## FOR TAX YEAR 2022

CENTENNIAL AREA HEALTH EDUCATION CE

GREEN & ASSOCIATES LLC

PO BOX 865

LONGMONT, CO 80502

(720)839-6458

# **GREEN & ASSOCIATES LLC**

PO BOX 865 LONGMONT, CO 80502

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

February 15, 2024

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

Subject: Preparation of 2022 Tax Returns

Centennial Area Health Education Ce:

Thank you for choosing GREEN & ASSOCIATES LLC to assist with the 2022 taxes for Centennial Area Health Education Ce. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2022 federal and state income tax returns for Centennial Area Health Education Ce. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Centennial Area Health Education Ce, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2022 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

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

Accepted By:

Officer

Date

# **GREEN & ASSOCIATES LLC**

PO BOX 865 LONGMONT, CO 80502

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

February 15, 2024

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

Centennial Area Health Education Ce:

Enclosed is the 2022 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-TE, 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 the organization's tax return needs, contact our office at (720)839-6458.

Sincerely,

David Green GREEN & ASSOCIATES LLC

# **GREEN & ASSOCIATES LLC**

PO BOX 865 LONGMONT, CO 80502

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

February 15, 2024

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

	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return		Employer Identification Number
Entity address	L HEALTH EDUCATION CE	**-***2637
2105 CLUBHOUS	E DRIVE	
GREELEY, CO 8	0634	
Thank you for par	ticipating in IRS e-file.	
1. 🗶 2022 <u>8868</u> The electronic fili	-01 income tax return for Federal was filed e	lectronically.
-	income tax return was accepted on <u>11-01-2023</u> using a Person nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter D assigned to this return is <u>84600320233054gohozw</u>	al Identification Number (PIN) as or generate a PIN signature.
	OU DO, IT WILL DELAY THE PROCESSING OF THE RET	

	ebsite:	WWW.CAHEC.ORG			<b>H(c)</b> Gr	oup exemption	number
C Fo	orm of org	ganization: 🗴 Corporation 🗌 Trust 🗌 As	ssociation Other	L Year of formation:	1978	M State of leg	al domicile: CC
Part	tl	Summary					
	1	Briefly describe the organization's miss	sion or most significant activities:	PROMOTING EQUIT	CY IN HE	ALTH AN	D HEALTH (
ø		THROUGH PROFESSIONAL EDU	CATION WITH AN EMPHASIS	ON WORKFORCE D	EVELOPM	ENT	
anc							
ů.							
No 1	2	Check this box 🔲 if the organization	discontinued its operations or disposed	d of more than 25% of i	ts net asset	s.	
Activities & Governance	3	Number of voting members of the gove	erning body (Part VI, line 1a)			. 3	
ŝ	4	Number of independent voting membe	rs of the governing body (Part VI, line 1	1b)		. 4	
itie	5	Total number of individuals employed in	n calendar year 2022 (Part V, line 2a)	·		. 5	
ţ		Total number of volunteers (estimate if					
Ă			Part VIII, column (C), line 12			. 7a	
			e from Form 990-T, Part I, line 11			. 7b	
					Prior Y		Current
	8	Contributions and grants (Part VIII, line	e 1h) • • • • • • • • • • • • • • • •			599,676	
e		• •	e 2g)			35,709	
Revenue		<b>0</b>	(A), lines 3, 4, and 7d)			231,629	
Sev			nes 5, 6d, 8c, 9c, 10c, and 11e)			.51,025	
			(must equal Part VIII, column (A), line			967,014	
			IX, column (A), lines 1-3)		-	,014	
		Benefits paid to or for members (Part I					
			ee benefits (Part IX, column (A), lines 5			272,443	
ses			column (A), line 11e)	· ·	4	272,443	
ens		Total fundraising expenses (Part IX, co	., ,				
Expenses		Other expenses (Part IX, column (A), li		9,596		07 067	
ш		Total expenses. Add lines 13-17 (must		••••••		387,067	
						559,510	
, v	19	Revenue less expenses. Subtract line	18 from line 12			307,504	
Net Assets or Fund Balances	20	Total accests (Dart V line 16)			Beginning of (		End of Y
Bala		( ) - /			1,1	728,442	1,
etA		( ) -/				73,254	_
 Part			line 21 from line 20		1,6	555,188	1,
	-	Signature Block					
			urn, including accompanying schedules and state fficer) is based on all information of which prepare		knowledge and	Dellet, It is	
Sign	, H	MELISSA JENSEN Signature of officer				L Da	to
-		5				Da	le
Here	- H	MELISSA JENSEN, EXEC	UTIVE DIRECTOR				
		Type or print name and title	Descurred simulation	Dete			DTIN
		Print/Type preparer's name	Preparer's signature	Date	Ch	eck 🚺 if	PTIN
Paid		David Green	David Green	02-15-2024	sel	f-employed	P009681
	arer		ASSOCIATES LLC		Firm's EIN		
Jse	Only	Firm's address PO BOX	865		Phone no.		
			T CO 80502			720-	839-6458
	ne IRS	discuss this return with the preparer sh					🗌 Yes
							Form
	aperwo	ork Reduction Act Notice, see the se	parate instructions.				ł

