

# **GREEN & ASSOCIATES LLC**

PO BOX 865 LONGMONT, CO 80502

Phone: (720)839-6458 | Fax: (303)219-6769

November 08, 2021	
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Centennial Area Health Education Ce 2105 Clubhouse Drive Greeley, CO 80634

Centennial Area Health Education Ce:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for Centennial Area Health Education Ce from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (720)839-6458.

Sincerely,

David Green GREEN & ASSOCIATES LLC

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November 08, 2021

Centennial Area Health Education Ce 2105 Clubhouse Drive Greeley, CO 80634

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (720)839-6458.

Sincerely,

David Green
GREEN & ASSOCIATES LLC

#### 990

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 2020

Department of the Treasury

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

Open to Public

Inter	nal Reve	nue Service	► Go to	www.irs.gov/Form990 for inst	ructions and the lates	st information.		Inspection		
Α	For th	e 2020 calenda	r year, or tax year begii	nning	07-01, <b>2020</b> , ar	nd ending	06	5-30 , <b>20</b> 21		
В	Check if	applicable:	C Name of organizationCl	ENTENNIAL AREA HEALTH	EDUCATION CE		D Empl	oyer identification number		
	Address	change	Doing business as					84-0772637		
	Name ch	nange	Number and street (or F	.O. box if mail is not delivered to street ad	dress)	Room/suite	E Telep	hone number		
Ī	Initial ret	turn	2105 CLUBHOUS	E DRIVE	,			(970)330-3608		
П		urn/terminated		ovince, country, and ZIP or foreign postal of	ode.		G Gross receipts			
Н	Amende		GREELEY, CO 8				\$	636,958		
H		ion pending		incipal officer: MELISSA JENSE	NT	H(a) lo this s	•	for subordinates? Yes X No		
Ш	Applicati	on pending	·	·	N					
_	T	<b>v</b>	SAME AS C ABO							
				) (insert no.) 4947(a)(1) c	r 527			st. See instructions		
_	Website		CAHEC.ORG			H(c) Group				
		organization: X (		sociation Other >	L Year of formation	on: 1978   M	State of leg	al domicile: CO		
Pa	art I	Summary								
	1	•	-	sion or most significant activities:				D HEALTH CARE		
Ф		THROUGH P	ROFESSIONAL EDU	CATION WITH AN EMPHAS	SIS ON WORKFORCE	E DEVELOPMEN	IT			
ž										
Governance										
ove.	2	Check this box	⟨ ► ☐ if the organizatio	n discontinued its operations or o	disposed of more than 2	25% of its net asse	ets.			
	3	Number of vot	ting members of the gove	erning body (Part VI, line 1a)			. 3	9		
Š	4	Number of inc	lependent voting membe	rs of the governing body (Part V	I, line 1b)		. 4	9_		
Activities	5	Total number	of individuals employed i	n calendar year 2020 (Part V, lir	ie 2a)		. 5	10		
ĊĘ	6	Total number	of volunteers (estimate if	necessary)			. 6			
⋖	7a	Total unrelate	d business revenue from	Part VIII, column (C), line 12			. 7a	0		
	b	Net unrelated	business taxable income	e from Form 990-T, Part I, line 1	l		. 7b	0		
						Prior Year		Current Year		
	8	Contributions	and grants (Part VIII. line	:1h)		. 559	9,093	605,842		
<u>o</u>	9	Program servi	6,766	20,841						
nue	10	Investment inc	2,484	10,275						
Revenue	11			2,101	0					
Ľ	12			nes 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A			8,343	636,958		
	13			IX, column (A), lines 1-3)			0,343			
				X, column (A), line 4)				0		
	14	•	•	, ,,			0 000	0		
Ś	15			e benefits (Part IX, column (A), I	•		8,288	301,912		
Expenses	168		- :	column (A), line 11e)		•		0		
be be	k		ng expenses (Part IX, co	· / /	9,511					
Û				nes 11a-11d, 11f-24e)			7,891	298,039		
	18			t equal Part IX, column (A), line 2			6,179	599,951		
	19	Revenue less	expenses. Subtract line	18 from line 12		. 10:	2,164	37,007		
5	Ses					Beginning of Curr		End of Year		
t Assets or	<u> </u>	Total assets (I	Part X, line 16)			. 1,51	1,761	1,611,523		
t Ass	g 21	Total liabilities	(Part X, line 26)			. 100	0,031	114,477		
Set	ੋਂ 22	Net assets or	fund balances. Subtrac	line 21 from line 20		1,41	1,730	1,497,046		
Pa	art II	Signatur	e Block							
				urn, including accompanying schedules ar ficer) is based on all information of which		of my knowledge and be	elief, it is			
	, 0011000	dia complete. Beat	aration of proparor (other than of	neer, to based on an information of which	oroparor nao any knowleage.					
		MELIS	SA JENSEN							
Sig	jn	Signature	of officer				Dat	te		
Не	re	MELIS	SA JENSEN, EXECU	JTIVE DIRECTOR						
			int name and title							
		Print/Type prepa	arer's name	Preparer's signature	Date	Check	if	PTIN		
Pa	id	David Gr	een	David Green	11-08-202		nployed	P00968135		
	pare			ASSOCIATES LLC	1 22 -20	Firm's EIN ▶				
	e On					Phone no.				
	_ <b>_</b>	5 addi 033		r CO 80502			720-	839-6458		
May	, tha ID	99 discuss this re		nown above? (see instructions)			, 20-	X Yes No		

