION IN THE SERVICE AREA HAD SOME COLLEGE WITH NO DEGREE, AND 22.5% HAD A BACHELOR'S DEGREE OR HIGHER. COLORADO HAD A HIGHER RATE OF RESIDENTS WHO RECEIVED A BACHELOR'S DEGREE (40.9%) COMPARED TO THE SERVICE AREA (22.5%) AND HAD A HIGHER HIGH SCHOOL GRADUATION RATE (91.7%) COMPARED TO THE SERVICE AREA (85.8%).

HIGH SCHOOL GRADUATES, 2015 - 2019: HIGH SCHOOL GRADUATION RATES ARE THE PERCENTAGE OF HIGH SCHOOL GRADUATES THAT GRADUATED FOUR YEARS AFTER STARTING NINTH GRADE. WELD COUNTY HAD THE HIGHER HIGH SCHOOL GRADUATION RATE (88.1%) AND ADAMS COUNTY WAS 83.3%. THE HEALTHY PEOPLE 2030 OBJECTIVE FOR HIGH SCHOOL GRADUATION IS 90.7%. BOTH COUNTIES WERE BELOW THE STATE AND HEALTHY PEOPLE 2030 RATES.

Part VI Supplemental Information (Continuation)

HOMELESS POINT-IN-TIME COUNT, JANUARY 2020

A HOMELESS POINT IN TIME (PIT) COUNT IS A FEDERALLY MANDATED COUNT OF PERSONS EXPERIENCING HOMELESSNESS AT ANY GIVEN NIGHT IN A COMMUNITY. IN 2020, THE WELD COUNTY PIT COUNT WAS JANUARY 28, AND, GIVEN THE NEWNESS OF THE NORTHERN COLORADO CONTINUUM OF CARE, ONLY A SHELTERED COUNT WAS COMPLETED. THE TOTAL NUMBER OF SHELTERED HOMELESS IN WELD COUNTY AT THE PIT COUNT IN 2020 WAS 240 PERSONS. OF THE SHELTERED HOMELESS, 73% WERE HOUSED IN EMERGENCY SHELTERS, 15% WERE CHRONICALLY HOMELESS AND 34% HAD A DISABLING CONDITION.

IN ADAMS COUNTY, ONLY A SHELTERED HOMELESS COUNT WAS CONDUCTED IN 2021. THE TOTAL NUMBER OF SHELTERED HOMELESS IN ADAMS COUNTY AT THE PIT COUNT IN 2021 WAS 346 PERSONS. 93.6% OF THE SHELTERED HOMELESS WERE HOUSED IN EMERGENCY SHELTERS, 21.1% WERE CHRONICALLY HOMELESS AND 19.9% HAD A CHRONIC HEALTH CONDITION.

FERTILITY RATE, PER 1,000 WOMEN AGES 15-44

IN 2019, THE GENERAL FERTILITY RATE IN ADAMS COUNTY WAS 59.5. THE RATE WAS 61.5 PER 1,000 WOMEN IN WELD COUNTY. COLORADO'S FERTILITY RATE WAS LOWER AT 53.7 PER 1,000 WOMEN.

LATE ENTRY INTO PRENATAL CARE (AFTER FIRST TRIMESTER) / NO CARE, 2017-2019

ADEQUATE PRENATAL CARE CAN PREVENT HEALTH RISKS IN WOMEN AND PREVENT HEALTH PROBLEMS FOR MOTHER AND CHILD. THE HEALTHY PEOPLE 2030 OBJECTIVE IS FOR 80.5% OF WOMEN TO RECEIVE EARLY AND ADEQUATE PRENATAL CARE. ADAMS COUNTY AND WELD COUNTY WOMEN EXCEEDED THIS OBJECTIVE. SLIGHTLY MORE THAN 90% OF WOMEN IN ADAMS COUNTY RECEIVED CARE IN THE FIRST TRIMESTER (9.3%

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

DID NOT) AND 92.3% OF PREGNANT WOMEN IN WELD COUNTY RECEIVED CARE IN THE FIRST TRIMESTER (7.7% DID NOT).

LOW BIRTH WEIGHT (UNDER 2,500 G), 2018

LOW BIRTH WEIGHT IS A NEGATIVE BIRTH INDICATOR. BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK FOR DISEASE, DISABILITY AND POSSIBLY DEATH. FOR THIS MEASUREMENT, A LOWER RATE IS A BETTER INDICATOR. ADAMS COUNTY HAD AN 8.7% RATE AND WELD COUNTY HAD AN 8.6% RATE OF LOW-BIRTH WEIGHT AMONG SINGLE BABY BIRTHS.

CONTINUED BELOW

PART VI, LINE 5:

A VARIETY OF DIRECTORS AND ADMINISTRATORS PARTICIPATED ON COMMUNITY BOARDS AND CHAMBERS IN ORDER TO ASSIST WITH COMMUNITY BUILDING. IN 2021, PVMC ASSOCIATES SERVED ON THE NON-PROFIT COUNCIL OF THE BRIGHTON CHAMBER, PIMA ADVISORY BOARD FOR RESPIRATORY THERAPY, SOUTHEAST WELD COUNTY CHAMBER OF COMMERCE, BRIGHTON URBAN RENEWAL ASSOCIATION, KIWANIS, ROTARY, BRIGHTON LEGACY FOUNDATION, ALMOST HOME BOARD, SENIOR CENTER ADVISORY BOARD, AND COLORADO HOSPITAL ASSOCIATION.

PVMC HOSTS 4 QUARTERLY NETWORKING MEETINGS ANNUALLY OF THE BRIGHTON SERVICE AGENCY (BSAC). THE BSAC IS HOSTED AT THE HOSPITAL FOR MEMBERS OF THE LOCAL SERVICE AGENCIES. THIS MEETING ALLOWS ORGANIZATIONS TO ANNOUNCE THEIR PROGRAMS AND SPECIAL EVENTS AND TO COLLABORATE WITH OTHER LOCAL AGENCIES. THE MEETING DECREASES DUPLICATION OF SERVICES AND THE PROMOTES THE BEST POSSIBLE USE OF RESOURCES. MEETINGS IN 2021 REMAINED IN A VIRTUAL FORMAT.

Part VI Supplemental Information (Continuation)

COMMUNITY OUTREACH PROGRAMS: OUTREACH PROGRAMS WERE STILL IMPACTED IN 2021 BY COVID RESTRICTIONS AND NOT ALL CLASSES AND OUTREACH EFFORTS HAVE RETURNED TO THE NORMAL SCHEDULE

- PVMC AND THE ADAMS COUNTY GOVERNMENT CENTER PARTNERED TO PROVIDE FREE COVID VACCINATION CLINICS TO THE PUBLIC ADMINISTERING OVER 44,000 COVID VACCINES.

