# FOR TAX YEAR 2021

CENTENNIAL AREA HEALTH EDUCATION CE

GREEN & ASSOCIATES LLC

PO BOX 865

LONGMONT, CO 80502

(720)839-6458

	0		Poturn	of Organization Exempt	From I	nco	mo Tay	,		OMB No. 1545-0047
Form	93	90	Return			nco		•		2021
			Under section 501(c),	, 527, or 4947(a)(1) of the Internal Reven	nue Code (ex	cept p	rivate foun	datior	ns)	2021
Denar	tment of	the Treasury	► Do not er	nter social security numbers on this for	m as it may	be ma	de public.			Open to Public
		ue Service	► Go to	www.irs.gov/Form990 for instructions	and the late	est info	rmation.			Inspection
AF	For the	e 2021 calend	lar year, or tax year begi	nning 07-	01, <b>2021</b> ,	and en	ding	-	06-	30, <b>20</b> 22
B	Check if a	applicable:	C Name of organization	ENTENNIAL AREA HEALTH EDUCA	ATION CE			DE	mploy	er identification number
A	Address	change	Doing business as						:	84-0772637
۱ <u>ا</u>	Name ch	ange	Number and street (or F	P.O. box if mail is not delivered to street address)		Room/	suite	ΕT	elepho	ne number
<u> </u>	nitial retu	urn	2105 CLUBHOUS	E DRIVE						(970)330-3608
E F	Final retu	rn/terminated	City or town, state or pr	ovince, country, and ZIP or foreign postal code				GG	Gross re	eceipts
A	Amended	d return	GREELEY, CO 8	0634				\$		1,036,705
A	Applicatio	on pending		rincipal officer: MELISSA JENSEN			H(a) Is this a	a group re	turn for	subordinates? Yes X No
_			SAME AS C ABO	VE			H(b) Are al	l subord	inates	included? Yes No
1 1	Fax-exen	npt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527					See instructions
٦V	Nebsite:		.CAHEC.ORG				H(c) Group	exempt	tion nu	mber 🕨
K F	Form of c	organization: X	Corporation Trust As	ssociation Other ►	L Year of forma	tion: 1				domicile: CO
Pa	rt I	Summar								
	1			sion or most significant activities: <b>PRO</b>	MOTING E	OUITY	IN HEAD	LTH .	AND	HEALTH CARE
		-	-	CATION WITH AN EMPHASIS ON						
e		Intoodii		CHIION WITH MN EMIMIPIE ON	Nontice Onto		V D D O I MD.	11		
ane										
Governance	2	Chaoly this h		n discontinued its operations or dispaced	of more then	250/ 0	fito not coo	oto		
Š	2			on discontinued its operations or disposed				1		
ଅ	3			erning body (Part VI, line 1a)						9
ŝ	4			ers of the governing body (Part VI, line 1b)					_	9
Activities &	5	Total numbe	r of individuals employed i	in calendar year 2021 (Part V, line 2a)		•••		. 5	5	5
cti	6	Total numbe	r of volunteers (estimate if	fnecessary)				. 6	;	
4	7a	Total unrelat	ed business revenue from	n Part VIII, column (C), line 12				. 7	а	0
	b	Net unrelate	d business taxable incom	e from Form 990-T, Part I, line 11				. 7	b	0
							Prior Yea	r		Current Year
	8	Contributions	s and grants (Part VIII, line	e1h)			60	5,84	2	699,676
ē	9	Program ser	vice revenue (Part VIII, lir	ne 2g)			2	0,84	1	35,709
ent	10	-		(A), lines 3, 4, and 7d)				0,27		231,629
Revenue	11			ines 5, 6d, 8c, 9c, 10c, and 11e)						0
-	12			(must equal Part VIII, column (A), line 12)			63	6,95	8	967,014
	13		v	IX, column (A), lines 1-3)				.,		0
	14			IX, column (A), line 4)						0
	15	•		e benefits (Part IX, column (A), lines 5-10		· –	30	1,91	2	272,443
es				column (A), line 11e)		· —	50	1,71	. 2	0
Expenses			ising expenses (Part IX, co							0
ğ			ses (Part IX, column (A), I			_		0 0 0		207 077
ш	17	•		, ,				8,03		387,067
	18	•	· ·	st equal Part IX, column (A), line 25)				9,95		659,510
	19	Revenue les	s expenses. Subtract line	e 18 from line 12				7,00		307,504
or Ces		<b>T</b> - (1)					ginning of Cur			End of Year
Net Assets or Fund Balances	20		( ,				1,61			1,728,442
t As nd B	21							4,47		73,254
				t line 21 from line 20		•	1,49	7,04	6	1,655,188
	rt II		re Block							
				urn, including accompanying schedules and statement fficer) is based on all information of which preparer has		t of my kr	nowledge and b	elief, it is	5	
	,		(							
<b>.</b>		MELI	SSA JENSEN							
Sig	n	Signatur	re of officer						Date	
Her	е	MELI	SSA JENSEN, EXEC	UTIVE DIRECTOR						
			print name and title							
		Print/Type pre	eparer's name	Preparer's signature	Date		Check		if P	TIN
Pai	d	David G	reen	David Green	12-02-20	)22		nployed		xxxxxxxx
	pare			ASSOCIATES LLC			Firm's EIN			
	e Onl						Phone no.			
200				T CO 80502			. 110/10 110.	70	0_83	39-6458
		1	TOUGHON				1	14		

	LONGMONT CO 80502	720-839-6458
May the IRS	discuss this return with the preparer shown above? See instructions	 

X No

Form	990 (2021) CENTENNIAL AREA HEALTH EDUCATION CE	84-0772637	Page <b>2</b>
Pa	rt 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:		
	PROMOTING EQUITY IN HEALTH AND HEALTH CARE THROUGH PROFESSIONAL EDUCATION WI	TH AN EMPHAS	IS ON
	WORKFORCE DEVELOPMENT		
2	Did the ergenization undertake any eignificant program convises during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X 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 🛛	X 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 measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$569,412 including grants of \$) (Revenue	\$	)
	EDUCATIONAL COURSES AND STUDENT HOUSING PFOVIDED TO HEALTH CARE PROFESSIONAL	5 IN NORTHER	N
	COLORADO		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses > 569,412	,	
EEA	· · · ·	Form	n <b>990</b> (2021)

	990 (2021) CENTENNIAL AREA HEALTH EDUCATION CE 84-07720	537	P	age 3
Pa	rt 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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		х
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		х
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		х
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		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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		х
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		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
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		х
С	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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
00	If "Yes," complete Schedule G, Part III.	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	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 approximation or the second secon	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021)

Form	990 (2021) CENTENNIAL AREA HEALTH EDUCATION CE 84-0772	537	Р	age 4
Pa	rt 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		х
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		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		х
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		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
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		х
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		х
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	x	
Par				
	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	-		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