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

CENTENNIAL AREA HEALTH EDUCATION CE

MELISSA JENSEN

4947(a)(1) or

07-01

527

	-
<b>99</b>	Ω
55	v

For the 2022 calendar year, or tax year beginning

**X** 501(c)(3)

C Name of organization

Doing business as

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

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

) (insert no.)

2105 CLUBHOUSE DRIVE

GREELEY, CO 80634

F Name and address of principal officer:

SAME AS C ABOVE

501(c) (

Department of the Treasury

Check if applicable:

Final return/terminated

Address change

Amended return

Application pending

Tax-exempt status:

Name change

Initial return

Internal Revenue Service

Form

Α

в

06-30

E Telephone number

G Gross receipts

If "No," attach a list. See instructions

\$

H(a) Is this a group return for subordinates?

H(b) Are all subordinates included?

, 2022, and ending

Room/suite

OMB No. 1545-0047

**Open to Public** 

Inspection

,2023

(970) 330-3608

Yes

788,006

Yes

X No

No

10 10 6

> 0 0

> > 0 0

0

556,826 192,050 39,130 0 788,006

320,081

416,150 736,231 51,775

1,785,763 64,294 1,721,469

X No Form 990 (2022)

D Employer identification number

84-0772637

2022

Form	1990 (2022) CENTENNIAL AREA HEALTH EDUCATION CE	84-0772637	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	PROMOTING EQUITY IN HEALTH AND HEALTH CARE THROUGH PROFESSIONAL EDUCATION WIT	<u>H AN EMPHAS</u>	IS ON
	WORKFORCE DEVELOPMENT		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		XINO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?	🗌 Yes	V No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b	v	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$684,475 including grants of \$) (Revenue	\$	)
	EDUCATIONAL COURSES AND STUDENT HOUSING PFOVIDED TO HEALTH CARE PROFESSIONALS	IN NORTHER	N
	COLORADO		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		•	/
4.	(Order ) (European (Content of		<u>۱</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     684,475		
		For	m 000 (2022)

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

# Form 990 (2022) CENTENNIAL AREA HEALTH EDUCATION CE Part IV Checklist of Required Schedules

84-0772637 Pag

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_	1990 (2022) CENTENNIAL AREA HEALTH EDUCATION CE	84-07726	37	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
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		x
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 the 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		x
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 line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
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? If "Yes,"				
	complete Schedule N. Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
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		x
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
			37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O		38	х	
Par				А	
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	31		-	-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	

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Form 990 (2022)

_	990 (2022) CENTENNIAL AREA HEALTH EDUCATION CE 84-07726	37	F	Page 5
Par	t 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 <b>2a</b> 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
N N	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		X
b		10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	10		X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization receive any funds, directly of indirectly, to pay premiums of a personal benefit contract?	76 7f		X
				X
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		X
Ū	sponsoring organization have excess business holdings at any time during the year?	8		v
9	Sponsoring organizations maintaining donor advised funds.	0		X
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:	0.5		
а	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:			
a	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		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the 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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	m 990 (2022) CENTENNIAL AREA HEALTH EDUCATION CE 84-0772		P	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	lo"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
_	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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 1a 10	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b> 1b</b> 10	_		
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, 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		х
6	Did the organization have members or stockholders?	6		х
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	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on 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?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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			
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed Colorado Section 6104 requires an exemptation to make its Forme 1022 (1024 or 1024 A if applicable) 000 and 000 T (cection 501(c))			
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.			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year. 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			
	THE CLOCKED CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT			

