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)

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 10/01 , 2023, and ending 09/30 , 20 24

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

C Name of organization CRAIG HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 3425 S CLARKSON STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code ENGLEWOOD, CO 80113

D Employer identification number 84-0404233

E Telephone number (303) 789-8000

G Gross receipts $ 205,030,228

F Name and address of principal officer: JANDEL ALLEN-DAVIS
SAME AS C ABOVE

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: WWW.CRAIGHOSPITAL.ORG

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

L Year of formation: 1910

M State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CRAIG ADVOCATES FOR AND PROVIDES EXCEPTIONAL PATIENT AND FAMILY CENTERED CARE FOR THOSE AFFECTED BY SPINAL CORD AND BRAIN INJURY. (CONTINUED ON SCHEDULE O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	1,269
6	Total number of volunteers (estimate if necessary)	6	210
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,767,344	9,976,633
9	Program service revenue (Part VIII, line 2g)	137,409,558	148,213,335
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,455,297	2,897,211
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,399,593	3,690,741
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,031,792	164,777,920

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	284,128	231,302
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)	100,423,338	108,073,087
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 3,242,816		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,968,345	51,628,555
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	149,675,811	159,932,944
19	Revenue less expenses. Subtract line 18 from line 12	9,355,981	4,844,976

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	345,081,377	380,157,877
21	Total liabilities (Part X, line 26)	69,387,010	68,364,862
22	Net assets or fund balances. Subtract line 21 from line 20	275,694,367	311,793,015

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

Signed by: Daniel J Frank
E7CAB9508F8A4F2...
Signature of officer — Date: 8/4/2025

DANIEL FRANK, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ADAM R. SMITH	Preparer's signature: Adam R Smith	Date: 07/28/2025	Check ☐ if self-employed	PTIN: P00958966	
Firm's name: FORVIS MAZARS, LLP				Firm's EIN: 44-0160260	
Firm's address: 111 SOUTH TEJON SUITE 800, COLORADO SPRINGS, CO 80903-9848				Phone no.: (719) 471-4290	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

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.

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.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
CRAIG HOSPITAL	84-0404233
Number, street, and room or suite no. If a P.O. box, see instructions.	
3425 S Clarkson St	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Englewood, CO 80113	

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Alison Mizer, 3425 S Clarkson St, Englewood, CO 80113**

Telephone No. **303-789-8976** Fax No. **303-789-8442**

• 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 **08/15**, 20 **25**, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or

☑ tax year beginning **10/01**, 20 **23**, and ending **09/30**, 20 **24**.

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**	**$**
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	**$**
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**	**$**

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**		
b	Enter the payment amount attached.	**1b**	**$**	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**		

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CRAIG HOSPITAL IS A 93-BED, LONG-TERM ACUTE CARE AND REHABILITATION HOSPITAL THAT PROVIDES CARE EXCLUSIVELY FOR PATIENTS WITH SPINAL CORD AND BRAIN INJURY. THE HOSPITAL PROVIDES A COMPREHENSIVE SYSTEM OF INPATIENT AND OUTPATIENT MEDICAL CARE, REHABILITATION, NEUROSURGICAL, REHABILITATIVE CARE, AND LONG-TERM FOLLOW-UP SERVICES.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 116,404,380 including grants of $ 231,302) (Revenue $ 151,063,942)

CRAIG HOSPITAL PROVIDES REHABILITATION AND MEDICAL SERVICES EXCLUSIVELY TO PATIENTS WITH SPINAL CORD AND BRAIN INJURY ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND DURING THE TAX YEAR, PROVIDED 28,877 DAYS OF INPATIENT CARE AND 17,574 OUTPATIENT VISITS

4b (Code:) (Expenses $ 3,223,953 including grants of $ 0) (Revenue $ 0)

CRAIG HOSPITAL IS DESIGNATED BY THE NATIONAL INSTITUTE ON DISABILITY, INDEPENDENT LIVING AND REHABILITATION RESEARCH (NIDILRR) AS A MODEL SYSTEM FOR BOTH SPINAL CORD INJURY AND BRAIN INJURY. THE HOSPITAL IS ALSO THE BRAIN INJURY MODEL SYSTEMS NATIONAL DATA & STATISTICAL CENTER AND ALSO CONDUCTED SEVERAL OTHER RESEARCH PROJECTS SUPPORTED BY NIDILRR, DOD, OTHER FOUNDATIONS AND INDUSTRY. DURING THE YEAR, THE HOSPITAL'S RESEARCH DEPARTMENT EMPLOYED A STAFF OF 27.

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 119,628,333

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	84		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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

				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	1,269		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✔
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✔
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			✔
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			✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, 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	13		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
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? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
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*	9			✔

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✔
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
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*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
b	Other officers or key employees of the organization	15b	✔	
	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?	16a		✔
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.

DANIEL J FRANK, 3425 S CLARKSON STREET, ENGLEWOOD, CO 80113, (303) 789-8636

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, box 6 of 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) JANDEL ALLEN-DAVIS, MD	40.0									
PRESIDENT & CEO	8.0	✔		✔				908,594	0	112,154
(2) DIANE REINHARD	40.0									
VP HOSPITAL SERVICES & COMMUNITY IMPACT	0.0			✔				462,478	0	72,262
(3) DANA POLONSKY	40.0									
VP CLINICAL SERVICES	0.0			✔				410,138	0	72,262
(4) DANIEL FRANK	40.0									
CFO	3.0			✔				353,654	0	71,878
(5) DERREK HIDALGO	40.0									
VP NURSING SERVICE & CNO	0.0			✔				259,018	0	78,400
(6) CHRIS WATKINS	40.0									
DIRECTOR OF IT	0.0					✔		279,518	0	30,316
(7) CANDACE TEFERTILLER	40.0									
EXECUTIVE DIRECTOR - RESEARCH & EVALUATION	0.0					✔		269,411	0	29,644
(8) TOBY HUSTON	40.0									
DIRECTOR OF PSYCHOLOGY	0.0					✔		238,059	0	37,633
(9) JACQUE HOWARD	40.0									
CONTROLLER	0.0					✔		233,983	0	20,356
(10) AMY ANHEUSER-GOLDSTEIN	40.0									
DIRECTOR OF PHARMACY	0.0					✔		206,954	0	27,566
(11) AMIE STAUDENMAIER	40.0									
VP OF PEOPLE & CULTURE	0.0			✔				168,761	0	47,756
(12) ANGELA OAKLEY	2.0									
TREASURER (START 4/22)	0.0	✔		✔				0	0	0
(13) BRUCE SCHROFFEL	2.0									
CHAIR ELECT (START 4/24)	0.0	✔		✔				0	0	0
(14) JOAN HENNEBERRY	2.0									
CHAIR (START 4/24)	0.0	✔		✔				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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			
(15) JUSTIN COOPER	2.0									
DIRECTOR/SECRETARY (START 4/24)	0.0	✔		✔				0	0	0
(16) KARI GOERKE	2.0									
PAST CHAIR (START 4/24)	0.0	✔		✔				0	0	0
(17) ARTURO ELIZONDO	2.0									
DIRECTOR (START 3/24)	0.0	✔						0	0	0
(18) CHRISTOPHER KELLEY	2.0									
DIRECTOR (START 3/23)	0.0	✔						0	0	0
(19) JESSICA HOBBS	2.0									
DIRECTOR	0.0	✔						0	0	0
(20) JIM MILES	2.0									
DIRECTOR (START 3/24)	0.0	✔						0	0	0
(21) JOHN KURATH	2.0									
DIRECTOR (TERM 3/24)	0.0	✔						0	0	0
(22) LISA MORRIS	2.0									
DIRECTOR (START 3/24)	0.0	✔						0	0	0
(23) MARIBETH YOUNGER	2.0									
DIRECTOR (START 3/23)	4.0	✔						0	0	0
(24) PURNIMA WAGEL	2.0									
DIRECTOR (TERM 8/24)	0.0	✔						0	0	0
(25) VIJAY IJJU	2.0									
DIRECTOR (START 3/24)	0.0	✔						0	0	0
1b Subtotal								3,790,568	0	600,227
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,790,568	0	600,227