- CANCER SUPPORT GROUP: TWO GROUPS- OFFERED BY THE CANCER CENTERS OF COLORADO AT PVMC- 141 ENCOUNTERS

- GRIEF SUPPORT GROUP- THIS GROUP WAS NEW IN 2021. THE GROUP MET FOR 6 WEEKS.

- EMS PROGRAM TO PROVIDE CONTINUING EDUCATION TO LOCAL EMS PROVIDERS- 1,820 ENCOUNTERS (SOUTHEAST WELD FIRE DEPARTMENT, FT. LUPTON FIRE DEPARTMENT, HUDSON FIRE DEPARTMENT, BRIGHTON FIRE DEPARTMENT)

- ANNUAL TRAUMA CONFERENCE FOR PVMC AND EMS PROVIDERS (VIRTUAL IN 2021)- 28 ATTENDEES

- EDUCATION CLASSES FOR EMS PROVIDERS- PARAMEDIC REFRESHER CLASS- 174 ENCOUNTERS, CPR AND AED TRAINING- 97 ENCOUNTERS, BASIC EKG TRAINING- 10 ENCOUNTERS AND ICE RESCUE TRAINING- 87 ATTENDEES

- CITIZEN ACADEMY AT PLATTE VALLEY- 10 ATTENDEES. THIS IS A 6 CLASS COURSE OVER 6 WEEKS THAT ALLOWS THE COMMUNITY TO LEARN MORE ABOUT THE AMBULANCE SERVICE.

- STAND-BY FIRST AID ASSISTANCE AT 37 LOCAL EVENTS- SERVED OVER 77,000 INDIVIDUALS (FOOTBALL GAMES, SAFETY FAIR, 5K RACE, CHRISTMAS PARADE TO NAME A FEW)

- DIABETES CLASSES "LET'S TALK DIABETES"- 29 PEOPLE ATTENDED THE CLASSES THROUGHOUT THE YEAR. THIS CLASS GIVES PARTICIPANTS AN OVERVIEW OF DIABETES AND PRE-DIABETES AND INCLUDES WAYS TO MANAGE IT BY CHANGING YOUR DIET AND

Part VI Supplemental Information (Continuation)

LIFESTYLE CHOICES SUCH AS EXERCISE. ADDITIONALLY, IT TALKS ABOUT MEDICATIONS, LOW BLOOD SUGAR MANAGEMENT AND HOW DIABETES CAN INTERACT WITH OTHER CHRONIC DISEASES.

- IN KIND DONATIONS TO PROJECT CURE WORTH \$29,456
- QPR SUICIDE PREVENTION TRAINING- 70 STAFF AND COMMUNITY MEMBERS PARTICIPATED IN THIS 1 HOUR COURSE
- STUDENT CLINICALS- 344 STUDENTS COMPLETED THEIR CLINICAL ROTATIONS IN NURSING, PHARMACY, RADIOLOGY, LABORATORY, PHYSICAL MEDICINE, RESPIRATORY, DIETARY, AND SURGERY AT PVMC
- PVMC'S COMMUNITY HEALTH IMPROVEMENT PROGRAM (CHIP) PROVIDED \$181,000 IN GRANTS TO LOCAL NON-PROFIT ORGANIZATIONS SERVING THE PVMC COMMUNITY. BASED ON THE PROPOSALS OF THE ORGANIZATIONS, AN ESTIMATED 22,500 PEOPLE WILL BENEFIT FROM THE SERVICES PROVIDED BY THE GRANTEES. THE GOAL OF THE CHIP PROGRAM IS TO EXTEND THE REACH INTO THE COMMUNITY FOR PLATTE VALLEY MEDICAL CENTER. BY PARTNERING WITH LOCAL ORGANIZATIONS THAT PROVIDE SERVICES TO OUR COMMUNITY, WE CAN PROVIDE ACCESS TO SERVICES THAT WE DO NOT HAVE THE RESOURCES OR EXPERTISE TO PROVIDE.

- ORGANIZATIONS THAT RECEIVED CHIP GRANTS INCLUDED: 1) BRIGHTON 27J SCHOOL DISTRICT 2) BROTHERS REDEVELOPMENT, 3) ALMOST HOME, 4) RICHARD LAMBERT FOUNDATION, 5) A PRECIOUS CHILD, 6) COMMUNITY BAPTIST AND CALVARY BAPTIST CHURCHES, 7) PENNOCK CENTER FOR COUNSELING, 8) SHOPNECK BOYS AND GIRLS CLUB, 9) VIA MOBILITY, 11) HOPE @ MIRACLE HOUSE

- REQUESTS INCLUDED: 1) FUNDS WERE USED TO PURCHASE HYGIENE AND HOUSEHOLD SUPPLIES TO PROVIDE SUPPORT FOR LOW INCOME FAMILIES IN THE SCHOOL DISTRICT 2) FUNDS WERE USED TO PERFORM MINOR HOME REPAIRS AND MODIFICATIONS FOR LOW-INCOME BRIGHTON RESIDENTS. 3) FUNDS WERE USED FOR GENERAL OPERATING

Part VI Supplemental Information (Continuation)

FUNDS TO ENHANCE CLIENT CENTERED CASE MANAGEMENT FOR FAMILIES EXPERIENCING HOUSING INSECURITY. 4) FUNDS TO PROVIDE FREE PROGRAMS OR PROFESSIONAL COUNSELING SERVICES ON A SLIDING FEE SCALE FOR THOSE WHO HAVE SUFFERED THE DEATH OF A LOVED ONE. 5) FUNDS WERE USED TO PROVIDE BASIC ESSENTIALS SUCH AS CLOTHING, DIAPERS, WIPES AND OTHER BASIC NECESSITIES FOR CHILDREN. ADDITIONALLY, IT HELPED FUND SCHOOL SUPPLIES FOR CHILDREN AT THE BEGINNING OF THE SCHOOL YEAR. 6) FUNDS WERE USED TO PURCHASE FRESH PRODUCE FOR DISTRIBUTION AT THE TWO LOCAL FOOD PANTRIES OPERATED BY THE CHURCHES. 7) FUNDS WERE USED TO COVER GENERAL OPERATING EXPENSES TO ALLOW FOR A SLIDING FEE SCALE FOR COUNSELING SERVICES FOR LOW INCOME CLIENTS. 8) FUNDS WERE USED TO SUPPORT THE GENERAL OPERATIONS OF THE SHOPNECK BOYS AND GIRLS CLUB PROGRAMS INCLUDING: FAMILY COOKING CLASSES; SMART MOVES; DRAW THE LINE/RESPECT THE LINE; SPORTS, FITNESS AND RECREATION; DAILY MEALS AND HEALTHY SNACKS. 9) FUNDS TO SUPPLEMENT THE COST OF PROVIDING DOOR TO DOOR TRANSPORTATION FOR SENIORS AND PEOPLE WITH DISABILITIES. 10) FUNDS WERE USED TO PROVIDE SHELTER, CLOTHING, FOOD AND CASE MANAGEMENT TO HOMELESS FAMILIES IN FT. LUPTON.