2a         Enter the number of empty-oper reported on Form V-9. Transmits of Vage and Tax         2a         5           bit at least one is reported on line 2a, diff the organization file all required federal emptyment tax returns?         5         5           bit at least one is reported on line 2a, diff the organization file all required federal emptyment tax returns?         5         5         5           bit dit least one is reported on line 2a, diff the organization have an interest in, or a signature or other authority over, a financial account in the organization have and interest in organization no Schedule 0.         36           bit l'ves, right is filed a Form 300-for thit yard?         4a         4a         Any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial Account is forgin contry.         4a           bit l'ves, right is any tool problet bit as bark account, securities account, or other financial Account (FBAR).         5a           bit l'ves, right is any roothy the organization file from 886-f?         5c           construction a print year organization is any too during the any file any site of the regon admit and financial Account (FBAR).         5a           construction site any control too during the site any file an			07726	37	F	Page 5
Statements, file for the calendar year ending with or within the year covered by this return	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
b       If at least one is reported on line 2a, did the organization file all required for defa employment tax return?       2b         3a       Did the organization have unrelated business gross income of \$1000 or more during the year?       3a         b       ff "Yes, "has if field a Form 900-T for this year? If "No? to line 3b, provide an explanation on Schedule 0.       3b         b       ff "Yes, "has if field a Form 900-T for this year? If "No? to line 3b, provide an explanation or Schedule 0.       3b         b       ff "Yes, "has if field a Form 900-T foreign contry       4a         b       ff "Yes, "mass if field a Form 900-T foreign Contry       4a         b       ff "Yes, "inter during requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a         c       Dess the organization hat it was or is a party to a prohibited tax sheller transaction at us year?       5a         c       Dess the organization include with wavy solicitation and party if orgond tax is hell transactions at the year or is a contributions?       5b         c       Dess the organization include with wavy solicitation and party for goods and sand services provided to the party as a contribution and party for goods and sand sandos provides to the party?       7a         d       D'Yes, "dd the organization in field wavy solicitation and party for goods and sand sandos provide of the party as a contribution for from 889 as required?       7b         d       D'Yes, "dd the organizati	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
Note:         If the sum of lines 1a and 2a is greater, Inn 250, you may be required to e-file. See instructions.         See           b         The dimensional construction of submatrix securities account of your on a signature or other nanchal account?         3a           b         The structure of the second structure of the second structure of the submatrix over, a financial account?         3b           c         The structure of the foreign country (such as a bank account, securities account or other financial account?         4a           d         The structure of the foreign country (such as a bank account, securities account or other financial account?         4a           d         The structure of the foreign country (such as a bank account, securities account or other financial account?         5a           See instructures for finin (Figure action the organization has a multip two as problem that such action actis action action action actis action action action acti		Statements, filed for the calendar year ending with or within the year covered by this return 2a	5			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         b       If Yen, has tilled a Form 990-017 for this year?       3b         diff at any time during the calendar year, diff the organization have an interest in, or a signature or other subhority over, a financial account in a foreign courny >       3b         if Yens, "enter the name of the foreign courny >       See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a         Was the organization park to organization find it was or is a party to a prohibited tax sheltor transaction?       5b         d) dary taxable party notify the organization find it was or is a party to a prohibited tax sheltor transaction?       5c         6a       Does the organization have arrual gross receipts that are normally greater than \$100.000, and dit the organization find the way solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 174(c).       6a         7 Organization shet any roceive deductible contributions under section 174(c).       7a       7a         d) If Yes," dd the organization find the goops or services provided at the park of the goops or services provided?       7a         7 Organization sele cave.       7a       7a         7 U'se," dd the organization find the dispose of trapite personal property or which it was required to file form \$222 filed during the year.       7d         10 U de organization necele	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
b       H*vs," has it filed a Form 90-7 for this year? # Not? to me 3b, provide an explanation on Schedule 0.       3b         4       At any time during the calendary year, dith to organization have an interestin, or a dignative or other unitonity over, a financial account) in a foreign country (such as a bank account securities account, or other financial Accounts (FBAR).       4a         5       We site organization to a party to a prohibited tax sheler transaction?       5a         5       We site organization to a party to a prohibited tax sheler transaction?       5a         6       Did any taxable party notify the organization that if was or is a party to a prohibited tax sheler transaction?       5a         6       Dost the organization have numl gross necelysts that are normally greater than \$100,000, and did the organization have uning to sachification an express statement that such contributions or gifts were not tax deductible?       6a         7       Organization neave a paryment in exceed \$75 made party as a contribution and party for goods and services provided to the payo?       7a         7       Organization neave any funds, decide y or indirectly, to pay premiums on a personal benefit cortrad?       7b         11       Yes, 'indicate the number of Form \$282 filed duing the year.       7c       7d         7       Did the organization neave any tunds, decide yi or indirectly, to pay premiums on a personal benefit cortrad?       7c       7d         11       Yes, 'indicate the number of Form \$282 filed duin		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
4a       At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a financial account)?       4a         b       If "Yes," enter the name of the foreign country >       See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a         b       Was the organization apply to a prohibited tax shelter transaction?       5a         c)       Did any taxable party notify the organization file mass 8be7.       5a         c)       Did any taxable party notify the organization in form 88be7.       5a         c)       Did any taxable party notify the organization in form 88be7.       5a         c)       Did any taxable party notify the organization in form 88be7.       5a         c)       Did any taxable party notify the organization in trav (ebuddibe as charitable contributions?       6a         d)       If "Yes." (did the organization include with every solicitation an express statement that such contributions?       6a         d)       If Yes." (did the organization notify the donor of the value of the goods or services provided?       7a         d)       If Yes." (did the organization notify the donor of the value of the goods or services provided?       7b         d)       If Yes." (did the organization notify the donor of the value of the good preservices provided?       7c         d)       If Yes." (did the organization not	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
a francial account in a frenge county (such as a bank account, securities account, or other financial account)?       4a         b If 'Yes,' return the name of the frenge pounty >       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization the organization that in was or is a party to a prohibited sub stelet transaction?       5a         10 Was the organization the organization that in was or is a party to a prohibited sub stelet transaction?       5b         11 'Yes,' to line 5a or 5b, dit the organization that in was or is a party to a prohibited sub stelet transaction?       5a         10 'Yes,' to line 5a or 5b, dit the organization that was or is a party to a prohibited sub stelet transaction?       6a         0 Did are fixed and the organization that was or is a party to a prohibited sub stelet transaction?       6a         0 If 'Yes,' to line 5a or 5b, dit the organization neckers statement that such contributions or offs were not tax deductible contributions under section 170(c).       7a         0 Did the organization necker a payment in excess of \$75 made party as a contribution and party for goods and savicase provided to the payor?       7a         11 'Yes,' indicate the number of Form 5282? filed duing the year.       7d       7b         11 'Yes,' indicate the number of Form 5282? filed duing the year?       7a       7d         11 'Yes,' indicate the number of Form 5282?       7b bit a organization neceke a cominbution of qas. backs. applexes to repurise	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		
b       If "Yes," enter the name of the foreign county       >         See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shalter transaction at any time during the tax year?       5a         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shalter transaction at any time during the tax year?       5b         6c       Does the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization include with every solicitation an express statement that such contributions or glits were not tax deductible as chartable contributions or glits were not tax deductible contributions under section 170(c).       6b         7       Organization netwer a payment in excess of \$75 made party as a contribution on aptry for goods and services provided to the payor?       7a         7       Did the organization notify the doner of the value of the goods or services provided?       7b         8       Did the organization notify the doner of the value of the goods or services provided?       7c         7       Did the organization netwer accorrbut the ord quidied intellectual property, did the organization file from 8282       7c         8       Did the organization netwer accorrbut the ord quidied intellectual property, did the organization file from 8282       7d         9       Did the organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
b       If 'Yes', either the name of the foreign county       >         See instructions for filling requirements for FINCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a         5a       Was the organization and the organization in the it was or is a party to a prohibited tax sheller transaction at any time during the tax year?       5a         5b       Did any taxable party noity the organization in Errom 8896-T2.       5c         6c       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible as charitable contributions or glits were not tax deductible as charitable contributions and partly to goods and services provided to the payor?       6a         7       Organization such apayret in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         7       Did the organization neitly the donor of the value of the goods or services provided?       7b         10       If 'Yes', did the organization for Bay and contribution of quidied intellectual property for which it was required to file Form 8282?       7c         11       Yes', indicate the number of Forms 8282 filed during the year.       7d       7d         12       If the organization for Bay and contribution of quidied intellectual property, dith the organization file Form 8282.       7d       7d         14       Yes', indica		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
See Instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       Sa         Sa Was the organization a portry to a prohibited tax shelter transaction at any time during the tax year?       Sa         D d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       So         O Does the organization have annual gross receipts that are normally greater that \$100,000, and dt the organization include with every solicitation an express statement that such contributiors or glits were not tax deductible contributions under section 170(c).       Ga         O Torganization such are payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?       7a         O If the organization necele apyment in excess of 375 made party as a contribution and party for goods and services provided to the payor?       7a         O If the organization receive any funct, directly or indirectly, on payrentimes on a personal benefit contrac?       7b         O Id the organization receive any funct, directly or indirectly, to pay reminus on a personal benefit contrac?       7c         If the organization exceive accountibution of qualified intellectual property (at the organization the required?       7f         If the organization exceive a contribution of qualified intellectual property (at the organization file form 18282       7c         If the organization exceive a contribution of qualified intellectual property (at the organization file form 18292       7c         If the	b					
5a       Was the organization a party to a prohibited tax shifter 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 shifter transaction?       5b         c       Does the organization have annual gross receipts that are normally greater than \$100,00, and dd the organization include with every solicitation an express statement that such contributions?       6a         d       If "Yes", idd the organization include with every solicitation an express statement that such contributions of glts were not tax deductible contributions under section 170(c).       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       7a         7       Organization set, the apayr?       7a       7a         7       Tyes", idd the organization neity the donor of the value of the goods or services provided?       7a       7a         d       If "Yes", indicate the number of Forms 8282 filed during the year.       7d       7d       7d         0       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d         11       Ho organization receive acontribution of parts 822 filed during the year.       7d       7d       7d         12       Ho de organization receive acontribution of cars, basts, sintanes or thereveldes, did the organization file forem 8898 as requi						
b       Did any taxable party notify the organization file Time 8886-T2	5a			5a		x
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T2       5c         6D bes the organization have arrual gross receipts that are normally greater than \$100,000, and did the organization nacion ary gross receipts that are normally greater than \$100,000, and did the organization solicit any 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).       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         c       Td with the organization neal-weak change, or otherwise dispose of trangible presonal property for which it was required to file Form 8282 filed during the year.       7c         7d       Did the organization neal-weak parage premiums, directly or indirectly, on a personal benefit contract?       7a         7d       If the organization neal-weak parage and services forwide?       7d         7d       If the organization neal-weak parage and services forwide?       7d         7d       If the organization call dived for advised funds.       7d         8       Sponsoring organization make and stribuide on the donor advised fund maintained by the sponsoring organi				5b		x
Ga     Des the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization solicit any contributions that way receive deducible as charitable contributions?     6a       Il "Yes," dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible?     6b       O Organizations that may receive deducible contributions under section 170(c).     6b     7a       D If 'Yes," indicate the payor?     7a     7b       D If 'Yes," indicate the number of Forms 8282 likel during the year.     7c     7c       d If 'Yes," indicate the number of Forms 8282 likel during the year.     7d     7c       D D the organization receive any funds, directly to pay premiums on a personal benefit contract?     7c     7d       D D the organization meaves a contribution of case, basa, atplaase, or other vehicles, did the organization file Year, any remums, directly or indirectly, on a personal benefit contract?     7d       T If the organization neceived a contribution of case, basa, atplaase, or other vehicles, did the organization file Form 8289 as required?     7d       T If the organization make any taxable distributions under section 49667     9a       S Sponsoring organization make any taxable distributions or related person?     9a       S D D to the organization make any taxable distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667     9a       D D the sponsoring organization make any taxable distribution to a do						