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 193

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

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
SWEDISH MEDICAL CENTER, 601 E. HAMPDEN AVE, ENGLEWOOD, CO 80113	MEDICAL SERVICES	7,710,791
CENTURA HEALTH CORPORATE, 9100 E. MINERAL CIR, CENTENNIAL, CO 80112	IT AND LAB SERVICES	2,200,589
CNS MEDICAL GROUP, PO BOX 17405, DENVER, CO 80217	MEDICAL DIRECTORS	1,346,627
DAVIS PARTNERSHIP PC, 2901 BLAKE STREET, SUITE 100, DENVER, CO 80205	ARCHITECTURAL SERVICES	688,643
ADVANCED NETWORK MANAGEMENT, INC, PO BOX 561489, DENVER, CO 80256	IT SERVICES	604,757

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 26

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	6,752,680				
	e	Government grants (contributions)	1e	3,223,953				
	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			9,976,633			
Program Service Revenue				Business Code				
	2a	MEDICAL SERVICES		622310	147,897,936	147,897,936		
	b	PATIENT HOUSING		721000	315,399	315,399		
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			148,213,335			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			6,136,019			6,136,019
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	164,136				
	b	Less: rental expenses	6b	88,039				
	c	Rental income or (loss)	6c	76,097	0			
	d	Net rental income or (loss)			76,097			76,097
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	36,925,461				
	b	Less: cost or other basis and sales expenses	7b	39,153,109	1,011,160			
	c	Gain or (loss)	7c	(2,227,648)	(1,011,160)			
	d	Net gain or (loss)			(3,238,808)			(3,238,808)
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a	PEAK WELLNESS CENTER		900099	1,109,137	1,109,137		
	b	RESEARCH GRANTS INDIRECT COST		900099	1,058,728	1,058,728		
	c	CAFETERIA REVENUE		722100	764,037			764,037
	d	All other revenue		900099	682,742	682,742	0	0
	e	**Total.** Add lines 11a–11d			3,614,644			
	12	**Total revenue.** See instructions			164,777,920	151,063,942	0	3,737,345

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	231,302	231,302		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,971,981		2,971,981	
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	80,103,639	64,244,755	13,634,407	2,224,477
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,545,797	5,013,650	532,147	
9 Other employee benefits	13,309,486	10,758,682	2,105,909	444,895
10 Payroll taxes	6,142,184	4,816,868	1,156,276	169,040
11 Fees for services (nonemployees):				
a Management				
b Legal	663,026		663,026	
c Accounting	126,438		110,183	16,255
d Lobbying	122,345		122,345	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	322,720		322,720	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	13,622,029	12,606,595	1,005,059	10,375
12 Advertising and promotion	1,259,114		1,073,710	185,404
13 Office expenses	1,551,922	744,062	723,453	84,407
14 Information technology	7,596,809	28,018	7,568,791	
15 Royalties				
16 Occupancy	2,828,907	2,402,322	426,421	164
17 Travel	787,762	356,255	422,602	8,905
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,991		67,213	5,778
20 Interest	1,675,231		1,675,231	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,943,406	7,601,895	1,341,511	
23 Insurance	466,311		466,311	
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	4,897,288	4,885,088	12,200	
b RESEARCH EXPENSE	3,612,325	3,612,325		
c FOOD EXPENSE	1,363,573	1,324,813	38,760	
d MINOR EQUIPMENT/REPAIR	1,359,521	725,096	558,159	76,266
e All other expenses	356,837	276,607	63,380	16,850
25 **Total functional expenses.** Add lines 1 through 24e	159,932,944	119,628,333	37,061,795	3,242,816
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,765,635	1	5,673,041
	2	Savings and temporary cash investments		2,036,574	2	90,137
	3	Pledges and grants receivable, net		715,552	3	826,753
	4	Accounts receivable, net		41,864,188	4	51,126,070
	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	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		551,783	8	553,603
	9	Prepaid expenses and deferred charges		2,232,151	9	3,438,968
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 208,281,977			
	b	Less: accumulated depreciation	10b 102,643,634	108,847,929	10c	105,638,343
	11	Investments—publicly traded securities		145,690,291	11	170,967,826
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		33,377,274	15	41,843,136
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		345,081,377	16	380,157,877
Liabilities	17	Accounts payable and accrued expenses		28,158,851	17	27,314,647
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		41,228,159	20	41,050,215
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		69,387,010	26	68,364,862
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		251,650,207	27	284,139,792
	28	Net assets with donor restrictions		24,044,160	28	27,653,223
		Organizations that do not follow FASB ASC 958, check here ☐ 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		275,694,367	32	311,793,015
	33	Total liabilities and net assets/fund balances		345,081,377	33	380,157,877

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	164,777,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,932,944
3	Revenue less expenses. Subtract line 2 from line 1	3	4,844,976
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	275,694,367
5	Net unrealized gains (losses) on investments	5	22,033,827
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	9,219,845
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	311,793,015

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	✔	
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	3b	✔	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
CRAIG HOSPITAL	84-0404233

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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)						0
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 0

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** . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . **14** 0.00 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . **15** %

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2023.** 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—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
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.*	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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2023 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-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019 . . .			
b	Excess from 2020 . . .			
c	Excess from 2021 . . .			
d	Excess from 2022 . . .			
e	Excess from 2023 . . .			

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.)

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization
CRAIG HOSPITAL

Employer identification number
84-0404233

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 33⅓% 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: CRAIG HOSPITAL

Employer identification number: 84-0404233

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		$ 6,752,680	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CRAIG HOSPITAL	84-0404233

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
		$	

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

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

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

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

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

Name of organization	Employer identification number
CRAIG HOSPITAL	84-0404233

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 information once. See instructions.) $

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2023

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	Employer identification number
CRAIG HOSPITAL	84-0404233

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		✔	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✔	
c	Media advertisements?		✔	
d	Mailings to members, legislators, or the public?		✔	
e	Publications, or published or broadcast statements?		✔	
f	Grants to other organizations for lobbying purposes?		✔	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✔		103,800
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✔	
i	Other activities?	✔		18,545
j	Total. Add lines 1c through 1i			122,345
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✔	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political 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 expenditures 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.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE HOSPITAL IN CONJUNCTION WITH OTHER HOSPITALS ARE CONTRACTED WITH A CONSULTING FIRM TO HELP EDUCATE LEGISLATORS AS TO WHY THE CURRENT LTAC AND GENERAL HEALTHCARE REGULATIONS AND LEGISLATION ARE NOT APPROPRIATE FOR SPECIALTY HOSPITALS LIKE CRAIG HOSPITAL. LINE 1I: THE PORTION OF THE DUES PAID TO PROFESSIONAL ORGANIZATIONS THAT WERE TO PAY FOR 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

2023

Open to Public Inspection

Name of the organization
CRAIG HOSPITAL

Employer identification number
84-0404233

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements

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

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

☐ Preservation of land for public use (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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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 in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,616,542	8,963,169	11,242,483	9,175,879	6,977,352
b Contributions	222,289	1,601,976	301,709	431,146	1,898,183
c Net investment earnings, gains, and losses	2,407,340	1,336,099	(2,308,202)	1,889,606	555,102
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	368,549	284,702	272,821	254,148	254,758
f Administrative expenses	0	0	0	0	0
g End of year balance	13,877,622	11,616,542	8,963,169	11,242,483	9,175,879

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

a Board designated or quasi-endowment 20.00 %
b Permanent endowment 80.00 %
c Term endowment 0.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" 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		7,651,753		7,651,753
b Buildings		134,636,227	55,885,502	78,750,725
c Leasehold improvements				
d Equipment		61,154,610	45,880,616	15,273,994
e Other		4,839,387	877,516	3,961,871
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				105,638,343

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

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) RIGHT-OF-USE ASSETS	1,753,651
(2) INTEREST IN CRAIG HOSPITAL FOUNDATION	38,335,147
(3) SERP 457F PLAN	1,754,338
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	41,843,136

Part X Other Liabilities

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

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

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	195,408,540
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	22,033,827		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	9,339,875		
e	Add lines **2a** through **2d**			2e	31,373,702
3	Subtract line **2e** from line **1**			3	164,034,838
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	322,720		
b	Other (Describe in Part XIII.)	4b	420,362		
c	Add lines **4a** and **4b**			4c	743,082
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	164,777,920

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	159,309,870
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	88,039		
e	Add lines **2a** through **2d**			2e	88,039
3	Subtract line **2e** from line **1**			3	159,221,831
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	322,720		
b	Other (Describe in Part XIII.)	4b	388,393		
c	Add lines **4a** and **4b**			4c	711,113
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	159,932,944

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.