Part IV

**Checklist of Required Schedules** 

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e Х 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 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b Х 13 13 Х 14a Х 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

84-0772637

CENTENNIAL AREA HEALTH EDUCATION CE 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		x
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	x	
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	2-14		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
<b>h</b>		ZJa		Λ.
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?	051		
	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		X
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		x
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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
-	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		х
34		24		
	or IV, and Part V, line 1	34		X
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 in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			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	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note</b> : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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?		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
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:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:	_		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	х	
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		- 11	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The second 2 requests me maner asset pension not required by the mornal resolute code.		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,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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	х	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION (970)330-3608, 2105 CLUBHOUSE DRIVE, GREELEY, CO 80634			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

				(	C)	,		,		
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	,				han one s both ar	,	Reportable	Reportable	Estimated amount
Name and the	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or In	ng	Q	Ke	en	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	titut	Officer	y en	ghes iploy	Forme	(**-2/1033-141100)	,	related organizations
	organizations	of a	ona		Key employee	t cor	·			
	below	Individual trustee or director	Institutional trustee		/ee	nper				
	dotted line)	Φ	tee			Highest compensated employee				
						ă				
(1) MONICA MIKA	40.00									
EXECUTIVE DIRECTOR							X	91,520	0	0
(2) MELISSA JENSEN	40.00									
EXECUTIVE DIRECTOR				х				22,333	0	0
(3) MICHELE SIEM	1.00									
BOARD MEMBER		х						0	0	0
(4) BRENDA TOUSLEY	1.00									
BOARD MEMBER		х						0	0	0
(5) MARC RINGEL	1.00									
BOARD DIRECTOR		х						0	0	0
(6) MARK JOHNSON	1.00									
BOARD MEMBER		х						0	0	0
(7) SHAUNA RICHARDSON	1.00									
BOARD MEMBER		х						0	0	0
(8) LOLA FEHR	1.00									
TREASURER				х				0	0	0
(9) DON ENNINGA										
VICE PRESIDENT				х				0	0	0
(10)susan meyer	1.00									
SECRETARY				х				0	0	0
(11)BRUCE_COOPER_	1.00									
PRESIDENT				х				0	0	0
(12)										
<u>(13)</u>										
<u>(14)</u>										

EEA Form **990** (2020)