organization solicit any contributions that were not tax deductible as charitable contributions?       6a         bl       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).       7a         0       Did the organization excelve a payment in excess of 57 made partly as a contribution and partly for goods and services provided?       7a         0       If "Yes," did the organization and, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282 filed during the year.       7c         0       Did the organization receive any tunds, directly or indirectly, on a personal benefit contract?       7d         1       Ut every indicate the number of Forms 8282 filed during the year.       7d         1       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8398 as required?       7d         1       Did the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations. Enalitablism donor advised funds.       9a         3       Did the sponsoring organizations. Indicate on the unmune diverse of access diverse on advised (and maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         3       Sponsoring organization. Ende a distribution such escetion	-	-				
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         c       Organizations that may receive deductible contributions under section 170(c).       6b         a)       Did the organization receive a payment in excess of 375 made party 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?       7c         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         d)       Did the organization receive a contribution or qualified intellectual property, did the organization file Form 8282?       7c         d)       If the organization receive a contribution or qualified intellectual property, did the organization file Form 8282?       7d         f)       If the organization make any taxable distributions under section 19667       7d         g)       Sponsoring organizations maintaining door advised funds.       8         g)       Sponsoring organizations maintaining door advised funds.       9b         D)       Did the sponsoring organizations. Enter:       10a       10a         a)       Gross income from mothe	•••			6a		x
gifts were not tax deductible?       60         7       Organizations that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         0       If "Yes," did the organization notify the domor of the value of the goods or services provided?       7a         0       If "Yes," did the organization notify the domor of the value of the goods or services provided?       7a         0       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a         0       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7a         11       If the organization receive a contribution of qualified intellectual property, did the organization file Form 8293 as required?       7f         12       If the organization receive acces business holdings at any time duing the year?       7g         14       the organization receive acces business holdings at any time duing the year?       7g         15       Sponsoring organization maxee aver scale business holdings at any time duing the year?       8         9       Sponsoring organization maxee aver scale duing the value?       7g         16       the sponsoring organization have excess business holdings at any time duing the year?       8         9       Sponsoring organization make aver taxable distributions under section 4966?       9a<	b					
7       Organizations that may receive deductible contributions under section 170(c).       a)         a)       Did the organization receive a payment in excess of 375 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 to the payor?       7b         c)       Did the organization notify the donor of the value of the goods or services provided to the number of Forms 8282?       7c         d)       If "Yes," indicate the number of Forms 8282? filed during the year.       7d         d)       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c         f)       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8282?       7d         f)       If the organization merceive a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7d         g)       File organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.       8         a)       Did the sponsoring organization make a distribution to a done, donor advised funds.       8e         a)       Did the sponsoring organization make a distribution to a done, donor advised funds.       9a         a)       Did the sponsoring organization make a distribution to a				6h		
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         7b       Did the organization notify the donor of the value of the goods or services provided?       7b         7c       Did the organization ontify the donor of the value of the goods or services provided?       7c         7c       Td       Td         7d       Td	7		••••	0.0		
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?       7a         b       Did the organization self, 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         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d         d       If the organization receive a contribution of qualified intellecual property, did the organization file Form 8899 as required?       7g         d       If the organization received a contribution of cars, boats, airplanes, or other whiles, did the organization file Form 8899 as required?       7g         d       If the organization make a distribution such as any time during the year?       7d         g       Sponsoring organizations maintaining donor advised funds.       8         g       Sponsoring organization make and stribution to a donor, donor advised fund such as a distribution is nucleas on the association of form 900 on Form 900. Part VIII, line 12.       10a         h       Gross income from mether sort shareholders       11a         g       Gross income from methers or shareholders       11a         g       Gross income from mether sort shareholdere       11a						
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 targible 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       7d         d       Did the organization, intring the year, apy premiums, directly or indirectly, on a personal benefit contract?       7d         g       Did the organization, intring the year, apy premiums, directly or indirectly or	a			70		v
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827       76         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       7d         e       Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f         h       If the organization received a contribution of qualified indues. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Bott the sponsoring organizations. Enter:       10a         11       10a       10a         12       Section 501(c)(12) organizations. Enter:       10a         13       Section 501(c)(12) organizations. Enter:       11a         13       Section 501(c)(12) organizations. Enter:       10a         14       Yes, "neter the amount of tax-exempt interest received or accrued during the year       12a         15       Section 501(c)(22) quali	L					х
required to file Form 8282?       7c         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       7d         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Did the organization received a contribution of qualified indirectly or indirectly, on a personal benefit contract?       7f         g If the organization received a contribution of qualified indirectly or indirectly, on a personal benefit contract?       7f         g If the organization received a contribution of case, beats, anjenes, or other weithes, dith to organization file Form 8899 as required?       7g         h the organization received a contribution or advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organizations maintaining door advised funds.       9a         9 Did the sponsoring organization make a distribution is a donor, donor advisor, or related person?       9b         9 Section 501(c)(7) organizations. Enter:       10a         10 Section 501(c)(72) organizations. Enter:       10a         11 Section 501(c)(72) organizations. Enter:       11a         12 Section 501(c)(72) organizations. Enter:       11b         13 Section 501(c)(2) organizations. Enter:       11b         14 Gross income from members or shareholders       11c         15 Section 501(c)(20) qualified nonprofit heala			••••	70		
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, on a personal benefit contract?       7f         f       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 qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization make as on the vehicles, did the organization file Form 8899 as required?       7h         sponsoring organization make as uses business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       bid the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Section 501(c)(12) organizations. Enter:       10b       11a         12       Section 601(c)(12) organization Enter:       11a       12a         13       Section 501(c)(2) organization incert acceuted and information the organization filing Form 990 in lieu of Form 1041?       12a <td>C</td> <td></td> <td></td> <td>70</td> <td></td> <td></td>	C			70		
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       70         f       Did the organization calving the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       71         f       Bit the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       71         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         b       Did the sponsoring organizations. Enter:       10a       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       10b         Section 501(c)(72) organizations. Enter:       11a       10b       10b       10c       <			••••	70		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       72         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       71         B       Sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9         10       bid the sponsoring organizations. Enter:       10a         10       Gross income from members or shareholders       10b         11       Section 501(c)(12) organizations. Enter:       10b         12       Gross income from members or shareholders       11a         12       Section 501(c)(12) organizations. Enter:       11b         12       Gross income from members or shareholders       11b         12       Section 501(c)(12) organizations. Enter:       11b         13       Section 501(c)(12) organization film form flame flame mounts due or paid to other sources       11b         12       Section 501(c)(12) o				7-		
g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(7) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         12       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11b         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       11b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         Note: See the instructions of payments for indoor tarning services during the xyear?       14a						x
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advised funds.       9b         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         12       Gross income from members or shareholders       11a         13       Section 501(c)(2) qualified nonprofit heath insurance issuers.       11b         14       12b       12b         15       Section 501(c)(2) qualified nonprofit heath insurance issuers.       12b         14       If "Yes," enter the amount of tax-exempt interest received or accrued during the year?       12a         15       the organization licensed to issue qualified health plans in more than one state?       13a         14       Ib organization is licensed to issue qualified health plans       13b         16       Enter						x
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 organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11b         12a       Section 501(c)(22) organization file reserves on the amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(22) qualified nonprofit health insurance issuers.       11a         13       Section 501(c)(22) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         14       Did the organization is licensed to issue qualified health plans       13b <tr< td=""><td></td><td></td><td></td><td></td><td></td><td>x</td></tr<>						x
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9a         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:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       11a       10b         b       Gross income from members or shareholders       11a       11b       12a         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         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         b       Enter the amount of tax-exempt interest received or accrued during the year?       12a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services			••••	/h		x
9       Sponsoring organizations maintaining donor advised funds.       9a         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         0       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         a       Gross income from members or shareholders       11a       10b       10b       10b         12a       Section 501(c)(20) organizations. Enter:       11a       11b       12a       11b         a       Gross income from members or shareholders       11b       12a       11b       12a         2b       fi"Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(20) qualified nonprofit health insurance issuers.       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       In Yes," hasi tilled a Form 720 to report these payments? If "No,"	8			_		
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:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         a       Gross income from members or shareholders       11a       10b       11b       12a         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       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       14a       14a       14a       14b       14c       14c       14b <t< td=""><td>_</td><td></td><td>• • • •</td><td>8</td><td></td><td>x</td></t<>	_		• • • •	8		x
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b       10c         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10c       10c         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10c         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         121       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a         14       Did the organization subject to the section 4960 tax on payment	9					
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12						x
a       Initiation fees and capital contributions included on Part VIII, line 12			• • • •	9b		x
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:       11a         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       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       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves on hand       13b       13c       14a         Did the organization receive any payments for indoor tanning services during the tax year?       14a       14b         If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b         Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment	10					
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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 Q       14a         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?       15         If "Yes," see instructions and file Form 4720, Schedule N.       15       15         If "Yes," complete Form 4720, Schedule O.       16         If "Yes," complete Form 4720, Schedule O.       16         If "Yes," complete Form 4720, Schedule O.       17         2       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17		Note: See the instructions for additional information the organization must report on Schedule O.				
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<ul> <li>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?</li> <li>15 If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 If "Yes," complete Form 4720, Schedule O.</li> <li>17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</li> </ul>	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
<ul> <li>excess parachute payment(s) during the year?</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>If "Yes," complete Form 4720, Schedule O.</li> <li>Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</li> <li>If "Yes," complete Form 4720, Schedule O.</li> </ul>	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	••••	14b		
If "Yes," see instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
<ul> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li></ul>		excess parachute payment(s) during the year?		15		x
<ul> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li></ul>		If "Yes," see instructions and file Form 4720, Schedule N.				
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17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17						
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	•				
				17		
If "Yes," complete Form 6069.		If "Yes," complete Form 6069.				