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description / **(b)** Amount SPECIAL FUNDRAISING EVENT DIRECT EXPENSES — 88,039 CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION — 9,251,836
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description / **(b)** Amount GRANTS FROM FOUNDATION — 388,371 GAIN FROM GRANTOR TRUST — 31,991
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description / **(b)** Amount SPECIAL FUNDRAISING EVENT DIRECT EXPENSES — 88,039
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	**(a)** Description / **(b)** Amount GRANTS FROM FOUNDATION — 388,371 ACCOUNTS PAYABLE ADJUSTMENT — 22

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS HELD BY THE CRAIG HOSPITAL FOUNDATION SERVE A VARIETY OF PURPOSES INCLUDING PATIENT ASSISTANCE, STAFF DEVELOPMENT AND EDUCATION, AND HOSPITAL PROGRAMS
SCHEDULE D, PART X, LINE 2 -	UNCERTAIN TAX POSITIONS: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CRAIG HOSPITAL

Employer identification number
84 0404233

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.	1a	✔	
b	If "Yes," was it a written policy?	1b	✔	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	✔	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	3b	✔	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✔	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✔	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		✔
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		✔
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a	Financial Assistance at cost (from Worksheet 1)			2,433,241	0	2,433,241	1.52
b	Medicaid (from Worksheet 3, column a)			14,810,138	9,745,912	5,064,226	3.17
c	Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d	**Total.** Financial Assistance and Means-Tested Government Programs	0	0	17,243,379	9,745,912	7,497,467	4.69
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)			1,792,872	0	1,792,872	1.12
f	Health professions education (from Worksheet 5)			1,968,554	0	1,968,554	1.23
g	Subsidized health services (from Worksheet 6)					0	0.00
h	Research (from Worksheet 7)			5,155,194	4,488,932	666,262	0.42
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			231,302	0	231,302	0.14
j	**Total.** Other Benefits	0	0	9,147,922	4,488,932	4,658,990	2.91
k	**Total.** Add lines 7d and 7j	0	0	26,391,301	14,234,844	12,156,457	7.60

Part II Community Building Activities.

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0.00
2	Economic development					0	0.00
3	Community support					0	0.00
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building					0	0.00
7	Community health improvement advocacy					0	0.00
8	Workforce development					0	0.00
9	Other					0	0.00
10	**Total**	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	☐	☑
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	0	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debts as community benefit	3	0	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	4,715,101
6	Enter Medicare allowable costs of care relating to payments on line 5	6	8,715,778
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(4,000,677)
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	☐	☑
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	☐	☐

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	General medica	Children's hospital	Teaching hospital	Critical access	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 CRAIG HOSPITAL 3425 S CLARKSON STREET, ENGLEWOOD, CO 80113 WWW.CRAIGHOSPITAL.ORG STATE LICENSE NO. : 010435	✔	✔				✔				
2										
3										
4										
5										
6										
7										
8										
9										
10										

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: CRAIG HOSPITAL

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		✔
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		✔
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	✔	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
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	✔	
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		✔
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		✔
7	Did the hospital facility make its CHNA report widely available to the public?	7	✔	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): (SEE STATEMENT)			
b	☐ Other website (list url):			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✔	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✔	
a	If "Yes," (list url): (SEE STATEMENT)			
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		✔
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: CRAIG HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	✔	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance status			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✔	
15	Explained the method for applying for financial assistance?	15	✔	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	✔	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: CRAIG HOSPITAL

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	✔	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		✔
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☑ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**		✔
	If "No," indicate why:			
a	☑ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: CRAIG HOSPITAL

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.	**23**		✔
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**		✔

Part V, Section C

Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: CRAIG HOSPITAL DESCRIPTION: KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH SUBJECT MATTER EXPERTS AND COMMUNITY PARTNERS. THESE INTERVIEWS PROVIDED QUALITATIVE INFORMATION FOR PRIMARY DATA ANALYSIS. ORGANIZATION PARTICIPATING IN THESE STRUCTURED INTERVIEWS ARE BRAIN INJURY ALLIANCE OF COLORADO (BIAC), GAVIN ATWOOD; CCAD/ADAPT, JOSH WINKLER; CHANDA PLAN, CHANDA HINTON; COLORADO RSVP CLINIC, JEFF BERLINER, MD; EASTERSEALS COLORADO, ROMAN KRAFCYK; HOME BUILDERS FOUNDATION, BETH FORBES, AND PERSONAL ASSISTANCE SERVICES OF COLORADO (PASCO), HOME HEALTH AND COMMUNITY BASED SERVICES, DAMIAN ROSENBERG.
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS://CRAIGHOSPITAL.ORG/RESOURCES/COMMUNITY-HEALTH-NEEDS-ASSESSMENT
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	HTTPS://CRAIGHOSPITAL.ORG/WP-CONTENT/UPLOADS/2023/01/22-CRAIG-IS-REPORT.PDF
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: CRAIG HOSPITAL DESCRIPTION: CRAIG HOSPITAL COMPLETED OUR MOST RECENT CHNA SURVEY IN SEPTEMBER 2022. THE CHNA IDENTIFIED ONE HIGH PRIORITY HEALTH NEED: ACCESS TO CARE AND TWO MEDIUM PRIORITY NEEDS: TRANSPORTATION AND FINANCIAL INDEPENDENCE. THE CHNA COMMITTEE DECIDED TO FOCUS ON TWO ACCESS TO CARE AND TRANSPORTATION OVER THE NEXT THREE YEARS. THE COMMITTEE DECIDED TO NOT ADDRESS FINANCIAL INDEPENDENCE AT THIS TIME. ACCESS TO CARE - PEOPLE WITH DISABILITIES HAVE HIGHER RATES OF MANY CHRONIC HEALTH CONDITIONS, INCLUDING ARTHRITIS, ASTHMA, CARDIOVASCULAR, DIABETES, HIGH BLOOD PRESSURE, AND HIGH CHOLESTEROL WHEN COMPARED TO THOSE WITHOUT A DISABILITY. WHEN COMPARED TO THOSE WITHOUT A DISABILITY, PEOPLE WITH DISABILITIES HAVE HIGHER RATES OF MANY CHRONIC HEALTH CONDITIONS, INCLUDING ARTHRITIS, ASTHMA, CARDIOVASCULAR, DIABETES, HIGH BLOOD PRESSURE, AND HIGH CHOLESTEROL. THOSE LIVING WITH PHYSICAL DISABILITIES OFTEN FACE ENORMOUS DIFFICULTY FINDING MEDICAL PRACTICES WITH WHEELCHAIR-ACCESSIBLE EQUIPMENT OR CLINICIANS WHO ARE COGNIZANT OF THEIR UNIQUE HEALTH CARE NEEDS AND RISKS WHICH CAN LEAD TO LIFE-THREATENING INFECTIONS. FURTHER, COMMUNITY MEMBERS FIND IT ENORMOUSLY DIFFICULT TO FIND PROVIDERS WHO TAKE MEDICAID AND OTHER GOVERNMENT ASSISTANCE AND PROVIDE COMPREHENSIVE CARE. ACCESS TO CARE WAS IDENTIFIED AS A TOP PRIORITY IN BOTH DENVER'S CHIP AND TRI-COUNTY HEALTH DEPARTMENT'S CHIP. CRAIG HOSPITAL'S AIM IS TO REDUCE BARRIERS TO ACCESSING HEALTHCARE AND IDENTIFY AND PARTNER WITH COMMUNITY ORGANIZATIONS FOCUSED ON MEETING THE NEEDS OF OUR SHARED COMMUNITY. THIS WILL BE DONE BY IMPLEMENTING THE FOLLOWING STRATEGIES: OBTAIN MORE FEEDBACK FROM THE SCI AND BI COMMUNITIES TO ENSURE THE HOSPITAL FOCUSES ON THE AREA OF GREATEST NEED; IDENTIFY AND COLLABORATE WITH AT LEAST ONE COMMUNITY PARTNER TO ADDRESS ACCESS TO CARE ISSUES; AND EDUCATE HEALTHCARE PROVIDERS ON HOW TO BEST TREAT THOSE LIVING WITH BI/SCI. TRANSPORTATION - FOR PEOPLE LIVING WITH BI/SCI TO THRIVE, THEIR BASIC NEEDS MUST BE MET FIRST AND ACCESSIBLE TRANSPORTATION IS PARAMOUNT TO THIS. OUR COMMUNITY'S ABILITY TO GET FROM POINT A TO B IS CRUCIAL TO THEIR ABILITY TO OBTAIN VITAL HEALTH CARE SERVICES AS WELL AS MAXIMIZE THEIR QUALITY OF LIFE BY TAKING IN EVERYTHING THAT MAKES FOR A FULL AND FULFILLING LIFE. THE COST, AVAILABILITY, AND RELIABILITY OF TRANSPORTATION ARE ALL BARRIERS TO OUR COMMUNITY. THE GOAL IS TO ADVOCATE FOR ACCESSIBLE TRANSPORTATION TO MEET THE NEEDS OF THOSE LIVING WITH SCI OR BI IN OUR COMMUNITY. THE PLAN TO ACHIEVE THIS GOAL INCLUDES IDENTIFYING CHALLENGES ENCOUNTERED BY SCI/BI COMMUNITY TO ACCESSING TRANSPORTATION ON THE COMMUNITY AND PARTNERING WITH AT LEAST ONE COMMUNITY ORGANIZATION AND/OR GOVERNMENTAL BODY TO ADDRESS IDENTIFIED COMMUNITY NEEDS CONCERNING TRANSPORTATION. CRAIG HOSPITAL DOES NOT PLAN TO ADDRESS THE MEDIUM PRIORITY NEED AROUND FINANCIAL INDEPENDENCE AT THIS TIME. THE CHNA COMMITTEE BELIEVES THE HOSPITAL IS BEST ABLE TO ADDRESS AND MAKE A TANGIBLE IMPACT AROUND ACCESS TO CARE AND THE TRANSPORTATION NEEDS OF THE SCI/BI COMMUNITY WITHIN DENVER. IN ADDITION, THE CHNA COMMITTEE BELIEVES IT CAN INDIRECTLY IMPACT THE ISSUE OF FINANCIAL INDEPENDENCE THROUGH THEIR EFFORTS TO ADDRESS ACCESS TO CARE AND TRANSPORTATION AS BOTH IMPACT THE ECONOMIC INDEPENDENCE OF THE COMMUNITY. FINALLY, OTHER ORGANIZATIONS IN THE COMMUNITY IDENTIFIED AND PLAN TO WORK TOWARD ADDRESSING FINANCIAL/ECONOMIC INDEPENDENCE THROUGH THEIR COMMUNITY HEALTH IMPROVEMENT PLANS.
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME: CRAIG HOSPITAL DESCRIPTION: SIZE OF HOUSEHOLD
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://CRAIGHOSPITAL.ORG/CHARITY-CARE-POLICY