PART VI, LINE 6:

THE ORGANIZATION IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS). SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION: "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE." WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITIES, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME.

Part VI Supplemental Information (Continuation)

SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 200 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA. THE HEALTH SYSTEM INCLUDES MORE THAN 15,700 EMPLOYEES AND MORE THAN 500 EMPLOYED PHYSICIANS.

AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE. WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEM-WIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT. WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE. WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES.

THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT HIGH QUALITY HEALTHCARE SERVICES THAT ARE RESPONSIVE TO THE NEEDS OF ITS PATIENTS AND THEIR FAMILIES. THIS INCLUDES COORDINATING COMMUNITY BENEFIT PROCESSES, PROVIDING GUIDANCE WITH COMMUNITY NEEDS ASSESSMENTS, AND ESTABLISHING CONSISTENT FINANCIAL ASSISTANCE AND CHARITY CARE POLICIES AND PROCEDURES.

ADDITIONALLY, SCLHS BENEFITS AFFILIATES THROUGH QUALITY IMPROVEMENT AND PERFORMANCE EXCELLENCE INITIATIVES; SYSTEM-WIDE INFORMATION TECHNOLOGY IMPLEMENTATION AND INFRASTRUCTURE; STRATEGIC AND OPERATIONS DIRECTION AND OVERSIGHT; SUPPLY CHAIN MANAGEMENT AND PURCHASING; FINANCE ADMINISTRATION, REVENUE CYCLE SUPPORT, BENEFITS ADMINISTRATION, RISK MANAGEMENT; DISASTER PLANNING AND CRISIS ASSISTANCE, CENTRAL CASH MANAGEMENT AND INVESTMENT,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

INTERNAL AUDIT, LEGAL SERVICES, TAX SERVICES AND MISSION INTEGRATION.

SCHEDULE H, PART VI, LINE 4 (CONTINUED)

INFANT MORTALITY RATE, 2018

THE INFANT MORTALITY RATE IS THE NUMBER OF DEATHS OF INFANTS (LESS THAN ONE YEAR OLD) PER 1,000 LIVE BIRTHS. THE HEALTHY PEOPLE 2030 OBJECTIVE HAS AN INFANT MORTALITY RATE GOAL OF 5.0 PER 1,000 LIVE BIRTHS. THE INFANT MORTALITY RATE IN ADAMS COUNTY WAS 5.2 PER 1,000 LIVE BIRTHS AND IN WELD COUNTY IT WAS 4.8 PER 1,000 LIVE BIRTHS. THE RATES IN WELD COUNTY ARE LOWER THAN THE HEALTHY PEOPLE 2030 OBJECTIVE.

AGE-ADJUSTED DEATH RATE, ALL CAUSES, 2020

WHEN ADJUSTED FOR AGE, THE DEATH RATE FOR ADAMS COUNTY WAS 925.4 PER 100,000 PERSONS AND IN WELD COUNTY THE DEATH RATE WAS 697.1 PER 100,000 PERSONS. ONLY ADAMS COUNTY EXCEEDED THE STATE RATE OF 738.7

PREMATURE DEATH RATE, 2018

A PREMATURE DEATH RATE IS A DEATH RATE FOR A PERSON UNDER THE AGE OF 75. THE PREMATURE DEATH RATE IN ADAMS COUNTY WAS 318.8 PER 100,000 PERSONS AND IN WELD COUNTY, THE PREMATURE DEATH RATE WAS 284.9 PER 100,000 PERSONS.

CANCER DEATH RATE, AGE-ADJUSTED DEATH RATES PER 100,000 PERSONS, 2020

THE AGE-ADJUSTED RATE OF DEATH FOR ALL CANCERS IN ADAMS COUNTY IS 140.3 AND IN WELD COUNTY IT IS 133.2 PER 100,000 PERSONS. ADAMS COUNTY IS HIGHER THAN THE STATE RATE OF DEATH BY CANCER (125.1) BUT BOTH COUNTIES ARE HIGHER THAN THE HEALTHY PEOPLE 2030 OBJECTIVE OF 122.7 PER 100,000 PERSONS FOR ALL CANCERS.

Part VI Supplemental Information (Continuation)

HEART DISEASE DEATH RATE, AGE-ADJUSTED DEATH RATE PER 100,000 PERSONS,
2020

ADAMS COUNTY HAS AN AGE-ADJUSTED RATE OF DEATH DUE TO HEART DISEASE OF
149.7 PER 100,000 PERSONS. IN WELD COUNTY THE HEART DISEASE
AGE-ADJUSTED DEATH RATE IS 115.8. THESE RATES EXCEED THE HEALTHY
PEOPLE 2030 OBJECTIVE OF 71.1 DEATHS PER 100,000 PERSONS.

STROKE DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2020

THE RATE OF DEATH BY STROKE PER 100,000 PERSONS IN ADAMS COUNTY (43.8)
AND WELD COUNTY (27.5) ADAMS COUNTY EXCEEDED THE STATE RATE (34.9) AND
THE HEALTHY PEOPLE 2030 OBJECTIVE (33.4) BUT WELD COUNTY WAS LOWER THAN
BOTH RATES.

UNINTENTIONAL INJURY DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2020

IN ADAMS COUNTY THE DEATH RATE FOR UNINTENTIONAL INJURIES IS 65.6 PER
100,000 PERSONS. IN WELD COUNTY THE RATE IS 54.7. THE STATE
AGE-ADJUSTED DEATH RATE FOR UNINTENTIONAL INJURIES IS 59.7. THESE
EXCEED THE HEALTHY PEOPLE 2030 OBJECTIVE FOR UNINTENTIONAL INJURY
DEATHS OF 43.2 PER 100,000 PERSONS.

DIABETES DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2020

THE AGE-ADJUSTED DEATH RATE FOR DIABETES IN ADAMS COUNTY IS 24.3 PER
100,000 PERSONS, AND IN WELD COUNTY IT IS 20.9. THE STATE AGE-ADJUSTED
DEATH RATE IS 17.8.

PNEUMONIA DEATH RATE, AGE- ADJUSTED PER 100,000 PERSONS, 2020

THE DEATH RATE FROM PNEUMONIA HIGHEST IN ADAMS COUNTY AT 6.7, FOLLOWED

Part VI Supplemental Information (Continuation)

BY WELD COUNTY AT 5.8 PER 100,000 PERSONS. THE RATE FOR THE STATE OF COLORADO WAS 5.8 PER 100,000 PERSONS.

SUICIDE DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2020

IN ADAMS COUNTY, THE AGE-ADJUSTED SUICIDE RATE WAS 22.0 PER 100,000 PERSONS AND IN WELD COUNTY IT WAS 17.0 PER 100,000 PERSONS. BOTH COUNTIES EXCEPT BROOMFIELD AND THE STATE RATE OF 21.4 EXCEED THE HEALTHY PEOPLE OBJECTIVE OF 12.8 DEATHS PER 100,000 PERSONS. THE RATE OF ED VISITS FOR SUICIDES WAS 128.5 PER 100,000 PERSONS IN ADAMS COUNTY AND 139.6 PER 100,000 PERSONS IN WELD COUNTY.