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Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	or a "No	)″	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
See	ction A. Governing Body and Management		-	1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	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.	_		
b	Enter the number of voting members included in line 1a, above, who are independent	9		
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		v
3	Did the organization delegate control over management duties customarily performed by or under the direct	. 2		x
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?			x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	. 10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. 11a		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line</i> 13	. 12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	. 12c	x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?		x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	x	
b	Other officers or key employees of the organization	. 15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	. <u>16a</u>		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	. 16b		
Sec	organization's exempt status with respect to such arrangements?	. 100		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed  Colorado			
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 X Upon request Other ( <i>explain on Schedule O</i> )			
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			
	THE ORGANIZATION (970)330-3608, 2105 CLUBHOUSE DRIVE, GREELEY, CO 80634			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	•		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's	tax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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.

	aleu organizai		препа	Sale	su ai	ly cun	en		liusiee.	
				(	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					an one both ar	1	Reportable	Reportable	Estimated amount
	hours					trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	ord	Ins	Officer	Key	em Hig	Former	1099-MISC/	1099-MISC/	organization and
	related	lividu	tituti	ICer	/ em	hest	mer	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trust		Key employee	ee				
	below	uste	trus		ee	nper				
	dotted line)	œ	tee			Highest compensated employee				
						<u>u</u>				
(1) MELISSA JENSEN	40.00			+						
EXECUTIVE DIRECTOR				x				85,300	0	0
(2) PAM HOWES	1.00									
BOARD MEMBER		х						0	0	0
(3) DAVID CESSNA	1.00									
BOARD MEMBER		х						0	0	0
(4) BRIAN LEWTON	1.00									
BOARD MEMBER		х						0	0	0
(5) MARK JOHNSON	1.00									
BOARD MEMBER		x						0	0	0
(6) SHAUNA RICHARDSON	1.00									
BOARD MEMBER		x						0	0	0
(7) BRUCE COOPER	1.00									
TREASURER				x				0	0	0
(8) LOLA FEHR	1.00									
SECRETARY				x				0	0	0
(9) BRENDA TOUSLEY	1.00									
PRESIDENT				x				0	0	0
(10)DON ENNINGA	1.00									
VICE PRESIDENT				x				0	0	0
(11)										
(12)										
<u>(13)</u>										
(14)				+						