HEALTH EDUCATION CE 84-0772637

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	<b>es</b> (continued	1)			
					(	(C)								
	(A)	(B)	(do.	not ch		sition	nan one		(D)	(E)			(F)	
	Name and title	Average	box	, unles	ss pei	rson is	s both ar	n	Reportable	Reportable			ated am	
		hours per week	offic	er and	d a di	rector	/trustee)	)	compensation from the	compensation from related			of other npensat	
		(list any	9.5		Q	2	역 표	7	organization (W-2/1099-MISC)	organizations (W-2/1099-MISO			rom the	
		hours for related	direc	stituti	Officer	y em	ghesi nploy	Former	(** 2/1000 141100)	(** 2/ 1000 MICC	,	-	d organiz	
		organizations	or director	onal		Key employee	ee ee							
		below dotted line)	stee	Institutional trustee		ě	Highest compensated employee							
		dotted line)		Ф			ated							
(15)														
(12)														
(16)													-	
<u>(17)</u>														
(40)														
(10)														
(19)														
(20)														
(21)														
(22)														
<u>\</u> /														
(23)														
(24)_														
(2E)														
(25)	. – – – – – – – – – – – – – – – – – – –													
1b	Subtotal													
С	Total from continuation sheets to Part VII, Sect							-					-	
d	Total (add lines 1b and 1c)										0			0
2	Total number of individuals (including but not limit		isted a	bove	e) wl	ho re	eceive	d mo	ore than \$100,000	of				
	reportable compensation from the organization	<b>&gt;</b>												0
3	Did the organization list any <b>former</b> officer, direct	tor trustaa	kov on	nnlov	/00	or h	iahest	con	mnensated				Yes	No
3	employee on line 1a? If "Yes," complete Schedu.		-				-					3	x	
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater th	an \$150,000	)? If "\	'es,"	con	nplei	te Sch	edu	le J for such					
	individual											4		х
5	Did any person listed on line 1a receive or accrue			-			_					_		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	lule .	J tor	suc	h pers	on			• •	5		Х
1	Complete this table for your five highest compensa	ted independ	dent co	ntra	ctors	s tha	t recei	ved	more than \$100.00	0 of				
-	compensation from the organization. Report comp										ear.			
	(A)								(B)			(C)		
	Name and business address	SS							Description of service	es	C	Compens	ation	
2	Total number of independent contractors (includin	g but not lim	ited to	thos	e lis	ted a	above)	) wh	0					
	received more than \$100,000 of compensation fro	m the organi	zation	•	•									

Part VIII

Statement of Revenue

		Check if Schedule O contains a re	sponse or r	note to any line in thi	s Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded
						function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues						
nts nts	C	Fundraising events						
Gra	d							
fts, An	e			602,846				
اة ق	f	All other contributions, gifts, grants,	16	002,040				
Sim	'	and similar amounts not included ab	a	2 226				
e utic			ove 1f	2,996				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in	4	•				
ago		lines 1a-1f						
	h	Total. Add lines 1a-1f			605,842			
				Business Code				
Φ		SPONSORSHIPS AND REIMB		611600	1,000	1,000		
<u>، ج</u> ز	b	TUITION AND CONF FEES		611600	19,841	19,841		
Ser	С							
eve eve	d							
Program Service Revenue	е							
Ŧ	f	All other program service revenue .						
	g	Total. Add lines 2a-2f			20,841			
	3	Investment income (including dividend	ds, interest,	and				
		other similar amounts)			10,275			10,275
	4	Income from investment of tax-exemp	t bond proc	eeds►				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	72	Gross amount from (i)	Securities	(ii) Other				
	١, ۳	sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ō		and sales expenses 7b						
venue	c	Gain or (loss) 7c						
4	l .	Net gain or (loss)		<b>•</b>				
Other Re		Gross income from fundraising	· · · · <u>· ·</u>					
₹		events (not including \$						
J		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	h	Less: direct expenses						
		Net income or (loss) from fundraising		·				
	1	Gross income from gaming	events .					
	Ja	activities, See Part IV, line 19	9a					
	h	Less: direct expenses						
		Net income or (loss) from gaming act						
			ivities					
	10a	Gross sales of inventory, less returns and allowances	10.					
	1	Less: cost of goods sold						
	С	Net income or (loss) from sales of inv	енюгу					
	11-			Business Code				
ous e								
lan enu	1							
scel ≷e¥	C	All other revenue						
Miscellanous Revenue		Total. Add lines 11a-11d		<u> </u>				
		Total revenue. See instructions			636,958	20,841	0	10,275