DRUG-INDUCED DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2020

THE RATE OF DRUG-INDUCED DEATHS IN ADAMS COUNTY IS 26.7 AND 16.2 FOR WELD COUNTY. THE AGE-ADJUSTED DRUG-INDUCED DEATH RATE FOR THE STATE IS 25.5.

ALCOHOL LIVER DISEASE, AGE- ADJUSTED PER 100,000 PERSONS, 2016: THE RATE OF DEATH DUE TO ALCOHOL LIVER DISEASE WAS HIGHEST IN ADAMS COUNTY AT 19.9 FOLLOWED BY WELD COUNTY 9.3 PER 100,000 PERSONS. THE RATE FOR THE STATE WAS 13.5.

HIV/AIDS MORTALITY, AGE-ADJUSTED PER 100,000 PERSONS, 2020

THE RATE OF DEATH AS A RESULT OF HIV/AIDS IS LOWER IN ADAMS COUNTY (1.0) THAN COMPARED TO THE STATE RATE OF 0.7 DEATH PER 100,000 PERSONS. THE RATE IN WELD COUNTY WAS TOO LOW TO BE RECORDED.

HEALTH INSURANCE COVERAGE, CIVILIAN NON-INSTITUTIONALIZED POPULATION, AGES 18-64

Part VI Supplemental Information (Continuation)

HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO ACCESS HEALTH CARE. THE HEALTHY PEOPLE 2030 OBJECTIVE IS FOR 92.1% OF THE POPULATION TO HAVE HEALTH INSURANCE COVERAGE. IN THE SERVICE AREA, 90.6% OF THE POPULATION WERE INSURED. INSURANCE COVERAGE WAS HIGHER IN WELD COUNTY (95.9%) THAN IN ADAMS COUNTY (90.9%). HEALTH INSURANCE COVERAGE RANGED FROM 87.5% IN HUDSON 80642 TO 96.3% IN BRIGHTON 80602.

UNINSURED CHILDREN, AGE 0-18 2019: THE PERCENTAGE OF UNINSURED CHILDREN UNDER THE AGE OF 18 WAS THE SAME FOR ADAMS COUNTY AND WELD COUNTIES (4.6%) WHICH WAS HIGHER THAN THE STATE RATE OF 4.5%.

ADULTS WITH UNMET MEDICAL NEED DUE TO COST APPROXIMATELY 17% OF ADULTS IN ADAMS COUNTY AND 12% OF ADULTS IN WELD COUNTY HAD AN UNMET MEDICAL NEED AND WERE NOT ABLE TO AFFORD CARE. JUST UNDER 13% OF COLORADO RESIDENTS DID NOT RECEIVE NEEDED CARE.

PRIMARY CARE PHYSICIANS, NUMBER AND RATIO, 2019: THE PRIMARY CARE PHYSICIAN RATIO REPRESENTS THE NUMBER OF LICENSED PHYSICIANS PER 1,000 PERSONS. THE NUMBER OF PRIMARY CARE PHYSICIANS PER 1,000 PERSONS IN ADAMS COUNTY WAS 2.2 AND IN WELD COUNTY IT WAS 0.9. THERE WERE 3.1 LICENSED PHYSICIANS PER 1,000 PERSONS IN COLORADO.

ADULTS WITH UNMET DENTAL CARE DUE TO COST, 2019: ABOUT 69% OF ADULTS IN ADAMS COUNTY VISITED A DENTIST WITHIN THE PAST 12 MONTHS AND 73.3% VISITED A DENTIST IN WELD COUNTY. HOWEVER, 25.5% OF ADULTS IN ADAMS COUNTY AND 16.8% OF ADULTS IN WELD COUNTY DID NOT GET THE DENTAL CARE THEY NEEDED BECAUSE OF COST. ALMOST 74% OF COLORADO RESIDENTS HAD A DENTAL VISIT LAST YEAR AND 20.6% NEEDED DENTAL CARE BUT DID NOT GET IT

Part VI Supplemental Information (Continuation)

DUE TO COST.

MENTAL HEALTH PROVIDERS, NUMBER AND RATIO, 2020

MENTAL HEALTH PROVIDERS INCLUDE PSYCHIATRISTS, CLINICAL PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS, PSYCHIATRIC NURSE SPECIALISTS, AND MARRIAGE AND FAMILY THERAPISTS WHO MEET CERTAIN QUALIFICATIONS AND CERTIFICATIONS. IN ADAMS COUNTY, THE NUMBER OF MENTAL HEALTH PROVIDERS PER 1,000 PERSONS WAS 2.1 AND IN WELD COUNTY THE RATE WAS 1.7 PER 1,000 PERSONS. ADAMS COUNTY HAD 0.22 MENTAL HEALTH TREATMENT FACILITIES PER 10,000 PERSONS. WELD COUNTY HAD 0.33 MENTAL HEALTH TREATMENT FACILITIES PER 10,000 PERSONS. COLORADO HAD 2.7 MENTAL HEALTH PROVIDERS PER 1,000 PERSONS AND 0.28 MENTAL HEALTH TREATMENT FACILITIES PER 10,000 PERSONS.

FAIR OR POOR HEALTH, ADULTS, 2016-2018

WHEN ASKED TO SELF-REPORT ON HEALTH STATUS WITHIN THE PAST MONTH, 11.8% OF ADULTS IN ADAMS COUNTY AND 11.1% OF ADULTS IN WELD COUNTY INDICATED THEY WERE IN FAIR OR POOR HEALTH. JUST MORE THAN 9% OF ADULTS IN COLORADO REPORTED POOR PHYSICAL HEALTH FOR 14 OR MORE DAYS WITHIN THE LAST MONTH.

ASTHMA PREVALENCE, PERCENT OF ADULT POPULATION (18 AND OLDER), 2018:

11.3% OF ADULTS IN ADAMS COUNTY AND 8.7% OF ADULTS IN WELD COUNTY HAVE BEEN DIAGNOSED WITH ASTHMA. ONLY ADAMS COUNTY WAS HIGHER THAN THE STATE RATE OF 8.9%.

ADULT DIABETES PREVALENCE, 2018

THE PERCENT OF ADULTS, DIAGNOSED WITH DIABETES WAS 8.4% IN ADAMS COUNTY AND 8.6% IN WELD COUNTY. 6.8% OF ADULTS IN THE STATE HAVE BEEN

Part VI Supplemental Information (Continuation)

DIAGNOSED WITH DIABETES. ADAMS AND WELD COUNTY RATES WERE HIGHER THAN THE STATE RATE OF 6.8%

HIGH BLOOD PRESSURE, 2018

26.3% OF ADULTS IN ADAMS COUNTY AND 25.1% IN WELD COUNTY HAVE BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE. ADAMS COUNTY EXCEEDS THE STATE RATE OF 25.8%.