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Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar		· ·	est Co	omp	ensated Employe	es (contin	iued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	nan one s both ai /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reporta compens from rela organization	able ation ated	com	(F) ated amo of other opensatio om the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-M 1099-N	ISC/	orgar	organization a	
(15)														
(16)														
(17)														
(18)														
(19)														
(24)														
(25)														
1b c	Subtotal		•••	•••	•••	•••	•••	• •						
d	Total (add lines 1b and 1c)							• •	85,300		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those I								of			Yes	C No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•						
5	individual	compensatio	on from	any	unre	elate	ed org	aniz	ation or individual			4 5		x x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										ax vear.			
	(A) Name and business addres				<u> </u>				(B) Description of service			(C) Compensa	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from	-		thos ►		ted a	above	) wh	10					

Form 99	90 (20	21) CENTE	INNI	AL AREA	HEA	LTH EDUCATION	I CE		84-07726	37 Page 9
Part	VIII	Statement of Rev	/eni	le						
		Check if Schedule O co	ontair	ns a response	e or n	ote to any line in thi	s Part VIII			[
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .			1a					
ŝ	b	Membership dues			1b					
rant	C	Fundraising events			1c					
Gifts, Grants ilar Amounts	d	Related organizations .			1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr			1e	697,776				
Sim,	f	All other contributions, gif and similar amounts not in	-		45	1 000				
her	q				1f	1,900				
ğti	y A	lines 1a-1f			1g	\$				
and	h				-	1.	699,676			
			••		•••	Business Code	0557070			
	2a	OTHER INCOME				900099	1,022	1,022		
rice		TUITION AND CONF	FEE	IS		611600	34,687	34,687		
Serv	c									
Program Service Revenue	d									
ogra Re	е									
Ţ		All other program service								
	g	Total. Add lines 2a-2f .	••			•••••	35,709			
	3	Investment income (includi								
		other similar amounts)					36,288	36,288		
	4	Income from investment of		•	•					
	5	Royalties		(i) Real						
	6a	Gross rents	6a	(I) Real		(ii) Personal				
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	) .			<b>&gt;</b>				
	7a	Gross amount from	´	(i) Securitie		(ii) Other				
		sales of assets								
		other than inventory	7a			265,032				
	b	Less: cost or other basis								
en		and sales expenses $\ . \ .$				69,691				
Other Revenue		Gain or (loss)				195,341				
. Re		Net gain or (loss)			• • •	· · · · · · •	195,341	195,341		
ther	8a	Gross income from fundra	ising							
0		events (not including \$	n lin	<u></u>						
		1c). See Part IV, line 18			8a					
	Ь	Less: direct expenses .			86					
		Net income or (loss) from				· · · · · · •				
		Gross income from gaming								
		activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
	c	Net income or (loss) from	gami	ng activities		<b>&gt;</b>				
	10a	Gross sales of inventory, I	ess							
		returns and allowances .	• •		10a					
		Less: cost of goods sold			10					
	C	Net income or (loss) from	sales	s of inventory	′					
						Business Code				
Miscellanous Revenue	11a									
enu	b									
Rev	c d	All other revenue					<u> </u>			
Ξ		Total. Add lines 11a-11d				└─── <b>─</b>				
		Total revenue. See instru					967.014	267.338	0	0

## CENTENNIAL AREA HEALTH EDUCATION CE

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

Part IX Statement of Functional Expenses

	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations				
а	and domestic governments. See Part IV, line 21				
2 🤆	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	oreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	85,300	58,857	21,325	5,11
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Dther salaries and wages	140,157	133,703	5,205	1,249
	Pension plan accruals and contributions (include	110/15/	1337703	57205	1/21.
	section 401(k) and 403(b) employer contributions)	2,958	2,958		
	Dther employee benefits	2,330	2,330		
		44,028	37,172	5,529	1,325
	Fees for services (nonemployees):	11,020	51,112	5,343	1,32,
	.egal				
	Accounting	25,871		25,871	
		25,671		25,871	
	obbying				
		7 140		7 140	
	nvestment management fees	7,149		7,149	
-	Other. (If line 11g amount exceeds 10% of line 25, column	22 254	20.052		2 202
	A) amount, list line 11g expenses on Schedule O.)	33,254	30,953		2,301
	Advertising and promotion	3,941	3,941	1 (10	20
		13,682	11,686	1,610	380
	nformation technology				
	Royalties				
		2,975	2,541	350	84
		14,122	12,061	1,662	399
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	60,482	60,482		
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,364	2,364		
	nsurance	5,003	900	4,103	
<b>24</b> C	Other expenses. Itemize expenses not covered				
а	bove (List miscellaneous expenses on line 24e. If				
li	ne 24e amount exceeds 10% of line 25, column				
(/	A) amount, list line 24e expenses on Schedule O.)				
ав	BANK AND MERCHANT FEES	4,163			4,163
bΣ	DUES AND SUBSCRIPTIONS	2,267		2,267	
СН	OUSING AND HOST HOMES	211,794	211,794		
d					
e A	All other expenses				
25 T	Total functional expenses. Add lines 1 through 24e	659,510	569,412	75,071	15,027
26 J	loint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	rom a combined educational campaign and undraising solicitation. Check here				
	bllowing SOP 98-2 (ASC 958-720)				