Part IX

# Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Compensation of current officers, directors, 28,680 91,520 62,840 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . 6,883 164,186 157,303 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 23,193 19,967 2,601 625 10 23,013 19,813 2,581 619 11 Fees for services (nonemployees): b Legal...... 46,034 18,375 27,659 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 28,940 25,405 3,535 12 1,653 1,653 13 22,022 19,078 2,374 570 14 15 16 21,173 18,809 1,906 458 17 12,455 10,723 1,397 335 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 17,011 17,011 20 21 22 Depreciation, depletion, and amortization . . . . . . 3,018 3,018 23 7,281 2,059 5,222 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BANK AND MERCHANT FEES 85 3,824 3,739 DUES AND SUBSCRIPTIONS 4,620 4,620 C HOUSING AND HOST HOMES 129,242 129,242 d MISC EXPENSE 766 659 86 21 е All other expenses Total functional expenses. Add lines 1 through 24e. . 71,462 25 599,951 518,978 9,511 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

27

28

29

30

31

1,497,046

1,497,046

1,411,730

1,411,730

CENTENNIAL AREA HEALTH EDUCATION CE

84-0772637 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,062,907 1,014,374 2 2 3 33,259 3 122,397 4 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 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges ..... 6,439 9 11,947 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10a 123,011 b Less: accumulated depreciation . . . . . . . . . . . 10b 64,911 10c 61,118 58,100 11 348,038 11 404,705 12 Investments - other securities. See Part IV, line 11 ........ 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . . . . . . . . . 16 1,511,761 16 1,611,523 17 78 17 3,016 18 18 19 19 30,524 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties ...... 23 24 24 66,265 52,710 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 33,688 25 28,227 Total liabilities. Add lines 17 through 25 . . . . . . . . . . . . . . . . 26 26 100,031 114,477 Organizations that follow FASB ASC 958, check here

Net Assets or Fund Balances Total liabilities and net assets/fund balances ........... 33 33 1,611,523 1,511,761 EEA Form 990 (2020)

and complete lines 27, 28, 32, and 33.

Net assets with donor restrictions

and complete lines 29 through 33.

Capital stock or trust principal, or current funds ..........

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

27

28

29

30

31

32

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)			636,	958
2	Total expenses (must equal Part IX, column (A), line 25)			599,	951
3	Revenue less expenses. Subtract line 2 from line 1			37,	007
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,	411,	730
5	Net unrealized gains (losses) on investments			48,	309
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		1,	497,	046
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			. 🗆
		_		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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	📙	2a		х
	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:				
	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		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA		F	Form	990 (2	2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

CEN	TEN	NIAL AREA HEALTH EDUCATION	ON CE				84-0772637	7
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must o	complete	this part.	) See instructions	).
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.	)		
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ).	.)		
3		A hospital or a cooperative hospital s	ervice organization	n described in <b>section 1</b>	70(b)(1)(A	.)(iii).		
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)(1	I)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	overnmenta	I unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in <b>section</b>	170(b)(1)	(A)(v).		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or from	the general public	
		described in section 170(b)(1)(A)(vi	). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction wi	ith a land-grant colleg	е
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, cit	y, and state	of the college or	
		university:						
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, membe	rship fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more tl	han 33 1/3% of its	
		support from gross investment income	e and unrelated but	siness taxable income (le	ess sectior	1511 tax) fro	m businesses	
	_	acquired by the organization after Ju	ne 30, 1975.See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)		
11	Ц	An organization organized and opera	ted exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12	Ш	An organization organized and operate	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to o	carry out the purposes	
		of one or more publicly supported org	-	. , , ,				
		Check the box in lines 12a through 12				•		-
	а	Type I. A supporting organization		•		•		g
		the supported organization(s) the			rity of the c	lirectors or tr	rustees of the	
		supporting organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A supporting organization	•			•	. ,	
		control or management of the sup		•	rsons that o	control or ma	anage the supported	
		organization(s). You must comp						
	С	Type III functionally integrated		•				th,
		its supported organization(s) (see	•	-				
	d	Type III non-functionally integr						n(s)
		that is not functionally integrated.		•		•	and an attentiveness	
		requirement (see instructions). Y	•					
	е	Check this box if the organization				a Type I, Ty	/pe II, Type III	
		functionally integrated, or Type III			anization.			
	f	Enter the number of supported organ						
	g	Provide the following information about		` ,				( ) ) ( )
	(1	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
					163	140		
(A)								
(B)								
(C)								
(D)								
<b>(E)</b>								
Tota	I							