SEXUALLY TRANSMITTED INFECTIONS, PER 100,000 PERSONS, 2018

RATES OF HIV AND CHLAMYDIA WERE HIGHER IN ADAMS COUNTY THAN IN WELD COUNTY. CHLAMYDIA HAD THE HIGHEST INCIDENCE RATES OF A SEXUALLY TRANSMITTED INFECTION: 571.2 PER 100,000 CASES IN ADAMS COUNTY AND 458.2 IN WELD COUNTY. OF THE MOST PREVALENT STDs IN COLORADO, CHLAMYDIA HAD THE HIGHEST RATE (511.4).

ADULT OVERWEIGHT (BMI 25.5 TO 29.9) AND ADULT OBESE (BMI > 30), 2018

AMONG ADULTS IN ADAMS COUNTY, 67.6% OF RESIDENTS ARE OVERWEIGHT OR OBESE, AND IN WELD COUNTY, THE PERCENTAGE OF OVERWEIGHT OR OBESE ADULTS IS 64.8%.

ADULT OBESE (BMI > 30), 2018

28.4% OF ADULTS IN ADAMS COUNTY AND 29.3% OF ADULTS IN WELD COUNTY ARE OBESE.

PHYSICAL ACTIVITY, 2018

ADAMS COUNTY (93.1%) AND WELD COUNTY (78.3%) HAVE ACCESS TO LOCATIONS FOR PHYSICAL ACTIVITY. 23.1% OF ADULTS IN ADAMS COUNTY WERE SEDENTARY AND DID NOT PARTICIPATE IN ANY LEISURE TIME PHYSICAL ACTIVITY IN THE

Part VI Supplemental Information (Continuation)

PAST 30 DAYS. MORE THAN 21% OF ADULTS IN WELD COUNTY WERE SEDENTARY. IN COLORADO, 90.5% OF RESIDENTS HAD ACCESS TO LOCATIONS FOR PHYSICAL ACTIVITY, AND 16.1% OF RESIDENTS REPORTED NO LEISURE TIME PHYSICAL ACTIVITY.

SCHEDULE H, PART VI, LINE 4 (CONTINUED)

CIGARETTE/E-CIGARETTE SMOKING, 2016-2018

JUST UNDER 19% OF ADULTS IN ADAMS COUNTY AND 16.2% IN WELD COUNTY SMOKED CIGARETTES. ABOUT 23% OF HIGH SCHOOL STUDENTS USED AN E-CIGARETTE IN THE PAST 30 DAYS, AND 29.3% USED AN E-CIGARETTE IN THE PAST 30 DAYS IN WELD COUNTY. THIS WAS HIGHER THAN THE HEALTHY PEOPLE 2030 OBJECTIVE OF 5% OF THE POPULATION WHO SMOKE CIGARETTES. NEARLY 7% OF PREGNANT WOMEN IN ADAMS COUNTY AND 4.7% IN WELD COUNTY SMOKED DURING THEIR PREGNANCIES. ABOUT 4.5% OF STUDENTS IN ADAMS COUNTY SMOKED A CIGARETTE IN THE PAST 30 DAYS, AND 5.6% OF STUDENTS SMOKED A CIGARETTE IN THE PAST 30 DAYS IN WELD COUNTY. FIFTEEN PERCENT OF COLORADO ADULTS SMOKE CIGARETTES AND 5.7% OF COLORADO HIGH SCHOOL STUDENTS REPORTED SMOKING CIGARETTES ONE OR MORE TIMES IN THE PAST 30 DAYS. JUST OVER 26% OF STUDENTS REPORTED USING AN ELECTRONIC VAPOR PRODUCT ONE OR MORE TIMES WITHIN THE PAST 30 DAYS, AND 6.1% OF PREGNANT WOMEN IN COLORADO REPORTED SMOKING CIGARETTES.

FREQUENT MENTAL DISTRESS, ADULT, 2018

THE PERCENTAGE OF THE ADULT POPULATION REPORTING MORE THAN 14 DAYS OF POOR MENTAL HEALTH PER MONTH WAS 11.8% IN ADAMS COUNTY AND 12.6% IN WELD COUNTY. NEARLY 11% OF COLORADO ADULTS REPORTED FREQUENT MENTAL DISTRESS.

Part VI Supplemental Information (Continuation)

BINGE DRINKING, ADULTS, 2016-18

BINGE DRINKING IS DEFINED AS FIVE OR MORE DRINKS ON ONE OCCASION FOR

MEN AND FOUR OR MORE DRINKS FOR WOMEN. THE HEALTHY PEOPLE 2030

OBJECTIVE IS THAT ONLY 25.4% OF ADULTS ENGAGE IN BINGE DRINKING IN THE

PAST MONTH. IN ADAMS COUNTY, 18.6% OF ADULTS ENGAGED IN BINGE DRINKING

OVER THE PAST YEAR AND 18.5% OF WELD COUNTY ADULTS ENGAGED IN BINGE

DRINKING.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **BRIGHTON COMMUNITY HOSPITAL ASSOCIATION** Employer identification number **84-0482695**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 1600 PRAIRIE CENTER PARKWAY - BRIGHTON, CO 80601	74-2255936	501(C)(3)	128,479.	0.			SUPPORT MISSION
RICHARD LAMBERT FOUNDATION PO BOX 351594 WESTMINSTER, CO 80035	46-3655727	501(C)(3)	20,000.	0.			SUPPORT OPERATIONS
HOPE AT MIRACLE HOUSE 1100 JUDICIAL CENTER DR BRIGHTON, CO 80601	46-5508034	501(C)(3)	15,000.	0.			SUPPORT OPERATIONS
VIA MOBILITY SERVICES 2855 N. 63RD ST. BOULDER, CO 80301	84-0777296	501(C)(3)	15,000.	0.			TRANSPORATION FOR SENIORS AND DISABLED
A PRECIOUS CHILD 155 E BRIDGE ST BRIGHTON, CO 80601	26-3349334	501(C)(3)	10,000.	0.			SUPPORT OPERATIONS
CALVARY CHAPEL BRIGHTON 103 E BRIDGE ST. BRIGHTON, CO 80601	84-1512645	501(C)(3)	10,000.	0.			SUPPORT OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

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

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

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

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE FIRST REQUIRED TO SUBMIT APPLICATIONS WHICH DETAIL
 THE INTENDED USES OF GRANT FUNDS. AFTER GRANTS HAVE BEEN AWARDED,
 RECIPIENTS ARE REQUIRED TO COMPLETE A FINAL REPORT INDICATING HOW GRANT
 FUNDS WERE ACTUALLY SPENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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 **BRIGHTON COMMUNITY HOSPITAL ASSOCIATION** Employer identification number **84-0482695**