Form	990 (20	,	84	4-07726	37 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	1,014,374	1	664,351
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	122,397	3	79,019
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	11,947	9	29,103
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	58,100	10c	
	11	Investments - publicly traded securities	404,705	11	955,969
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,611,523	16	1,728,442
	17	Accounts payable and accrued expenses	3,016	17	8,161
	18	Grants payable		18	
	19	Deferred revenue	30,524	19	37,744
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	52,710	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	28,227	25	27,349
	26	Total liabilities. Add lines 17 through 25	114,477	26	73,254
		Organizations that follow FASB ASC 958, check here 🗾 🕨 🕱			
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	1,497,046	27	1,655,188
ala	28	Net assets with donor restrictions		28	
ар		Organizations that do not follow FASB ASC 958, check here			
'n		and complete lines 29 through 33.			
ort	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,497,046	32	1,655,188
<b>Z</b>	33	Total liabilities and net assets/fund balances	1,611,523	33	1,728,442
EEA					Form <b>990</b> (2021)

Form	990 (2021) CENTENNIAL AREA HEALTH EDUCATION CE	84-077263	7	Pa	age <b>12</b>
Par	rt 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		967,	,014
2	Total expenses (must equal Part IX, column (A), line 25)	2		659,	,510
3	Revenue less expenses. Subtract line 2 from line 1			307,	,504
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	497,	,046
5	Net unrealized gains (losses) on investments	5	(	149,	,362)
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	655,	,188
Par	rt 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 X 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		x
	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	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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	х	
	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				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA			Form	990 (	2021)

SCHEDULE	Α
(Form 990)	

# **Public Charity Status and Public Support**

OMB No. 1545-004	7
2021	

	2	Complete if the c	organization is a section	501(c)(3) organization of a se	ction 4947(a)	(1) nonexem	pt charitable trust.	
) epartn	nent of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Publi
nternal	Revenue Service	► Go	to www.irs.gov/Fo	rm990 for instructions	and the I	atest info	rmation.	Inspection
lame o	of the organization						Employer identification	on number
ENTE	ENNIAL AREA	HEALTH EDUCA	TION CE				84-077263	37
Part	I Reason	for Public Cha	arity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruct	ions.
he or	ganization is not a	private foundation b	ecause it is: (For lin	es 1 through 12, check of	only one bo	юх.)		
1	A church, conv	ention of churches	, or association of c	hurches described in <b>se</b>	ction 170	b)(1)(A)(i)		
2	A school descr	bed in section 17	<b>0(b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	D).)			
3	A hospital or a	cooperative hospit	al service organizati	ion described in section	170(b)(1)	(A)(iii).		
4	A medical rese	arch organization o	operated in conjunct	ion with a hospital desc	ribed in <b>se</b>	ction 170	( <b>b)(1)(A)(iii).</b> Enter the	e
	hospital's name	, city, and state:						
5	An organization	operated for the b	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in	
	section 170(b)	(1)(A)(iv). (Comple	ete Part II.)					
6	A federal, state	, or local governme	ent or governmental	unit described in section	on 170(b)(	1)(A)(v).		
7	X An organization	that normally rece	ives a substantial pa	art of its support from a g	overnmen	tal unit or f	rom the general public	
	described in se	ction 170(b)(1)(A)	(vi). (Complete Par	t II.)				
8	A community to	ust described in <b>se</b>	ection 170(b)(1)(A)(	vi). (Complete Part II.)				
9	An agricultural	research organizat	ion described in <b>se</b>	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	llege
	or university or	a non-land-grant c	ollege of agriculture	(see instructions). Enter	the name,	city, and st	tate of the college or	
	university:							
10				33 1/3% of its support fro				SS
	support from a	ctivities related to it	s exempt functions,	subject to certain excep pusiness taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	
				e section 509(a)(2). (Co			,	
1	An organization	n organized and op	erated exclusively t	o test for public safety.	See <b>sectio</b>	n 509(a)(4	4).	
2	An organization	organized and ope	erated exclusively fo	r the benefit of, to perform	m the func	tions of, or	to carry out the purpo	ses of
	one or more pu	blicly supported or	ganizations describ	ed in <b>section 509(a)(1)</b>	or section	509(a)(2)	. See section 509(a)	( <b>3).</b> Check
	the box in lines	12a through 12d th	nat describes the typ	e of supporting organiza	tion and co	omplete lin	es 12e, 12f, and 12g.	
а	Type I. A s	upporting organiza	tion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by g	jiving
	the suppor	ed organization(s)	the power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the	
	supporting	organization. You	must complete Pa	rt IV, Sections A and B				
b	<b>Type II.</b> A	supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ng
	control or r	nanagement of the	supporting organiza	tion vested in the same	persons that	at control o	r manage the support	ed
	organizatio	n(s). <b>You must co</b>	mplete Part IV, Se	ctions A and C.				
С	Type III fu	nctionally integra	ted. A supporting or	ganization operated in c	onnection	with, and	functionally integrated	l with,
	its support	ed organization(s)	(see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.	
d	Type III no	n-functionally int	egrated. A supporti	ng organization operate	d in conne	ction with	its supported organiza	ation(s)
	that is not f	unctionally integrate	ed. The organizatior	generally must satisfy a	distributio	n requirem	ent and an attentivene	SS
	requiremer	t (see instructions)	). You must comple	ete Part IV, Sections A	and D, an	d Part V.		
е	Check this	box if the organizat	ion received a writte	n determination from the	IRS that it	is a Type	I, Type II, Type III	
	functionally	integrated, or Type	e III non-functionally	integrated supporting o	rganizatior	<b>).</b>		
f	Enter the number	of supported orga	nizations					
g	Provide the follow	ring information abo	out the supported or	ganization(s).				
(	i) Name of supported or	anization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
• •								
A)								
->								
B)								
~			1		1	1	1	1
C)								

(E)

	le A (Form 990) 2021 CENTENNIAL					84-077263	
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
-	on A. Public Support		1	I	I	1	· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	656,818	728,696	568,340	606,842	645,066	3,205,762
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	656,818	728,696	568,340	606,842	645,066	3,205,762
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)						824
6	Public support. Subtract line 5 from line 4.						3,204,938
	on B. Total Support						3,204,930
	idar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(a) 2010	(d) 2020	(a) 2021	(f) Total
				(c) 2019		(e) 2021	(f) Total
7	Amounts from line 4	656,818	728,696	568,340	606,842	645,066	3,205,762
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	11,986	24,736	22,484	10,275		69,481
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	13,191	2,628			1,022	16,841
11	Total support. Add lines 7 through 10						3,292,084
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(	c)(3)
	organization, check this box and stop her	e					►
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	6, column (f), di	ivided by line 1	1, column (f))		14	97.35 %
15	Public support percentage from 2020 Sch		-			15	83.59 %
16a	33 1/3% support test - 2021. If the organ					1/3% or more.	
	box and stop here. The organization qual						
b	<b>33 1/3% support test - 2020.</b> If the organ						
~	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 202						
17a		•					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-			
-	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the	facts-and-circu	umstances test	t. The organiza	tion qualifies a	as a publicly su	pported
	organization						
18	Private foundation. If the organization di	d not check a b	box on line 13.	16a, 16b, 17a	or 17b. check	this box and s	see
			,	,,	, e, ee		
	instructions						_