Part II

84-0772637 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		<u> </u>	·		·	
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	510,031	656,818	728,696	568,340	606,842	3,070,727
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						
	<b>Total.</b> Add lines 1 through 3	510,031	656,818	728,696	568,340	606,842	3,070,727
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)						416,365
	Public support. Subtract line 5 from line 4						2,654,362
	ction B. Total Support		<b>(1)</b> 00:-	( ) 05:5	/ N 05 / 5	( ) 0555	(n = : :
	endar year (or fiscal year beginning in)▶	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 4	510,031	656,818	728,696	568,340	606,842	3,070,727
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from			]			
_	similar sources	8,294	11,986	24,736	22,484	10,275	77,775
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						04.00
11	(Explain in Part VI.)	11,108	13,191	2,628			26,927
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc. (se	oo instructions)				12	3,175,429
	First five years. If the Form 990 is for the or			d fourth or fift	l l		)(3)
13	organization, check this box and <b>stop here</b>	-			=	-	
Sec	ction C. Computation of Public Suppor			· · · · · · · · · ·		· · · · · · · ·	
	Public support percentage for 2020 (line 6, c			column (f))		14	83.59 %
	Public support percentage from 2019 Sched				1	15	82.05 %
	33 1/3% support test - 2020. If the organiza						
	box and <b>stop here.</b> The organization qualified						
b	33 1/3% support test - 2019. If the organiza						
	this box and <b>stop here.</b> The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•		•			
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts				-	•	
	organization			•	•	•	
h	10%-facts-and-circumstances test - 2019.						
~	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			-	-		
18	<b>Private foundation.</b> If the organization did n						
	instructions						_

84-0772637

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> 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.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga				-		•
	organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 8, c					15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In						
17	Investment income percentage for 2020 (line	e 10c, column	(f), divided by	ine 13, columr	n (f))	17	%
18	Investment income percentage from 2019 S	chedule A, Pa	rt III, line 17 .			18	%
19a	33 1/3% support tests - 2020. If the organize	zation did not d	check the box of	on line 14, and	line 15 is more	than 33 1/3%,	and line
	17 is not more than 33 1/3%, check this box	and stop here	e. The organiza	ation qualifies	as a publicly su	ipported organia	zation ▶ 🗌
b	33 1/3% support tests - 2019. If the organize	zation did not o	check a box on	line 14 or line	19a, and line 1	6 is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and <b>stop</b>	here. The orga	anization qualit	fies as a public	ly supported or	ganization 🕨 🗌
20	Private foundation. If the organization did r	not check a bo	x on line 14, 19	a, or 19b, che	ck this box and	see instruction	ns ▶ 🗍

# Part IV Supporting

#### **Supporting Organizations**

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

#### **Section A. All Supporting Organizations**

- 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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.)

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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either atione or together with persons described in lines 11b and 11b cellow, the governing body of a supported organization?  b A family member of a person described in line 11a above?  c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Dit 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 officers, directors, or trustees at all times during the tax year if "Yes," describe in Part VI how the supported organizations officers, directors, or trustees at all times during the tax year allow organization of the observation or persons to appoint and/or more organizations in describe how the years to appoint and/or more organizations from the one supported organizations described on the provises of the supported organization from the one supported organization of the organizations and what conditions or restrictions, if any, applied to auch powers during the tax year.  1 Did the organization and what conditions or restrictions, if any, applied to auch powers during the tax year.  1 Did the organization organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's purposed organization's under the control or management of the supported organization's under the control or management of the supported organization's supported organization's purposed organization's tax year, (i) a written power to text of the	Par	t IV Supporting Organizations (continued)			
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Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer lines 3a and 3b below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	-			
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<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	2		∠D		
trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI.</b> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		• • • • • • • • • • • • • • • • • • • •			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		3-2		
	h	· · · · · · · · · · · · · · · · · · ·	Ja		
		of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2020 CENTENNIAL AREA HEALTH EDUCATION CE		84-077	2637	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting				
1	Check here if the organization satisfied the Integral Part Test as a qualify	•		,	
	instructions. All other Type III non-functionally integrated supporting org	anizations	must complete Sectio		
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Curr (opti	ent Year onal)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Curr (opti	ent Year onal)
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			
Sec	ction C - Distributable Amount			Currer	nt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1	2			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