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://CRAIGHOSPITAL.ORG/CHARITY-CARE-POLICY
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://CRAIGHOSPITAL.ORG/CHARITY-CARE-POLICY
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: CRAIG HOSPITAL DESCRIPTION: THE FINANCIAL ASSISTANCE APPLICATION IS SENT TO THE PATIENT WITH PRE-COLLECTION LETTER. PATIENT BILLING STATEMENTS ALSO REFERENCE THE POLICY AND CONTACT INFORMATION IS GIVEN IF THEY REQUIRE ADDITIONAL INFORMATION OR WANT TO APPLY.
SCHEDULE H, PART V, SECTION B, LINE 20E - EFFORTS MADE BEFORE INITIATING COLLECTION ACTIONS	FACILITY NAME: CRAIG HOSPITAL DESCRIPTION: SENT A FINAL NOTICE LETTER AND A FINANCIAL ASSISTANCE APPLICATION TO THE PATIENT.

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? 0

Name and address	Type of facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information.

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C -	IN ADDITION TO THE FPG, CRAIG HOSPITAL EVALUATES PROVIDING DISCOUNTED CARE BASED ON THE PATIENT'S ASSET LEVEL, MEDICAL INDIGENCE, THE PATIENT'S INSURANCE STATUS AS WELL AS THE OTHER FACTORS DESCRIBED IN SCHEDULE H, PART VI, LINE 3 DETAILING THE ADMISSIONS DEPARTMENTS EVALUATION OF EACH NEW PATIENT.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	COSTS WERE DETERMINED BY USING EITHER ACTUAL COSTS OR CALCULATED COSTS BASED OFF OF A COST-TO-CHARGE RATIO.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE HOSPITAL CONTINUED TO FOLLOW THE PRESENTATION AND DISCLOSURE OF PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS AND ALLOWANCE FOR DOUBTFUL ACCOUNTS AS PRONOUNCED IN THE ACCOUNTING STANDARDS UPDATES 201107 AND ACCOUNTING, STANDARDS CODIFICATION TOPIC 954. THIS REQUIRES ORGANIZATIONS THAT DO NOT HAVE ACCESS TO THE COLLECTABILITY OF A RECEIVABLE PRIOR TO RECOGNIZING REVENUE TO PRESENT THEIR PROVISION FOR BAD DEBT RELATED TO PATIENT SERVICE REVENUE AS A DEDUCTION FROM REVENUE, NET OF ANY CONTRACTUAL ALLOWANCES AND DISCOUNTS ON THEIR STATEMENT OF OPERATIONS.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE HOSPITAL DOES NOT CONSIDER ANY OF ITS BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENT'S ELIGIBILITY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THERE IS NO FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE. PLEASE REFER TO THE AUDITED FINANCIAL STATEMENTS THAT ADDRESSES PATIENTS AND UNINSURED PAYORS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	THE SOURCE OF THE DATA IS THE MOST RECENT FILED MEDICARE COST REPORT USING THE RATIO OF COST TO CHARGES METHOD. THE PAYMENT MECHANISM RECEIVED FOR CARE PROVIDED TO MEDICARE PATIENTS IS NOT NEGOTIATED BUT SET BY FEDERAL REGULATIONS. THE PAYMENT CURRENTLY RECEIVED FOR TREATMENT IS NOT SUFFICIENT TO COVER COSTS AND ALTHOUGH WE DON'T RECOGNIZE THIS SHORTFALL AS CHARITY, WE BELIEVE IT SHOULD BE INCLUDED IN THE CALCULATION OF COMMUNITY BENEFIT. ALL PATIENTS RECEIVE THE APPROPRIATE LEVEL OF CARE AND SERVICES REGARDLESS OF PAYMENT SOURCE.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	CRAIG HOSPITAL ASSESSES THE HEALTH NEEDS OF PEOPLE LIVING WITH SPINAL CORD OR BRAIN INJURY IN OUR COMMUNITY FORMALLY EVERY THREE YEARS THROUGH THE CHNA TO ASSESS OUR COMMUNITY IMPACT AND IDENTIFY OUR COMMUNITY'S UNMET HEALTH NEEDS. THE 2022 CHNA REPORT IS THE HOSPITAL'S FOURTH TRIENNIAL REPORT. CRAIG HOSPITAL UTILIZED PRIMARY AND SECONDARY DATA SOURCES IN CONDUCTING OUR CHNA. PRIMARY DATA COLLECTION INCLUDED SURVEYING INDIVIDUALS IN THE BROADER GEOGRAPHIC COMMUNITY WHO MAY OR MAY NOT HAVE NEVER BEEN PATIENTS AT CRAIG AND STRUCTURED INTERVIEWS WITH SUBJECT MATTER EXPERTS FROM THE COMMUNITY WHO WORK IN ORGANIZATIONS THAT PROVIDE SERVICES TO PEOPLE WITH SCI AND/OR BI. THE HOSPITAL'S QUALITY MANAGEMENT DEPARTMENT REVIEWED DATA FROM THE 2022 CRAIG PATIENT SURVEY AND COMPARED TO STATEWIDE DATA OBTAINED FROM THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE) AND THE COLORADO HEALTH INSTITUTE (CHI), AS WELL AS NATIONAL BENCHMARKS FROM THE HEALTHY PEOPLE 2030 REPORT. THESE SURVEY RESULTS WERE ALSO COMPARED WITH PREVIOUS TRIENNIAL COMMUNITY HEALTH NEEDS SURVEYS TO MEASURE CHANGES IN THE HEALTH OF THE COMMUNITY. SUMMARIZED DATA WAS PRESENTED TO THE HOSPITAL'S CHNA TEAM AND A LIST OF COMMUNITY NEEDS WERE IDENTIFIED. THE TEAM PRIORITIZED THE NEEDS BASED ON THE HOSPITAL AND ESTABLISHED COMMUNITY PARTNERS' PERCEIVED ABILITY TO MEANINGFULLY ADDRESS THE IDENTIFIED NEEDS. THE HOSPITAL'S TRIENNIAL REPORT PROVIDES GREATER DETAIL ON THE HOSPITAL'S PROCESS AND OUTCOMES.