Schedu	le A (Form 990) 2021 CENTENNIAL					84-07726	37 Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	l to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	w, please co	mplete Part II	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
5	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	() = 0	(,	(0) 2010	(4) =0=0	(0) =0=1	(1) 1 0101
10a	Gross income from interest, dividends,						
Iu	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
D							
	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 or	ganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as	a section 501	(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	-		13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
-	on D. Computation of Investment Inc					1 1	/0
17	Investment income percentage for 2021 (I			v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2021 (I			•		18	%
19a	<b>33 1/3% support tests - 2021.</b> If the orga					_	
130							
۲.	17 is not more than 33 1/3%, check this be	-	-	-			
b	<b>33 1/3% support tests - 2020.</b> If the organizati						
~~	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	а пот спеск а	box on line 14,	198, OF 19D, C	HECK THIS DOX 8	and see instri	ucuons 🕨 📋

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations (Complete only if you checked a bo

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

### Section A. All Supporting Organizations

- 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.*
- 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).
- **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.*
- **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.*
- **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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- **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.*
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 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).*
- 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).
- **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.*
- **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.*
- **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.*
- **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 10b below.* 
  - **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 Schedule A (Form 990) 2021

Schedu	IN A (FORM 990) 2021 CENTENNIAL AREA HEALTH EDUCATION CE 84-0772637		P	age :
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Cast	provide detail in <b>Part VI.</b>	11c		
Sect	on B. Type I Supporting Organizations		Vee	Na
4	Did the envertise body many as the envertise body officers estimates in their official constitution and eaching of one or		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 <b>Part VI</b> 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	1		
2	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations	2		
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
-	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 (se	e inst	ructio	ons).
а	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.			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.	Í	Yes	No
а	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 <b>Part VI identify</b>			
	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		
L	Did the estivities described on line 20, show a constitute estivities that but for the erronization's			

CENTENNIAL AREA HEALTH EDUCATION CE

- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- а 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

2b

3a

3b

Schedule A (Form 990) 2021

Page 5

Part	A (Form 990) 2021     CENTENNIAL AREA HEALTH EDUCATION CE     Type III Non-Functionally Integrated 509(a)(3) Supporting Org	nani	84-077 zations	2637 Page
1 [	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	ions A through E.
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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	on 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).

Schedule A (Form 990) 2021

	e A (Form 990) 2021 CENTENNIAL AREA HEALTH ED			7726	37 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
<u>e</u>	Excess from 2021			-	
EEA				Se	chedule A (Form 990) 2021

	Frage Page Page Page Page Page Page Page P
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.)
	ines 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.)
-	

### Schedule B (Form 990)

## Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	2021
Name of the organization	Emplo	byer identification number 84–0772637
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	

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.

501(c)(3) taxable private foundation

#### **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

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

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

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

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).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	WESTERN INTERSTATE COMM FOR HIGHER 3035 CENTER GREEN DRIVE BOULDER CO 80301	\$30,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number 84-0772637

EEA

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2021

Open to Public
Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CENTE	NNIAL AREA HEALTH EDUCATION CE		84-	0772637
Pa	t I Organizations Maintaining Donor Advised Fur	ds or Other Similar Funds	or Accounts.	
	Complete if the organization answered "Yes" on F	orm 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 writ	ing that the assets held in donor	advised	
	funds are the organization's property, subject to the organization	-		🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advis	•		
•	only for charitable purposes and not for the benefit of the donor			
	conferring impermissible private benefit?			🗌 Yes 🗌 No
Par		<u> </u>		
	Complete if the organization answered "Yes" on F	form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreation o		on of a historically	important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	on of a certified his	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	concentration contribution in the f	orm of a concorned	lion
2	easement on the last day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements		2a	
a L				
b	Total acreage restricted by conservation easements			
C L	Number of conservation easements on a certified historic structu	( )	2c	
d	Number of conservation easements included in (c) acquired after			
•	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, release	sed, extinguisned, or terminated i	by the organization	n during the
	tax year ►			
4	Number of states where property subject to conservation easen			
5	Does the organization have a written policy regarding the period			
-	violations, and enforcement of the conservation easements it ho			
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	lling of violations, and enforcing of	conservation ease	ments during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing cons	ervation easemen	ts during the year
•	► \$			
8	Does each conservation easement reported on line 2(d) above a		n 170(h)(4)(B)(l)	
-	and section 170(h)(4)(B)(ii)?		•••••	Yes    No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial stat	ements that descri	ibes the
Daw	organization's accounting for conservation easements.	Ant Illiotonical Transmus		
Par			s, or Other Sir	nilar Assets.
	Complete if the organization answered "Yes" on F			
1a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for public			public
	service, provide in Part XIII the text of the footnote to its financia			
b	If the organization elected, as permitted under FASB ASC 958,	•		
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in	furtherance of pu	blic 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 treasu	res, or other similar assets for fin	ancial gain, provic	le the
	following amounts required to be reported under FASB ASC 95	3 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			▶ \$
For Pa	perwork Reduction Act Notice, see the Instructions for Form	990.		Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021 CENTENNIAL ARE						84-0772		Page <b>2</b>
Part	t III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures,	, or Ot	her Similar As	ssets (co	ontinued)
3	Using the organization's acquisition, access	sion, and other record	ds, check any	of the fo	llowing that r	nake sig	gnificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	] Loan or	exchange p	rograms	6		
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and expla	in how they f	urther the	e organizatio	n's exem	npt purpose in Part		
	XIII.								
5	During the year, did the organization solicit	or receive donations	of art, histori	cal treasu	ures, or other	similar			
	assets to be sold to raise funds rather than							. 🗌 Yes	No
Part				0					
	Complete if the organization		" on Form	990. Pa	art IV. line	9. or i	reported an am	ount on	Form
	990, Part X, line 21.			,	,	,	•		
1a	Is the organization an agent, trustee, custod	lian or other intermed	diarv for contr	ibutions of	or other asse	ts not			
	included on Form 990, Part X?		-					. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XI								
-			one mig table				Am	ount	
с	Beginning balance					. 10		ount	
d	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F								No
2a b	If "Yes," explain the arrangement in Part XI						•		
Part			explanation	as been p				••••	
1 01	Complete if the organization	answered "Ves	" on Form		art IV ling	10			
								(-) [	
10	Designing of year belongs	(a) Current year	(b) Prior	year	(c) Two years	Баск	(d) Three years back	(e) Four	years back
1a ⊾	Beginning of year balance								
b								_	
С	Net investment earnings, gains, and								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1g, co	olumn (a)	) held as:				
а	Board designated or quasi-endowment	▶	_%						
b	Permanent endowment	%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the poss	ession of the organiz	zation that ar	e held an	d administere	ed for the	е	r	
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as req	uired on Sche	edule R?.				. 3b	
4	Describe in Part XIII the intended uses of the	he organization's end	dowment fund	ds.					
Par	t VI Land, Buildings, and Equi	pment.							
	Complete if the organization	answered "Yes	<u>on F</u> orm "	<u>990,</u> Pa	<u>art IV,</u> line	11a. S	<u>See Form</u> 990,	Part X, I	ine 10.
	Description of property	(a) Cost or oth			other basis		Accumulated	(d) Book	
	· · · ·	(investm		.,	other)		epreciation		
1a	Land								
b	Buildings								
C	Leasehold improvements								
d									
e	Other								
	Add lines 1a through 1e. (Column (d) must		rt X. column	(B) line	10c.)				
		oquui i onni 000, i a	, c, courin	( <i>D</i> ), iii io		• • • •			