3

4

5

6

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

EEA

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

- 0.	- the contract of the contract						
Se	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported					
	organizations, in excess of income from activity			2			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3			
4	4 Amounts paid to acquire exempt-use assets			4			
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)			5			
6	6 Other distributions (describe in <b>Part VI</b> ). See instructions.			6			
7	7 Total annual distributions. Add lines 1 through 6.			7			
8	8 Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.			8			
9	9 Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
			(ii)		(iii)		

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

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

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

orm 990, 990-E2, 990-PF) ► Attach to Form 990, Form 990-E OMB No. 1545-0047

2020

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

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

Employer identification number

CENTENNIAL AREA HEALTH EDUCATION CE 84-0772637 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ......

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

CENTENNIAL AREA HEALTH EDUCATION CE

Employer identification number

84-0772637

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_1_	WESTERN INTERSTATE COMM FOR HIGHER  3035 CENTER GREEN DRIVE  BOULDER CO 80301	<b>\$</b>	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		<b>\$</b>	Person				

#### **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.

Internal Revenue Service Name of the organization

Department of the Treasury

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

CEN	TENNIAL AREA HEALTH EDUCATION CE		84-0772637
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on		
	, ,	(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 w	riting that the assets held in donor advised	
-	funds are the organization's property, subject to the organization	=	
6	Did the organization inform all grantees, donors, and donor adv		
·	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
. u	Complete if the organization answered "Yes" or	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	i reservation of	i a certified filstoffe structure
2	Complete lines 2a through 2d if the organization held a qualified	Leansaryation contribution in the form of a co	onconvotion
2	easement on the last day of the tax year.	conservation continuation in the form of a co	
_			Held at the End of the Tax Year
a	Total acreage restricted by conservation easements	• • • • • • • • • • • • • • • • • • • •	
b	Number of conservation easements on a certified historic structure.		
C			20
d	Number of conservation easements included in (c) acquired at		24
2	Ğ	and outinguished or terminated by the are	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
4	tax year	ment in legated.	
4	Number of states where property subject to conservation ease	·	
5	Does the organization have a written policy regarding the period		□ Vaa □ Na
•	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	ion easements during the year
-	Annual of annual in an antique is an attention to a second to a se		and a second of the second
7	Amount of expenses incurred in monitoring, inspecting, handling	ig of violations, and emorcing conservation e	easements during the year
	▶ \$	and infection and income at a setion 470/bV/	4)/D)/:)
8	•	, , , , , , , , , , , , , , , , , , , ,	
•		a comment in its revenue and avenue state	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organizations imancial statements tr	ial describes the
Da	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets
Га	Complete if the organization answered "Yes" of		Allei Sillilai Assets.
10			alanaa ahaat warka
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		rance of public
<b>L</b>	service, provide, in Part XIII the text of the footnote to its finan-		naa ahaat waxka af
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in futtheran	ice of public service,
	provide the following amounts relating to these items:		<b>~</b> 6
			-
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		in, provide the
	following amounts required to be reported under FASB ASC 9	•	. •
а	·	• • • • • • • • • • • • • • • • • • • •	
b	Assets included in Form 990, Part X		▶ \$