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	THE ADMISSIONS DEPARTMENT IDENTIFIES PATIENTS WHO HAVE LIMITED BENEFITS AND COMPARE THE BENEFITS TO THE ESTIMATED LENGTH OF STAY. WHEN THERE IS A SHORTAGE OF DAYS ALLOWED BY THE INSURANCE, THE ADMISSIONS DIRECTOR MEETS WITH THE PATIENT AND/OR FAMILY TO DETERMINE ALTERNATIVE COVERAGE. THIS CONVERSATION ENCOMPASSES THE PATIENT'S ABILITY TO PAY FOR THE CARE, POTENTIAL ELIGIBILITY FOR FEDERAL AND STATE PROGRAMS AND THE HOSPITALS CHARITY CARE POLICY. UPON ADMISSION, THE CASE MANAGER COMPLETES A THOROUGH PSYCHO-SOCIAL ASSESSMENT OF THE PATIENT/FAMILY SPECIFICALLY ANALYZING THEIR FINANCIAL SITUATION. THE CASE MANAGERS CONSIDER HOUSEHOLD INCOME POST-INJURY, FAMILY SIZE, ASSETS, CURRENT AND FUTURE LIVING EXPENSES, AND FINANCIAL OBLIGATIONS INCLUDING FUTURE CARE NEEDS. THE CASE MANAGERS, ALONG WITH THE PATIENT/FAMILY, ASSESS OTHER POTENTIAL RESOURCES/PROGRAMS FOR WHICH THE PATIENT MAY QUALIFY. RESOURCES AND PROGRAMS EVALUATED INCLUDE BUT ARE NOT LIMITED TO MEDICAID, VICTIM'S ASSISTANCE, LIABILITY AND LIQUIDITY, ACCIDENTAL DEATH AND DISMEMBERMENT, AND THE HOSPITAL'S CHARITY CARE PROGRAM. IF IT APPEARS AS THOUGH THE PATIENT WILL QUALIFY FOR STATE OR FEDERAL PROGRAMS, THE CASE MANAGER WILL ASSIST THE PATIENT/FAMILY IN COMPLETING THE APPLICATIONS, OBTAINING THE REQUIRED DOCUMENTATION AND ADVISING THEM ON HOW TO POSITION THEMSELVES TO QUALIFY. IF PATIENTS DO NOT MEET THE CRITERIA FOR OTHER STATE OR FEDERAL PROGRAMS, THE FINANCIAL ASSISTANCE ELIGIBILITY DISCOUNT GUIDELINE IS USED TO DETERMINE IF THE PATIENT'S BILL WILL BE DISCOUNTED. IF APPROPRIATE, THE CASE MANAGER WILL INITIATE AND ASSIST THE PATIENT/FAMILY IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION FOR THE CHARITY CARE PROGRAM. APPLICATIONS MAY ALSO BE OBTAINED ON THE HOSPITAL'S WEBSITE, COMPLETED OVER THE PHONE OR BY MAIL. IF IT IS NOT CLEAR THAT THE PATIENT/FAMILY WILL HAVE A BALANCE PRIOR TO DISCHARGE (COPAYS, COINSURANCE, ETC.) THE PATIENT/FAMILY WILL RECEIVE INFORMATION ON THE CHARITY CARE PROGRAM WHICH IS NOTED ON THE MONTHLY BILLING STATEMENTS AND THE COPY OF THE APPLICATION ALONG WITH THE LETTER FOR PRE-COLLECTION. AT THIS TIME THE PATIENT CAN COMPLETE THE APPLICATION. ALL APPLICATIONS ARE REVIEWED BY THE A/R MANAGER, CFO AND/OR THE CONTROLLER. WHEN IT IS DETERMINED THAT THE CHARITY APPLICATION IS APPROPRIATE, IT IS COMMUNICATED TO THE PATIENT/FAMILY BY THE CASE MANAGER OR THE A/R MANAGER.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	AS ONE OF THE MOST HIGHLY-RATED NEUROREHABILITATION AND RESEARCH HOSPITALS IN THE U.S. FOR SPINAL CORD INJURY (SCI) AND BRAIN INJURY (BI), CRAIG TREATS PATIENTS FROM VIRTUALLY EVERY STATE INCLUDING SOME FROM OUTSIDE OF THE U.S. BASED IN ENGLEWOOD, COLORADO, APPROXIMATELY 45 PERCENT OF ALL INPATIENTS ARE FROM COLORADO HISTORICALLY. THE OTHER TOP FIVE STATES ITS PATIENTS TRAVEL FROM INCLUDE CALIFORNIA, OREGON, KANSAS, MISSOURI AND OKLAHOMA. DURING THE PAST FISCAL YEAR, CRAIG TREATED INPATIENTS FROM 41 STATES. SINCE BECOMING A SPECIALTY HOSPITAL IN 1956, CRAIG HAS TREATED OVER 35,000 PATIENTS WITH AN SCI OR BI. WITH AN AVERAGE OF 450 INPATIENTS AND 1,500 OUTPATIENTS A YEAR, APPROXIMATELY 43 PERCENT OF INPATIENTS ARE TREATED FOR BRAIN INJURY, 39 PERCENT OF INPATIENTS ARE TREATED FOR SCI, AND 19 PERCENT ARE TREATED FOR MAJOR MULTIPLE TRAUMA INJURIES (BI AND SCI) AND OTHER NEUROLOGICAL CONDITIONS. THE AVERAGE AGE OF CRAIG'S INPATIENT POPULATION DISCHARGED IN FISCAL YEAR 2024 WAS 40, RANGING FROM 15 TO 74 YEARS OLD AND 74 PERCENT OF ALL INPATIENTS DISCHARGED WERE MALE COMING FROM VARIED SOCIO-ECONOMIC BACKGROUNDS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	CRAIG HOSPITAL'S MISSION IS TO PROVIDE EXEMPLARY PATIENT CARE, EDUCATION AND RESEARCH TO PEOPLE WITH SPINAL CORD (SCI) AND BRAIN INJURIES (BI). THE BOARD OF DIRECTORS, CONSISTING OF 13 MEMBERS OF WHICH 12 ARE INDEPENDENT, HAS ULTIMATE AUTHORITY IN EXTENDING PRIVILEGES ONLY TO PROFESSIONALLY COMPETENT PHYSICIANS, DENTISTS AND PODIATRISTS, LICENSED TO PRACTICE IN THE STATE OF COLORADO. THERE ARE 148 PHYSICIANS ON THE MEDICAL STAFF OF CRAIG HOSPITAL, EACH ASSIGNED TO ONE OF FOUR SEPARATE MEDICAL STAFF CATEGORIES. THE MEDICAL STAFF OF CRAIG HOSPITAL IS ORGANIZED AND OPERATES UNDER THE GUIDANCE OF THE MEDICAL STAFF BYLAWS, MEDICAL STAFF RULES AND REGULATIONS, AND MEDICAL STAFF POLICIES AND PROCEDURES. THE ORGANIZED MEDICAL STAFF IS ACCOUNTING TO THE GOVERNING BODY FOR THE QUALITY OF CARE, TREATMENT, AND SERVICES PROVIDED TO PATIENTS BY THE PRACTITIONERS WITH PRIVILEGES. THE MEDICAL STAFF IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING PATIENT CARE STANDARDS, CREDENTIALING AND DELINEATION OF CLINICAL PRIVILEGES. ADDITIONALLY, THERE ARE APPROXIMATELY 73 ALLIED HEALTH PROFESSIONALS CATEGORIZED AS EITHER INDEPENDENT OR PHYSICIAN DIRECTED WHO FUNCTION WITHIN ONE OR MORE HEALTH RELATED PROFESSIONS OR OCCUPATIONS. THE HOSPITAL USES SURPLUS FUNDS TO FUND CAPITAL IMPROVEMENTS, EQUIPMENT FOR PATIENT PROGRAMS, AND PATIENT AND STAFF EDUCATION. IN THE CURRENT FISCAL YEAR, CRAIG REINVESTED OVER $6.9 MILLION BACK INTO THE INFRASTRUCTURE OF THE HOSPITAL FOR BUILDING IMPROVEMENTS, EQUIPMENT AND INFORMATION TECHNOLOGY. CRAIG PROVIDES SIGNIFICANT SUPPORT TO THE FAMILIES OF PATIENTS INCLUDING PROVIDING 30 DAYS OF FREE HOUSING FOR FAMILIES OF INPATIENTS WHO LIVE FURTHER THAN 60 MILES FROM THE HOSPITAL. CRAIG ALSO PROVIDES SIGNIFICANT SUPPORT TO THE COMMUNITY, SUPPORTING THE BRAIN INJURY ALLIANCE OF COLORADO, CONDUCTING FREE ANNUAL OUTPATIENT CLINICS IN GRAND JUNCTION, COLORADO AND