Schedule D (Form 990) 2021

EEA

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on For	m 990. Part	IV. line 1	1b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book va		(c	) Method of valuation: end-of-year market value
(1) Financial of	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)		- )				
	n (b) must equal Form 990, Part X, col. (B) line 12	2.) ▶				
Part VIII	Investments - Program Related.	d "Vaa" an Far		N/ line 1		000 Dort V line 12
	Complete if the organization answere		m 990, Pan	TV, line T	IC. See Form	990, Part A, line 13.
	(a) Description of investment		(b) Book va	lue	•	) Method of valuation: end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
<u>(8)</u> (9)						
	n (b) must equal Form 990, Part X, col. (B) line 1:	3)				
Part IX	Other Assets.	J. <i>j</i>				
	Complete if the organization answere	d "Yes" on For	m 990. Part	IV. line 1	1d. See Form	990. Part X. line 15.
	· · · · ·	escription		, -		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 1	5.)			ト	
Part X	Other Liabilities.					
	Complete if the organization answere line 25.	d "Yes" on For	m 990, Part	IV, line 1	1e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue			
(1) Federal i	ncome taxes					
(2)ACCRUEL	WAGES		27,349			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) . 🕨		27,349			
	uncertain tax positions. In Part XIII, provide the te		-			
organization's	liability for uncertain tax positions under FASB AS	C 740. Check here	e if the text of the	ne footnote h	as been provided	l in Part XIII 🗌

CENTENNIAL AREA HEALTH EDUCATION CE

Page 3

84-0772637

Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021 CENTENNIAL AREA HEALTH EDUCATION CE		-0772637	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Reve	nue per R	eturn.	
	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	810,503
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	49,362)		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	(149,362)
3	Subtract line <b>2e</b> from line <b>1</b>	[	3	959,865
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	7,149		
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>		4c	7,149
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	[	5	967,014
Part	XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses 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	652,361
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	652,361
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	7,149		
b	Other (Describe in Part XIII.)			
C	Add lines <b>4a</b> and <b>4b</b>		4c	7,149
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	659,510
Part			I	,

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.

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

#### CENTENNIAL AREA HEALTH EDUCATION CE

Employer identification number 84-0772637

#### 01. Form 990 governing body review (Part VI, line 11)

A DRAFT OF THE TAX RETURN IS PRESENTED TO THE GOVERNING BODY AND MANAGEMENT FOR THEIR

REVIEW AND COMMENT PRIOR TO ITS FILING WITH THE IRS.

02. Conflict of interest policy compliance (Part VI, line 12c)

BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY

03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD OF DIRECTORS APPROVES THE EMPLOYMENT AGREEMENT OF THE EXECUTIVE DIRECTOR AT

INCEPTION OR RENEWAL. COMPENSATION FOR THE EXECUTVE DIRECTOR IS DETERMINED BY THE BOARD

AFTER CONSIDERING WAGE STUDIES FOR COMPARABLE POSITIONS.

04. Other officer or key employee compensation (Part VI, line 15b

COMPENSATION FOR EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR IS DETERMINED BY THE

EXECUTIVE DIRECTOR BASED ON FUNDING PROVIDED IN THE ANNUAL BUDGET AND BASED ON OTHER

COMPARABLE POSITIONS.

### 05. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

Form	8868	
(Rev. Jan	uary 2022)	

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

#### ► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	CENTENNIAL AREA HEALTH EDUCATION CE	84-0772637
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	2105 CLUBHOUSE DRIVE	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	GREELEY CO 80634	

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

• The books are in the care of **>** THE ORGANIZATION, 2105 CLUBHOUSE DRIVE GREELEY CO 80634

Te	elephone No. ► 970-330-3608 FAX No. ►		
● If t	the organization does not have an office or place of business in the United States, check this box		
● If t	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If	this is	
for the	e whole group, check this box 🛛	h	
a list v	with the names and TINs of all members the extension is for.		
1	<ul> <li>I request an automatic 6-month extension of time until05-15 , 20 23 , to file the exempt organization refute organization named above. The extension is for the organization's return for:</li> <li>▶ □ calendar year 20 or</li> <li>▶ I tax year beginning07-01 , 20 21 , and ending06-30</li> <li>If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period</li> </ul>		
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	\$
с	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	\$
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Fo	rm 88	79-TE for payment
instru	ictions.		
For P	Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2022)

EEA

**IRS** *e-file* Signature Authorization Form 8879-TE OMB No. 1545-0047 for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning 07-01 , 2021, and ending 06-30,2022 2021 Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN 84-0772637 CENTENNIAL AREA HEALTH EDUCATION CE Name and title of officer or person subject to tax MELISSA JENSEN, EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12).... 1b 1a Form 990 check here . . . . . Form 990-EZ check here . . > 2a b Form 1120-POL check here. ►  $\square$ 3a b Form 990-PF check here. .► Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4b 4a b х Form 8868 check here . . . > 5a b Form 990-T check here. . . > 6a b Form 4720 check here . . . ► 7a b Form 5227 check here . . . ► b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . 8b 8a 9a Form 5330 check here . . . > 10a Form 8038-CP check here . > b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or Under penalties of perjury, I declare that I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the retum's disclosure consent screen. x As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 80634 Signature of officer or person subject to tax > Date ► 11-01-2022 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 32825 XXXXXX Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature > Date 12-02-2022 **ERO Must Retain This Form - See Instructions** Don't Submit This Form to the IRS Unless Requested To Do So

	990		(This page	Overflow Sta	<b>tement</b> I. It is for your records only.)		2021	Page 1
	me(s) as shown on return	AREA		EDUCATION CH			FEIN	84-0772637
					ESSIONAL FEES			
 C	escription ONSULTANTS	FOR	CONFERI	ENCES			\$	Amount 30,953
						Total:	\$	30,953
L								

Form 990 Vorksheet	Sche	edule A, Line 5 - Ex	cess 2% Limit	ation Contribu	itors		
		(This page is not filed with t	he return. It is for your	records only.)		2021	
ame(s) as shown on return						Tax ID Number	
CENTENNIAL AREA HEA	ALTH EDUCATION CE					84-077263	7
% of the amount on Schedule A	, Part II, line 11, column (f)						65,84
% of the amount on Schedule A		(a) (b)	(c)	(d)	(e)		65,84 (g)
% of the amount on Schedule A	(						
	(	(a) (b)	(c)	(d)	(e)	(f)	(g)
	(	(a) (b)	(c)	(d)	(e)	(f)	(g) Excess contributions

TOTAL

\_\_\_\_\_824