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"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as 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	X
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" 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	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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 on lines 5 and 6? If "Yes," describe in Part III	7	X
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	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(1) TAJQUAH HUDSON DIRECTOR	(i)	0.	50.	0.	0.	0.	50.	0.
	(ii)	627,325.	181,845.	147,844.	179,927.	9,290.	1,146,231.	135,727.
(2) DANIEL HAMMAN, MD PHYSICIAN COMP PLAN	(i)	477,240.	425,975.	1,786.	17,400.	35,679.	958,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHAWN DUFFORD, MD DIRECTOR	(i)	0.	50.	0.	0.	0.	50.	0.
	(ii)	561,740.	163,597.	87,295.	94,564.	15,243.	922,439.	79,180.
(4) MATTHEW GAWART, MD PHYSICIAN COMP PLAN	(i)	495,335.	370,172.	1,774.	17,400.	6,593.	891,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN HICKS CEO/PRESIDENT	(i)	560,400.	158,326.	12,118.	93,791.	14,842.	839,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AARON BAXTER, MD PHYSICIAN COMP PLAN	(i)	480,950.	190,174.	2,375.	9,916.	31,832.	715,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN MANGELSON, MD PHYSICIAN COMP PLAN	(i)	487,760.	161,600.	1,774.	4,094.	24,342.	679,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHRISTOPHER CANNON, MD PHYSICIAN COMP PLAN	(i)	547,598.	50,000.	5,539.	16,284.	31,063.	650,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KURT GENSERT VP CHIEF OPERATING/NURSING OFFICER P	(i)	314,219.	57,140.	1,999.	45,970.	25,724.	445,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SEAN FADDEN FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	243,550.	44,987.	21,773.	37,506.	27,051.	374,867.	21,233.
(11) PRAKASH KARKI, MD VP CHIEF MEDICAL OFFICER PVMC	(i)	215,920.	0.	122,520.	0.	14,398.	352,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TROY STOEHR VP FINANCE PVMC	(i)	178,802.	36,001.	431.	29,261.	28,480.	272,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KIRK QUACKENBUSH, MD VP CHIEF MEDICAL OFFICER PVMC 1/1-4/	(i)	110,561.	65,564.	38,855.	6,831.	7,896.	229,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

THE ORGANIZATION AND RELATED ORGANIZATIONS ALLOW FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE INDIVIDUALS THAT RECEIVED TAX GROSS-UP PAYMENTS IN 2021 WERE: PRAKASH KARKI - \$37,024

PART I, LINE 1B:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - WRITTEN POLICY

THE ORGANIZATION AND RELATED ORGANIZATIONS DO NOT HAVE A FORMAL WRITTEN POLICY FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. HOWEVER, BEFORE ANY TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE MADE; PROPER APPROVAL FROM THE EMPLOYEE'S MANAGER IS REQUIRED. IN ADDITION, APPROVAL IS ALSO REQUIRED FROM HUMAN RESOURCES.

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

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.

THE ORGANIZATIONS OFFICERS AND SENIOR MANAGEMENT ARE PAID BY PLATTE VALLEY MEDICAL CENTER (PVMC). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH) BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO SCL HEALTH'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN

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.

THE GEOGRAPHIC AREA SERVED BY SCL HEALTH AND CURRENT COMPENSATION SURVEYS
COMPILED BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY
SCL HEALTH'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING
TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING
RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND
SENIOR MANAGEMENT.

AS PART OF THE REVIEW PROCESS, SCL HEALTH USES THE FOLLOWING IN
ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT.

- 1) COMPENSATION COMMITTEE
- 2) INDEPENDENT COMPENSATION CONSULTANT
- 3) FORM 990 OF OTHER ORGANIZATIONS
- 4) WRITTEN EMPLOYMENT CONTRACTS
- 5) COMPENSATION SURVEYS AND STUDIES
- 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO
ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR

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.

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

PART I, LINE 4B:

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS

(NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED

LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT

CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE

EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE.

IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COST AND HAVE GREATER CONTROL

OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO

A DEFINED CONTRIBUTION (DC) DESIGN. CERTAIN MEMBERS OF SENIOR MANAGEMENT

WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN

DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE

DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER

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.

TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS.

THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A

SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE

TERMS OF THE DC SERP (I.E., AFTER THREE YEARS) AND ARE PAID TO THE

EXECUTIVE UPON VESTING.

NQDC SERP PLANS PRIOR TO 2014

PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT

TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION.

THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER.

THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013.

FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS

ARE PAYABLE UPON THE END OF EMPLOYMENT. THE VESTED AMOUNTS WITHDRAWN

INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO

THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE

RECIPIENT'S W-2. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

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.

IN 2019, THE RELATED ORGANIZATION CONSOLIDATED FOUR NON QUALIFED DEFERRED COMPENSATION PLANS INTO ONE PLAN. AS PART OF THIS EFFORT, ALL VESTED BALANCES FROM THE SERP PLANS PRIOR TO 2014 WERE PAID TO THE PARTICIPANTS IN 2020. THERE ARE NO REMAINING PARTICIPANTS IN THE LEGACY PLANS.

NQDC SERP PLANS STARTING IN 2014

STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE VESTING PERIOD IS ROLLING 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2021. VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT. THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2.

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.

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2021 WERE: SHAWN DUFFORD

- \$79,180, TAJQUAH HUDSON - \$135,727, KIRK QUACKENBUSH - 36,564, SEAN

FADDEN - \$21,233.

IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION EARNED OVER THE VESTING PERIOD IS REPORTED IN COLUMN C AND ANY AMOUNTS VESTED/PAID FROM A DEFERRED COMPENSATION PLAN ARE REPORTED IN COLUMN B(III). THUS, THE SAME AMOUNT WOULD BE REPORTED TWICE (FIRST WHEN IT ACCRUED DURING THE VESTING PERIOD AND AGAIN WHEN IT IS VESTED/PAID). THIS RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY ARE ACTUALLY PAID FROM THE DEFERRED COMPENSATION PLANS. COLUMN F IS INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN COLUMN B(III) THAT HAD BEEN REPORTED AS DEFERRED COMPENSATION ON A SCHEDULE J FOR A PREVIOUS YEAR). HOWEVER, THE SIGNIFICANCE OF THE AMOUNTS LISTED IN COLUMN F IS OFTEN OVERLOOKED AND GIVEN THE COMPLEXITY OF THE SCHEDULE J REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD. TO DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT) DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E.

Part 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.

PART I, LINE 7:

THE AT-RISK COMPENSATION (ARC) PLAN WAS ESTABLISHED TO ENABLE SCL HEALTH TO ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS CHARITABLE MISSION AND STRATEGIC IMPERATIVES.

THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND AWARD OPPORTUNITIES ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR MANAGEMENT LEVEL AT SCL HEALTH. ACTUAL AWARDS WILL BE PAID OUT BASED ON ATTAINMENT OF SELECTED SCL HEALTH BOARD-APPROVED GOALS, INCLUDING OPERATING INCOME, STEWARDSHIP, QUALITY, PATIENT AND ASSOCIATE SAFETY AND PATIENT EXPERIENCE AND FULFILLMENT OF OUR MISSION.

AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR.

THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND

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.

ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE
ISSUED THEREUNDER. THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR
TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH)
AND RELATED TAX EXEMPT ORGANIZATIONS CONSISTS OF EIGHT HOSPITALS, NINE
FOUNDATIONS, TWO SAFETY-NET CLINICS, ONE CHILDREN'S MENTAL HEALTH
CENTER, HOME HEALTH AND MORE THAN 200 PHYSICIAN CLINICS IN THREE STATES
- COLORADO, KANSAS AND MONTANA. THE HEALTH SYSTEM INCLUDES MORE THAN
15,700 FULL-TIME ASSOCIATES AND MORE THAN 500 EMPLOYED PHYSICIANS. SCL
HEALTH AND RELATED TAX EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE
EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY. IN
KEEPING WITH SCL HEALTH'S CORE VALUE OF STEWARDSHIP, SCL HEALTH'S BOARD
COMPENSATION COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN
INDEPENDENT COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS
RESPONSIBLE FOR ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO
EXECUTIVE COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO
ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR

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.

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN). THE SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES TO THE HEALTH CARE SYSTEM. HOWEVER, A PAYMENT IS MADE DIRECTLY TO THE SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0482695

990, PAGE 1, LINE J

WEBSITE

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/PLATTE-VALLEY-MEDICAL-CENTER/](https://www.sclhealth.org/locations/platte-valley-medical-center/)

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHO ENTERS OUR DOORS.

DURING 2021, PVMC HAD THE FOLLOWING RESULTS:

3,207 ADMISSIONS

99,012 OUTPATIENT VISITS

25,693 EMERGENCY DEPARTMENT VISITS

816 BIRTHS

3,577 SURGERIES

341,318 LABORATORY TESTS

AWARDS AND RECOGNITION

CMS HOSPITAL COMPARE RATINGS

PLATTE VALLEY MEDICAL CENTER HAS EARNED A 5-STAR OR BETTER RATING WHEN
IT COMES TO PATIENT EXPERIENCE AS REPORTED BY CENTERS FOR MEDICARE &
MEDICAID SERVICES (CMS).

LEAPFROG HOSPITAL SAFETY GRADE

PLATTE VALLEY MEDICAL CENTER IS PROUD TO HAVE RECEIVED AN 'A' GRADE IN
SPRING 2021 FROM THE LEAPFROG GROUP FOR HOSPITAL SAFETY. THE LEAPFROG
GROUP IS A WASHINGTON D.C. BASED ORGANIZATION AIMING TO IMPROVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0482695

HEALTHCARE QUALITY AND SAFETY FOR CONSUMERS AND PURCHASERS. THE LEAPFROG GROUP ASSIGNS LETTER GRADES BASED ON NUMEROUS HEALTH CARE QUALITY MEASURES.

NATIONALLY RECOGNIZED IN HEART & VASCULAR CARE PLATTE VALLEY MEDICAL CENTER IS PROUD TO HAVE RECEIVED MULTIPLE CHEST PAIN - MI REGISTRY AWARDS IN 2020 FROM THE AMERICAN COLLEGE OF CARDIOLOGY. THIS AWARD PROGRAM WAS CREATED BY THE AMERICAN COLLEGE OF CARDIOLOGY TO RECOGNIZE HOSPITALS THAT HAVE TOP-LEVEL PERFORMANCE IN THEIR CARE OF PATIENTS WHILE ADHERING TO THEIR SPECIFIC GUIDELINE RECOMMENDATIONS.

FORM 990, PART V, LINE 1A

EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096:

THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO BE FILED.

FORM 990, PART VI, SECTION A, LINE 6:

INTEGRITY HEALTH IS THE SOLE MEMBER OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A:

INTEGRITY HEALTH, THE SOLE MEMBER OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION, APPROVES MEMBERS OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION BOARD OF DIRECTORS.

Name of the organization

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0482695

FORM 990, PART VI, SECTION A, LINE 7B:

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

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (COLLECTIVELY REFERRED TO AS SCL HEALTH), REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY PROVIDING EDUCATION AND TRAINING FOR ITS EMPLOYEES, STAFF, OFFICERS AND DIRECTORS. PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS BOARD MEMBERS, OFFICERS, PHYSICIANS, EXECUTIVES AND DIRECTOR LEVEL MANAGERS ARE ALL REQUIRED TO COMPLETE A CONFLICT OF INTEREST

Name of the organization

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0482695

STATEMENT UPON HIRE/APPOINTMENT AND ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICT ISSUES. THESE STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT AND APPROPRIATE LEADERSHIP. A REPORT IS PROVIDED TO SCL HEALTH'S PRESIDENT/CEO AND THE BOARD OF DIRECTORS.

THE BUSINESS AND AFFAIRS OF SCL HEALTH WILL AT ALL TIMES BE CONDUCTED IN A MANNER THAT IS SOLELY IN THE BEST INTERESTS OF SCL HEALTH AND NOT BE INFLUENCED BY CONFLICTING INTERESTS OF PERSONS RESPONSIBLE FOR ADMINISTERING THOSE AFFAIRS. THE EXISTENCE OF ANY CONFLICTS OF INTEREST WILL BE DISCLOSED AND THE PROCEDURES SET FORTH HEREIN WILL BE FOLLOWED. CERTAIN TRANSACTIONS DETERMINED TO CONSTITUTE A CONFLICT OF INTEREST ARE PROHIBITED.

ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SCL HEALTH IS CONSIDERED AN INTERESTED PERSON. THIS TERM INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

- BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS;
- SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS);
- EMPLOYED PHYSICIANS AND PHYSICIANS IN MEDICAL STAFF LEADERSHIP ROLES (E.G., DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES);
- MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCHASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT;
- DEPARTMENT DIRECTORS; AND
- OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHIP WHICH MAY INCLUDE, BUT

Name of the organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0482695
---------------------------------------------------------------------	----------------------------------------------

IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE.

UPON BECOMING AN INTERESTED PERSON AND ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT CONSTITUTE OR MIGHT LEAD TO A CONFLICT OF INTEREST BY COMPLETING THE CURRENT CONFLICT OF INTEREST AND GIFT DISCLOSURE STATEMENT ("STATEMENT") AS APPROVED BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER. THE CHIEF INTEGRITY AND COMPLIANCE OFFICER WILL OVERSEE THE REVIEW OF THE STATEMENTS AND THE RESOLUTION OF ANY IDENTIFIED CONFLICTS OF INTEREST AND ALERT THE SCL HEALTH CEO AND/OR THE CHAIR OF THE SCL HEALTH BOARD OF DIRECTORS TO ANY ITEMS OF CONCERN.