CASPER, WYOMING. OUR LEADERS SERVE ON MULTIPLE BOARDS FOR STATE AGENCIES AND ORGANIZATIONS INCLUDING THE CHANDA CENTER FOR HEALTH, THE GATHERING PLACE, BRAIN INJURY ALLIANCE OF COLORADO, DENVER METRO CHAMBER OF COMMERCE, ACCESS UNLIMITED, NATIONAL SPORTS CENTER FOR THE DISABLED, AND OTHERS. CRAIG FINANCIALLY SUPPORTS MANY LOCAL, REGIONAL, AND NATIONAL ORGANIZATIONS EACH YEAR AND COLLABORATES ON PATIENT RESEARCH AND TECHNOLOGY WITH SEVERAL LOCAL COLLEGES AND UNIVERSITIES. THIS FISCAL YEAR, CRAIG PROVIDED $217,984 IN FUNDING TO LOCAL AND NATIONAL COMMUNITY PARTNERS AND $87,655 IN FOOD DONATIONS TO WE DON'T WASTE. CRAIG IS PIONEERING ADAPTIVE TECHNOLOGY AND CUTTING-EDGE TREATMENT INCLUDING OPERATING THE PEAK CENTER AT CRAIG HOSPITAL, A STATE-OFTHE-ART WELLNESS AND FITNESS PROGRAM FOR INPATIENTS, OUTPATIENTS, AND COMMUNITY MEMBERS. IN FISCAL YEAR 2024, THE PEAK WELLNESS PROGRAM SERVED BETWEEN 370-380 CLIENTS, AND WELCOMED 218 NEW MEMBERS. OTHER PROGRAMS THAT CRAIG PROVIDES TO THE COMMUNITY INCLUDE THE RSVP FREE CLINIC THAT IS HELD THE FIRST SUNDAY OF EACH MONTH OFFERING REHABILITATIVE CARE TO THE UNDERINSURED, ADAPTIVE ADVENTURE TRIPS AND ACTIVITIES FOR CRAIG GRADUATES, COMMUNITY BLOOD DRIVES, AND COMMUNITY LIAISONS WHO TRAVEL TO ASSESS AND EDUCATE PATIENTS AND PROVIDERS. CRAIG ALSO HOSTS ROTATIONS FOR RN'S FROM FIVE LOCAL NURSING SCHOOLS, CNA'S FROM TWO LOCAL NURSING SCHOOLS AND OTHER THERAPY STUDENT EXPERIENCES. CRAIG OFFERS AND PROVIDES COMMUNITY OUTREACH EDUCATIONAL PRESENTATIONS TO LOCAL HOSPITALS AND COLLEGES ON TREATMENT OF SCI AND BI AND HAS A MEDICAL RESIDENT PROGRAM FOR 2 MEDICAL SCHOOL RESIDENTS AND 1 FELLOW. CRAIG PROVIDES LONG-TERM COMMUNITY SUPPORT THROUGH MULTIPLE PROGRAMS INCLUDING TELEHEALTH THROUGH ITS NURSE ADVICE LINE, FREE EDUCATIONAL MATERIALS THROUGH THE RESOURCE LIBRARY ON CRAIG HOSPITAL'S WEBSITE, AND SOCIAL MEDIA INCLUDING FACEBOOK, TWITTER, LINKEDIN, YOUTUBE, INSTAGRAM AND A BLOG. CRAIG STAFF VOLUNTEER WITH NUMEROUS ORGANIZATIONS LIKE CAFÉ 180, HOMEBUILDERS FOUNDATION, COMMUNITY ACTIVITIES THROUGH THE CITY OF ENGLEWOOD, AND SERVE ON THE BOARDS OF HUNDREDS OF COMMUNITY ORGANIZATIONS INCLUDING THE BRAIN INJURY ALLIANCE OF COLORADO, NATIONAL SPORTS CENTER FOR THE DISABLED, CATHY SCOTT FOUNDATION, CENTER FOR WOMEN'S HEALTH RESEARCH, COLORADO HOSPITAL ASSOCIATION, AND MORE. DURING THE FISCAL YEAR, CRAIG PROVIDED FINANCIAL ASSISTANCE, COMMUNITY SUPPORT AND SUBSIDIZED HEALTH SERVICES FOR GOVERNMENT PROGRAMS TOTALING $10.95 MILLION. CRAIG ALSO GIVES BACK TO THE SCI AND BI COMMUNITIES THROUGH RESEARCH THAT IS CHANGING THE FIELD OF REHABILITATIVE MEDICINE. THE HOSPITAL'S RESEARCH DEPARTMENT SPENT IN EXCESS OF $5.1M IN FEDERAL, STATE AND FOUNDATION-SPONSORED GRANTS FOR SCI AND BI REHABILITATION RESEARCH ON 66 RESEARCH PROJECTS WITH A STAFF OF 27 EMPLOYEES. IN 2016, CRAIG ASSUMED RESPONSIBILITY FOR OPERATION TBI FREEDOM (OTF), A SPECIALIZED MILITARY SUPPORT PROGRAM LOCATED IN COLORADO SPRINGS, COLORADO. OTF PROVIDES LONG-TERM, NONCLINICAL CASE MANAGEMENT TO VETERANS AND ACTIVE-DUTY SERVICE MEMBERS LIVING WITH TRAUMATIC BRAIN INJURIES (TBI), WITH A STRONG EMPHASIS ON INDIVIDUAL, PERSON CENTERED CARE THA ADAPTS TO EACH CLIENTS EVOLVING NEEDS. CORE SERVICES INCLUDE CRISIS INTERVENTION, REFERRALS TO MEDICAL AND BEHAVIORAL HEALTH PROVIDERS, EMPLOYMENT AND EDUCATIONAL ASSISTANCE, NAVIGATION OF VA BENEFITS/HEALTHCARE, PRO-SOCIAL SUPPORT GROUPS, AND EMERGENCY FINANCIAL ASSISTANCE FOR URGENTS NOT COVERED BY THE DEPARTMENT OF VETERANS AFFAIRS. SINCE THE DEPARTMENT OF DEFENSE BEGAN SURVEILLANCE TRACKING IN 2000, MORE THAN 500,000 U.S. SERVICE MEMBERS HAVE BEEN DIAGNOSED WITH A BRAIN INJURY. ADDITIONALLY, OVER 180,000 VETERANS ENROLLED IN VA CARE HAVE SUSTAINED AT LEAST ONE TBI. TO DATE, CRAIG HOSPITAL'S MILITARY PROGRAMS HAVE SERVED MORE THAN 1,300 SERVICE MEMBERS AND THEIR FAMILIES. WHAT MAKES CRAIG'S MILITARY PROGRAMS TRULY UNIQUE IS THE LASER FOCUS ON BRAIN INJURY, A VETERAN-TO-VETERAN PEER SUPPORT MODEL, AND ACCESS TO THE NATIONALLY RENOWNED EXPERTISE AND RESOURCES OF THE BROADER CRAIG HOSPITAL NETWORK. BY EMPLOYING A COLLABORATIVE, TEAM-BASED APPROACH, OPERATION TBI FREEDOM WORKS TO EMPOWER EACH CLIENT TO ACHIEVE THEIR HIGHEST POSSIBLE LEVEL OF INDEPENDENCE, STABILITY AND QUALITY OF LIFE. CRAIG RECEIVED THE NDNQI AWARD FOR OUTSTANDING NURSING QUALITY 10 TIMES SINCE 2009 FOR THE HIGHEST QUALITY OUTCOMES IN NURSING CARE IN A REHABILITATION FACILITY. IN 2021, CRAIG HOSPITAL ALSO EARNED ITS 4TH MAGNET DESIGNATION FOR EXCELLENCE IN NURSING BY THE AMERICAN NURSES CREDENTIAL CENTER (ANCC) MAGNET RECOGNITION PROGRAM; THE HOSPITAL IS ONE OF ONLY TWO FREESTANDING REHABILITATION HOSPITALS TO EVER RECEIVE SUCH RECOGNITION. CRAIG WAS VOTED BY EMPLOYEES AS A TOP WORKPLACE BY THE DENVER POST 10 TIMES SINCE 2012 AND NAMED A TOP WORKPLACE USA BY ENERGAGE IN 2021 AND 2023-2025.
SCHEDULE H, PART VI, LINE 6 -	CRAIG HOSPITAL IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.
SCHEDULE H, PART VI, LINE 7 -	A COMMUNITY BENEFIT REPORT WAS NOT FILED WITH ANY STATES.