	ule D (Form 990) 2020 CENTENNIAL AREA						84-077			ige <b>2</b>
Pai	t III Organizations Maintaining (	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (c	ontinu	ıed)
3	Using the organization's acquisition, accession,	, and other records,	check any	of the follo	owing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or exchange	program	ns			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how they fo	urther the o	organization's	exemp	t purpose in Part			
	XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	rt IV Escrow and Custodial Arran	gements.								
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	9, or re	eported an am	nount on I	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contri	butions or	other assets	not				
	included on Form 990, Part X?							🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table	:						
	•		•				A	mount		
С	Beginning balance					. 10	:			
d	Additions during the year					. 10	i			
е	Distributions during the year									
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form						?	. Ye	s 🗆	No
b	If "Yes," explain the arrangement in Part XIII. C								=	
Pai	t V Endowment Funds.	'								
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line	10.				
		(a) Current year	(b) Pri		(c) Two years		(d) Three years bac	k (e) Fou	vears b	ack
1a	Beginning of year balance	,			.,,,,		, , ,			
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t vear end halance	line 1a co	lumn (a)) l	reld as:					
_ a	Board designated or quasi-endowment	•	,	(a)) !	ioid do.					
b	Permanent endowment > %									
c	Term endowment ► %									
·	The percentages on lines 2a, 2b, and 2c should	l equal 100%								
3a	Are there endowment funds not in the possess		ion that are	held and	administered	for the				
-	organization by:			71.0.0 0.10					Yes	No
	•							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizati							,		
4	Describe in Part XIII the intended uses of the co	·								
_	t VI Land, Buildings, and Equipm		WITIGITE TOTAL							
ı aı	Complete if the organization a		on Form	990 Ps	rt IV line	11a S	ee Form 990	Part X li	ne 10	)
	Description of property	(a) Cost or other			r other basis		Accumulated	(d) Boo		
	Description of property	(investme		''	other)		epreciation	(u) D00	it value	
1a	Land	,	•	· ·	•					
b	Buildings		20,726				62,626		58,1	100
C	Leasehold improvements		20,120				02,020		J0, _	
d	Equipment		2,285				2,285			
e	Other		2,200				2,203			
_	I. Add lines 1a through 1e. (Column (d) must e		rt X colum	n (R) line	10c \				58,1	
· Ota	i. Add iirios ta uniougit te. (Oolulliii (u) illust e	yuuri oiiii 330, Pal	in, coluiti	יי <i>(כו</i> ן), ווופ	140.9				J0,	-00

	(a) Description of security or category	(b) Book	ralue	(c) Method of valuation:
	(including name of security)	. , ,		Cost or end-of-year market value
(1) Financial				
	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.	) ▶		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book v	ralue	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.	) <b>▶</b>		
Part IX	Other Assets.			
Part IX			rt IV, line 11	d. See Form 990, Part X, line 19
Part IX	Other Assets. Complete if the organization answered		rt IV, line 11	d. See Form 990, Part X, line 1:
Part IX (1)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 11	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered  (a) Des	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered	"Yes" on Form 990, Par	rt IV, line 11	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered  (a) Des	"Yes" on Form 990, Pal		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered  (a) Des	"Yes" on Form 990, Pal		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answered  (a) Dec  (a) Dec  (b) must equal Form 990, Part X, col. (B) line 15.  Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990, Parescription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description of liability  Complete if the organization answered line 25.  (a) Description of liability	"Yes" on Form 990, Parescription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description of liability  ncome taxes  O VACATION  Complete if the organization answered  (a) Description answered  (b) must equal Form 990, Part X, col. (B) line 15.  (c) Description of liability  (d) Description of liability  (e) VACATION	"Yes" on Form 990, Parescription  "Yes" on Form 990, Parescription  "Yes" on Form 990, Parescription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2ACCRUEI (3CREDIT (4ACCRUEI	Other Assets. Complete if the organization answered  (a) Description of liability Income taxes O VACATION CARD	"Yes" on Form 990, Paracription  "Yes" on Form 990, Paracription  "Yes" on Form 990, Paracription  (b) Book value		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2ACCRUEI (3CREDIT (4ACCRUEI (5)	Other Assets. Complete if the organization answered  (a) Description of liability Income taxes O VACATION CARD	"Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  (b) Book value  3,118 3,604		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2ACCRUEI (3CREDIT (4ACCRUEI (5) (6)))	Other Assets. Complete if the organization answered  (a) Description of liability Income taxes O VACATION CARD	"Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  (b) Book value  3,118 3,604		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2)ACCRUEI (3)CREDIT (4)ACCRUEI (5) (6) (7)	Other Assets. Complete if the organization answered  (a) Description of liability Income taxes O VACATION CARD	"Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  (b) Book value  3,118 3,604		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2ACCRUEIN (3CREDIT (4ACCRUEIN (55) (6)))	Other Assets. Complete if the organization answered  (a) Description of liability Income taxes O VACATION CARD	"Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  "Yes" on Form 990, Palescription  (b) Book value  3,118 3,604		(b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Returi	٦.
	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	636,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
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	
3	Subtract line 2e from line 1	3	636,958
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		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		636,958
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exper	nses per Ref	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	599,951
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		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	599,951
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		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	599,951
Pa	rt XIII Supplemental Information.		
	vide 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, lines 1b and 2b; Part V	ne 4; Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
	-		