WHEN AN INTERESTED PERSON BECOMES AWARE OF A CONFLICT OF INTEREST WHICH HAS NOT BEEN DISCLOSED ON A STATEMENT, HE OR SHE SHALL CONTACT THE LOCAL COMPLIANCE AND PRIVACY OFFICER OR THE CHIEF INTEGRITY AND COMPLIANCE OFFICER, OBTAIN A STATEMENT FORM, COMPLETE AND RETURN IT TO THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT.

WHENEVER AN INTERESTED PERSON BECOMES AWARE THAT AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST IS BEING CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR (IF AN EMPLOYEE OTHER THAN THE ORGANIZATIONS SCL HEALTH CEO) OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR (IF THE SCL HEALTH CEO OR A BOARD OR COMMITTEE MEMBER), EVEN IF THE CONFLICT OF INTEREST HAS BEEN PREVIOUSLY DISCLOSED.

WITH REGARD TO EMPLOYEES OTHER THAN THE SCL HEALTH CEO, THE INTERESTED PERSON'S SUPERVISOR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

Name of the organization

BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

84-0482695

WITH REGARD TO THE SCL HEALTH CEO AND BOARD OR COMMITTEE MEMBERS, THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. PERSON(S) RESPONSIBLE FOR THE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIANCE OR LEGAL DEPARTMENTS.

UPON MAKING HIS OR HER DISCLOSURE, THE INTERESTED PERSON WILL LEAVE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DECISION-MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED. IF A DETERMINATION HAS BEEN MADE THAT NO CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY BE PRESENT AND PARTICIPATE IN THE DELIBERATION REGARDING THE TRANSACTION OR ARRANGEMENT. HOWEVER, IF AN INTERESTED PERSON HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT; BE PRESENT DURING THE DELIBERATION OR DECISION-MAKING; OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO THE DELIBERATION AND DECISION-MAKING ACTIVITIES.

WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS. THE PROPOSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST INTERESTS AND IS FAIR AND REASONABLE. A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD,

Name of the organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0482695
---------------------------------------------------------------------	----------------------------------------------

COMMITTEE OR OTHER DECISION-MAKING BODY.

MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR MINISTRY INTEGRITY AND COMPLIANCE COMMITTEE AND TO THE AUDIT COMMITTEE, ORGANIZATIONAL INTEGRITY AND COMPLIANCE COMMITTEE OF THE SCL HEALTH BOARD OF DIRECTORS. ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE SCL HEALTH TAX DIRECTOR FOR COMPLIANCE WITH THE FORM 990 TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY PLATTE VALLEY MEDICAL CENTER (PVMC). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH) BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO SCL HEALTH'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES

Name of the organization BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 84-0482695
----------------------------------------------------------------------------	-----------------------------------------------------

COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY SCL HEALTH AND CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY SCL HEALTH'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.

AS PART OF THE REVIEW PROCESS, SCL HEALTH USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT.

- 1) COMPENSATION COMMITTEE
- 2) INDEPENDENT COMPENSATION CONSULTANT
- 3) FORM 990 OF OTHER ORGANIZATIONS
- 4) WRITTEN EMPLOYMENT CONTRACTS
- 5) COMPENSATION SURVEYS AND STUDIES
- 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

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

**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

2021

Open to Public
Inspection

Name of the organization **BRIGHTON COMMUNITY HOSPITAL ASSOCIATION** Employer identification number **84-0482695**

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

(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
PLATTE VALLEY AMBULANCE SERVICE, LLC - 81-4643766, 1606 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	AMBULANCE SERVICES	COLORADO	8,932,682.	0.	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
PLATTE VALLEY MEDICAL GROUP, LLC - 82-2778995, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	PHYSICIAN SERVICES	COLORADO	26,575,638.	1,125,547.	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
PLATTE VALLEY MEDICAL IMAGING, LLC - 32-0402320, 1606 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	IMAGING SERVICES	COLORADO	0.	0.	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION
SPECTRUM MEDICAL IMAGING, LLC - 47-5236844 1610 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601	IMAGING SERVICES	COLORADO	9,606,057.	0.	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. - 23-7379161, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KANSAS	501(C)(3)	LINE 12C, III-FI	N/A		X
SCL HEALTH FOUNDATION - 82-3290526 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SISTERS OF CHARITY OF LEAVENWORTH		X
SCL HEALTH RESEARCH INSTITUTE, INC. - 85-2014794, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL RESEARCH	COLORADO	501(C)(3)	LINE 4	SISTERS OF CHARITY OF LEAVENWORTH		X
INTEGRITY HEALTH - 47-4520350 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12C, III-FI	SISTERS OF CHARITY OF LEAVENWORTH		X

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

Part II Continuation of 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 organization?	
						Yes	No
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL		X
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SISTERS OF CHARITY OF LEAVENWORTH		X
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 DENVER, CO 80211	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SISTERS OF CHARITY OF LEAVENWORTH		X
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.		X
SCL HEALTH - FRONT RANGE, INC. - 84-1103606 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.		X
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.		X
ST. MARYS HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. MARYS HOSPITAL FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARYS HOSPITAL & MEDICAL CENTER,		X
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
MARIAN CLINIC, INC. - 48-1046905 3164 SE 6TH AVENUE TOPEKA, KS 66607	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
SCLH-GI ENDOSCOPY HOLDINGS, LLC - 81-2979243, 382 S. ARTHUR AVENUE, LOUISVILLE, CO 80027	OP ENDOSCOPY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCLTDI JV, LLC - 47-2294770 4200 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER) - 27-2270640, 1144 NORTH 28TH STREET, BILLINGS, MT	PHYSICAL THERAPY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUMMIT SURGERY CENTER, LLC - 81-0536068, 434 SOUTH CLARK STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A		X
WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	MT	N/A	C CORP	N/A	N/A	N/A		X
LEAVEN INSURANCE COMPANY, LTD. - 98-0370522 23 LIME TREE BAY AVENUE, WEST BAY ROAD GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OP SURGERY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PAVILION IMAGING LLC (FYE 5/31/2021) - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OP CANCER	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	RENTAL REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

	Yes	No
1 During the tax year, did the 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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) PLATTE VALLEY MEDICAL CENTER FOUNDATION	B	128,479.	CASH
(2) PLATTE VALLEY MEDICAL CENTER FOUNDATION	C	134,291.	CASH
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SCL HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH RESEARCH INSTITUTE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

INTEGRITY HEALTH

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

MOUNT ST. VINCENT HOME, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SAINT JOSEPH HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - FRONT RANGE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARYS HOSPITAL & MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARYS HOSPITAL FOUNDATION

DIRECT CONTROLLING ENTITY: ST. MARYS HOSPITAL & MEDICAL CENTER, INC

NAME OF RELATED ORGANIZATION:

CARITAS CLINICS, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

MARIAN CLINIC, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

HOLY ROSARY HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. JAMES HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - MONTANA

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

GRAND VALLEY SURGICAL CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING LLC (FYE 5/31/2021)_

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.