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

2023

Open to Public Inspection

Name of the organization

CRAIG HOSPITAL

Employer identification number

84-0404233

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
(1) (SEE STATEMENT)	84-0893049	501(C)(3)	20,000				GENERAL SUPPORT
(2) CHANDA PLAN FOUNDATION 1630 CARR ST, LAKEWOOD, CO 80214	20-4358964	501(C)(3)	20,000				GENERAL SUPPORT
(3) CHANGE THE TREND 235 W CHENANGO, ENGLEWOOD, CO 80110	85-1119541	501(C)(3)	8,000				GENERAL SUPPORT
(4) CITY OF ENGLEWOOD 1000 ENGLEWOOD PKWY, ENGLEWOOD, CO 80110	84-6000583	GOVT	11,800				GENERAL SUPPORT
(5) CROSS PURPOSE 3855 S BROADWAY, ENGLEWOOD, CO 80113	46-3862392	501(C)(3)	6,800				GENERAL SUPPORT
(6) (SEE STATEMENT)	84-0186760	501(C)(6)	10,500				GENERAL SUPPORT
(7) (SEE STATEMENT)	26-4275773	501(C)(3)	15,000				GENERAL SUPPORT
(8) (SEE STATEMENT)	84-1263718	501(C)(3)	15,000				GENERAL SUPPORT
(9) (SEE STATEMENT)	84-0738419	501(C)(3)	15,000				GENERAL SUPPORT
(10) ST ANTHONY HOSPITAL FOUNDATION 11600 WEST 2ND PLACE, LAKEWOOD, CO 80228	84-0902211	501(C)(3)	6,000				GENERAL SUPPORT
(11) CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST., ENGLEWOOD, CO 80113	23-7352287	501(C)(3)	81,000				SUPPORT ORGANIZATION
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

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

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

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

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

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE HOSPITAL FINANCIALLY SUPPORTS MANY DIFFERENT ORGANIZATIONS THAT PROVIDE PROGRAMS THAT ARE SIMILAR OR COMPLIMENTARY TO CRAIG'S MISSION. THESE ORGANIZATIONS SERVICE OR PROVIDE ASSISTANCE TO INDIVIDUALS WHO ARE TYPICAL OF CRAIG'S PATIENT POPULATION. MANAGEMENT CAREFULLY REVIEWS EACH ORGANIZATION'S MISSION AND NEEDS WHEN DECIDING WHICH ONES TO DONATE TO. ADDITIONALLY, PROFESSIONAL COUNSELING STAFF INCLUDING STAFF FROM CLINICAL CARE MANAGEMENT (DEPARTMENT OF CRAIG HOSPITAL) CAN INITIATE AN APPLICATION REQUEST ON BEHALF OF THE PATIENT. EACH REQUEST MUST BE APPROVED BY A DEPARTMENT DIRECTOR BEFORE ACCOUNTS PAYABLE PREPARES PAYMENT FOR THE NEED. FOUNDATION STAFF REVIEW EACH REQUEST TO ENSURE EXPENSES MEET DONOR-INTENT AND TO PLAN FOR FUTURE FUNDING NEEDS. FOR FUNDS MADE TO ORGANIZATIONS, THE RESEARCH DEPARTMENT PROVIDES A SUMMARY OF THEIR ACTIVITIES FOR THE YEAR FOR PRESENTATION, OR A REPORT IS PROVIDED TO THE CEO IN AN ANNUAL MEETING.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BRAIN INJURY ALLIANCE OF COLORADO 1325 S COLORADO BLVD, SUITE B300, SUITE B300, DENVER, CO 80222
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	DENVER METRO CHAMBER LEADERSHIP FOUNDATION 1445 MARKET ST, 4TH FL, DENVER, CO 80113
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HIGH FIVES NONPROFIT FOUNDATION 10775 PIONEER TRAIL, SUITE 108, TRUCKEE, CA 96161
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HOME BUILDERS FOUNDATION 88 INVERNESS CIRCLE EAST, E104, ENGLEWOOD, CO 80112
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NATIONAL SPORTS CENTER FOR THE DISABLED 1801 MILE HIGH STADIUM CIRCLE, STE 1500, DENVER, CO 80204

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CRAIG HOSPITAL

Employer identification number
84-0404233

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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		
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		
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. ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✔	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	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		✔
b	Any related organization?	5b		✔
	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		✔
b	Any related organization?	6b		✔
	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	✔	
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		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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	JANDEL ALLEN-DAVIS, MD PRESIDENT & CEO	(i)	591,441	268,954	48,199	93,200	18,954	1,020,748	0
		(ii)	0	0	0	0	0	0	0
2	DIANE REINHARD VP HOSPITAL SERVICES & COMMUNITY IMPACT	(i)	292,127	108,883	61,468	53,200	19,062	534,740	61,468
		(ii)	0	0	0	0	0	0	0
3	DANA POLONSKY VP CLINICAL SERVICES	(i)	278,757	104,307	27,074	53,200	19,062	482,400	27,074
		(ii)	0	0	0	0	0	0	0
4	DANIEL FRANK CFO	(i)	279,484	74,137	33	53,200	18,678	425,532	0
		(ii)	0	0	0	0	0	0	0
5	DERREK HIDALGO VP NURSING SERVICE & CNO	(i)	206,438	52,580	0	50,746	27,654	337,418	0
		(ii)	0	0	0	0	0	0	0
6	CHRIS WATKINS DIRECTOR OF IT	(i)	237,010	42,275	233	11,374	18,942	309,834	0
		(ii)	0	0	0	0	0	0	0
7	CANDACE TEFERTILLER EXECUTIVE DIRECTOR - RESEARCH & EVALUATION	(i)	220,970	39,446	8,995	10,966	18,678	299,055	0
		(ii)	0	0	0	0	0	0	0
8	TOBY HUSTON DIRECTOR OF PSYCHOLOGY	(i)	196,579	41,447	33	9,799	27,834	275,692	0
		(ii)	0	0	0	0	0	0	0
9	JACQUE HOWARD CONTROLLER	(i)	198,113	35,837	33	9,418	10,938	254,339	0
		(ii)	0	0	0	0	0	0	0
10	AMY ANHEUSER-GOLDSTEIN DIRECTOR OF PHARMACY	(i)	169,919	37,002	33	8,505	19,061	234,520	0
		(ii)	0	0	0	0	0	0	0
11	AMIE STAUDENMAIER VP OF PEOPLE & CULTURE	(i)	148,402	20,359	0	46,752	1,004	216,517	0
		(ii)	0	0	0	0	0	0	0
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	THE EXECUTIVE COMMITTEE COMMISSIONS AND INDEPENDENT COMPENSATION CONSULTING FIRM EVERY 2-3 YEARS TO CONDUCT A STUDY OF COMPENSATION OF THE KEY LEADERSHIP POSITIONS WITHIN THE HOSPITAL UTILIZING DATA FROM BOTH LOCAL AND NATIONAL HOSPITALS. THIS DATA IS THEN USED BY THE EXECUTIVE COMMITTEE WHEN IT APPROVED THE COMPENSATION OF THE PRESIDENT/CEO AND OTHER TOP MANAGEMENT POSITIONS WITHIN THE HOSPITAL. ALL OF THE DETAILS OF THE DELIBERATION AND DECISION-MAKING PROCESS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	HOSPITAL OFFICERS PARTICIPATE IN A NON-QUALIFIED 457F RETIREMENT PLAN. DURING THE TAX YEAR, THE FOLLOWING AMOUNTS WERE EARNED AND FUNDED BY THE HOSPITAL: JANDEL ALLEN-DAVIS $80,000, DAN FRANK $40,000, DIANE REINHARD $40,000, DANA POLONSKY $40,000, AMIE STAUDENMAIER $40,000 AND DERREK HIDALGO $40,000
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	DISCRETIONARY BONUSES OF UP TO 10% OF BASE PAY ARE PAID TO DEPARTMENT DIRECTORS, UP TO 15% FOR VICE PRESIDENT AND UP TO 30% FOR PRESIDENT/CEO UPON ATTAINING SPECIFIED PERFORMANCE GOALS.
SCHEDULE J, PART II, COLUMN (F) -	THE AMOUNTS LISTED IN COLUMN F ARE THE ACCRUAL PAYOUTS OF THE 457(F) PLAN THAT LINE 4B DISCUSSES. THE AMOUNTS IN COLUMN F ARE THE ACCRUALS FROM PRIOR YEARS THAT ARE PAID OUT IN 2023: DIANE REINHARD $61,468, DANA POLONSKY $27,074.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
CRAIG HOSPITAL