EEA Schedule D (Form 990) 2020

#### **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020

Open to Public Inspection

84-0772637

Name of the organization

CENTENNIAL AREA HEALTH EDUCATION CE

Department of the Treasury Internal Revenue Service

Employer identification number

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
	r			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
•	Receive a severance payment or change-of-control payment?	4a		v
a b		4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		x
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		_
	The second and of lines 4a-6, list the persons and provide the applicable amounts for each item in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		v
	Any related organization?	5b		x
D	If "Yes" on line 5a or 5b, describe in Part III.	36		_
	ii 100 on iiio od or ob, describe ii i dit iii.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	OD		_
	ii 105 on iiile va vi vo, describe iii i art III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		^
U	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
	IIII CILIII	0		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	ii 100 on iilo o, ala tilo organization albo ioliow tile rebuttable presumption procedure described ili			1

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation						
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	- <b>(C)</b> Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MONICA MIKA	(i)	91,520	0	0	0	0	91,520	0
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

EEA Schedule J (Form 990) 2020

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization Employer identification number 84-0772637

CENTENNIAL AREA HEALTH EDUCATION CE	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	NT 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 STA	ATEMENT 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	ED 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	D BY THE
EXECUTIVE DIRECTOR BASED ON FUNDING PROVIDED IN THE ANNUAL BUDGET AND BASE	ED ON OTHER
COMPARABLE POSITIONS.	
05. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	

#### 8879-EO

Internal Revenue Service

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury

Taxpayer identification number Name of exempt organization or person subject to tax 84-0772637 CENTENNIAL AREA HEALTH EDUCATION CE Name and title of officer or person subject to tax MELISSA JENSEN, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, 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, or 7b, 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. 1a Form 990 check here ► X 3a Form 1120-POL check here 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . . 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 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 return, 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 on the tax year 2020 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 return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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 10-07-2021 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 846003 32825 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 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. ▶ David Green Date ▶ 11-08-2021 **ERO Must Retain This Form - See Instructions** 

# 990 **2020** Page 1 Overflow Statement FEIN Name(s) as shown on return CENTENNIAL AREA HEALTH EDUCATION CE 84-0772637 OTHER PROFESSIONAL FEES Description Amount \$ 25,405 CONSULTANTS FOR CONFERENCES Total: \$\_\_\_ 25,405 Description Amount \$ 30,524 DEFERRED REVENUE

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors	
	(Keep for your records)	2020
Name(s) as shown on return	Tax ID Number	
CENTENNIAL AREA	84-0772637	
20% of the agreement on Calcad	ula A. Dart II. lina 44. calumer (f)	63 509

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2016	2017	2018	2019	2020	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
TELLIGEN	77,207	50,000	50,000			177,207	113,698
TOGETHER VETERANS	69,464	97,169	18,000			184,633	121,124
COLORADO HEALTH FOUNDATION		104,052	141,000			245,052	181,543
WESTERN INTERSTATE COMM FOR HIGHER					36,666	36,666	

\_\_\_\_\_416,365