Employer identification number
84-0404233

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648AG82	12/03/2012	40,071,072	HOSPITAL EXPANSION & REFUND 2003 BONDS		✔		✔		✔
B	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648FTP9	04/26/2022	12,595,000	PAYOFF OUTSTANDING LINE OF CREDIT		✔		✔		✔
C	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648FUA0	09/02/2022	11,080,000	REFUND PORTION OF 2012 BOND		✔		✔		✔
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	20,155,000	0	875,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	40,071,072	12,595,000	11,080,000	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	558,654	281,540	257,169	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	31,577,932	0	0	
11	Other spent proceeds	7,980,000	12,595,000	11,080,000	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2016	2022	2022	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✔			✔	✔			
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✔		✔		✔		
16	Has the final allocation of proceeds been made?	✔		✔		✔			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✔		✔		✔			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✔		✔		✔		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		✔		✔		✔		
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		✔		✔		✔		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		✔		✔		✔		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.00 %		0.00 %		0.00 %		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0.00 %		0.00 %		0.00 %		%	
6	Total of lines 4 and 5	0.00 %		0.00 %		0.00 %		%	
7	Does the bond issue meet the private security or payment test?		✔		✔		✔		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✔		✔		✔		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✔		✔		✔			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✔		✔		✔		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		✔	✔		✔			
b	Exception to rebate?		✔		✔		✔		
c	No rebate due?	✔			✔		✔		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		✔		✔		✔		

Part IV Arbitrage *(continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✔		✔		✔		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		✔		✔		✔		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		✔		✔		✔		
7	Has the organization established written procedures to monitor the requirements of section 148?	✔		✔		✔			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	✔		✔		✔			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

(SEE STATEMENT)

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART IV, LINE 2C -	12/03/2012 40,071,072 COLORADO HEALTH FACILITIES AUTHORITY - COLORADO HEALTH FACILITIES AUTHORITY REBATE CALCULATION PERFORMED ON 1/9/2023 AND NO REBATE

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2023 Open to Public Inspection

Name of the Organization	Employer Identification Number
CRAIG HOSPITAL	84-0404233

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	TOGETHER WE BRAVELY STRIVE FOR OPTIMAL HEALTH, INDEPENDENCE AND LIFE QUALITY WITH UNYIELDING DETERMINATION
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	PRIOR TO FILING WITH THE IRS, THE FORM 990 AND RELATED SCHEDULES WERE PRESENTED, REVIEWED AND APPROVED BY THE FINANCE/AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. COPIES WERE ALSO DISTRIBUTED TO ALL BOARD MEMBERS ALONG WITH A REPORT FROM THE FINANCE/AUDIT COMMITTEE.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL BOARD MEMBERS, MEMBERS OF THE EXECUTIVE TEAM (INCLUDING THE CEO, ALL VICE PRESIDENTS, THE PRESIDENT OF THE CRAIG HOSPITAL FOUNDATION, AND THE CRAIG HOSPITAL MEDICAL DIRECTOR/MEDICAL STAFF PRESIDENT), AND ALL DEPARTMENT DIRECTORS COMPLETE A CONFLICT-OF-INTEREST DISCLOSURE FORM ANNUALLY. THESE DISCLOSURES ARE REVIEWED BY THE COMPLIANCE DEPARTMENT. IF A POTENTIAL CONFLICT IS DISCLOSED, THE COMPLIANCE DEPARTMENT EVALUATES WHETHER IT CONSTITUTES AN ACTIVE OR POTENTIAL CONFLICT. POTENTIAL CONFLICTS THAT ARE NOT ACTIVE ARE SHARED WITH THE INDIVIDUAL'S SUPERVISOR, WHO IS INSTRUCTED TO MONITOR THE SITUATION AND CONSULT COMPLIANCE IF THE STATUS CHANGES. IF AN ACTIVE CONFLICT IS IDENTIFIED, APPROPRIATE MITIGATION STEPS ARE DEVELOPED. THESE MAY INCLUDE RECUSAL FROM DISCUSSIONS OR DECISIONS RELATED TO THE CONFLICT, REASSIGNMENT OF DUTIES, OR OTHER SAFEGUARDS. FOR BOARD MEMBERS, ACTIVE CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE BOARD CHAIR AND THE CEO; THE BOARD MEMBER IS RECUSED FROM ANY BOARD ACTIONS OR VOTES RELATED TO THE CONFLICT. ALL IDENTIFIED CONFLICTS AND MITIGATION PLANS ARE DOCUMENTED BY THE COMPLIANCE DEPARTMENT.
FORM 990, PART VI, LINE 15 - LINE 15A & 15B	THE EXECUTIVE COMMITTEE COMMISSION AN INDEPENDENT COMPENSATION CONSULTING FIRM EVERY 2 TO 3 YEARS TO CONDUCT A STUDY OF COMPENSATION OF THE KEY LEADERSHIP POSITIONS WITHIN THE HOSPITAL UTILIZING DATA FROM BOTH LOCAL AND NATIONAL HOSPITALS. THIS DATA WAS UTILIZED BY THE EXECUTIVE COMMITTEE WHEN IT APPROVES THE COMPENSATION OF THE PRESIDENT/CEO AND OTHER TOP MANAGEMENT POSITIONS WITHIN THE HOSPITAL. ALL OF THE DETAILS OF THE DELIBERATION AND DECISION-MAKING PROCESS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE HOSPITAL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	**(a)** Description / **(b)** Amount CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION — 9,251,836 GAIN FROM GRANTOR TRUST — - 31,991

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

2023

Open to Public Inspection

Name of the organization
CRAIG HOSPITAL

Employer identification number
84-0404233

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CRAIG HOSPITAL FOUNDATION (23-7352287) 3425 S CLARKSON STREET, ENGLEWOOD, CO 80113	FUNDRAISING	CO	501(C)(3)	12 TYPE I	CRAIG HOSPITAL	✔	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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	1a		✔
b	Gift, grant, or capital contribution to related organization(s)	1b	✔	
c	Gift, grant, or capital contribution from related organization(s)	1c	✔	
d	Loans or loan guarantees to or for related organization(s)	1d		✔
e	Loans or loan guarantees by related organization(s)	1e	✔	
f	Dividends from related organization(s)	1f		✔
g	Sale of assets to related organization(s)	1g		✔
h	Purchase of assets from related organization(s)	1h		✔
i	Exchange of assets with related organization(s)	1i		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	✔	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	✔	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✔	
o	Sharing of paid employees with related organization(s)	1o	✔	
p	Reimbursement paid to related organization(s) for expenses	1p		✔
q	Reimbursement paid by related organization(s) for expenses	1q	✔	
r	Other transfer of cash or property to related organization(s)	1r		✔
s	Other transfer of cash or property from related organization(s)	1s		✔

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)	CRAIG HOSPITAL FOUNDATION	C	6,752,680	ACTUAL COST
(2)	CRAIG HOSPITAL FOUNDATION	B	81,000	ACTUAL COST
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													