Form 990 (202	2) CENTENNIAL AREA HEALTH EDUCATION CE	84-0772637 Pag	je <b>7</b>				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated Employees, ar	۱d				
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 Compensat	ed Employees					
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with o	within the					
organization's t	ax year.						
. List all of t	he execution's <b>example off</b> ector, directors, tructors, (whether individuals or executions), recorded	a of amount of					

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Thistitutional trustee or director r or director r or director r or director				s both ar /trustee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MELISSA JENSEN EXECUTIVE DIRECTOR	40.00			v			88,847	0	5,667
	1.00			х			00,04/	0	5,007
(2) BRIAN LEWTON BOARD MEMBER	<u>-</u>	x					0	o	0
(3) PAM HOWES	1.00						<b>U</b>	, v	<b>U</b>
BOARD MEMBER		x					0	0	0
(4) MARK_JOHNSON	1.00								
BOARD MEMBER		х					0	0	0
(5) BRENDA TOUSELY	<u>1.00</u>								
PRESIDENT				х			0	0	0
(6) DAVID CESSNA	<u>1.00</u>								
VICE PRESIDENT				х			0	0	0
(7) BRUCE COOPER	<u>1.00</u>								_
TREASURER				х			0	0	0
(8) DON ENNINGA	<u> </u>						<u>^</u>	_	•
BOARD MEMBER				х			0	0	0
(9) LOLA FEHR	<u>2 .0</u> 0			v			0	0	0
SECRETARY (10)				х			0	U	U
<u>(10)</u>	+								
<u>(11)</u>									
<u>[12]</u>									
<u>(13)</u>									
(14)									
	-								

	990 (2022) CENTENNIAL AREA H									84-0	772637		Page 8
Part	VII Section A. Officers, Directors, T	rustees, I	Key E	Emp	oloy	/ee	s, an	d F	lighest Comp	ensated Er	nployee	S (con	ntinued)
	(A) Name and title		(B) (do not check more than box, unless person is bo officer and a director/trus er week						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) timated ar of othe compensa from the	er ation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		rganization ated organ	
(15)													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>													
(24)													
(25)													
1b c	Subtotal Total from continuation sheets to Part VII, Secti	ion A .	 	 	•••	•••	 	•					
d	Total (add lines 1b and 1c)								88,847		0	5,	,667
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ted abo	ove)	who	rece	eived r	nore	e than \$100,000 of				0
3	Did the organization list any <b>former</b> officer, director,	, trustee, key	employ	yee, (	or hi	ghes	st com	pens	sated			Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule J</i> For any individual listed on line 1a, is the sum of re								•••••		3		x
4	organization and related organizations greater than	\$150,000? <i>If</i>	"Yes,"	' com	nplet	e Sc	hedule						
5	<i>individual</i>							••• nizat	tion or individual		4		x
	for services rendered to the organization? If "Yes," of			-			-		<u></u>		5		x
-	on B. Independent Contractors	4				41							
1	Complete this table for your five highest compensation from the organization. Report compensation										r.		
	(A)								(B)			C)	
	Name and business addres	s							Description of servic	es	Compe	ensation	
	Takal mendan af index and taken to the state of the first state of the	had not the M			1:-4								
2	Total number of independent contractors (including received more than \$100,000 of compensation from			10SE	liste	a ab	ove) v	vno					

Form 99					HEAI	TH EDUCATION	N CE		84-07726	37 Page 9
Part	VIII	Statement of Rev Check if Schedule O co			or no	te to any line in this	Part VIII ••			
				ľ		<u>,</u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns •			1a					
ts ts	b	Membership dues			1b		-			
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c		-			
fts, a	d	Related organizations		F	1d 1e	262.046	-			
nilar nilar	e f	Government grants (contr All other contributions, gift		- F	le	362,846				
r Sir	·	and similar amounts not in	-		1f	193,980				
the	g	Noncash contributions inc	lude	d in						
onti nd 0		lines 1a-1f		L	1g	\$				
a O	h	Total. Add lines 1a-1f	• •		• •		556,826			
						Business Code				
ice		OTHER INCOME				900099	5,158	5,158		
ue	D C	TUITION AND CONF				611600	186,892	186,892		
gram Ser Revenue	d									
gra Re	e									
Program Service Revenue	f	All other program service r	even	ue						
_	g	Total. Add lines 2a-2f					192,050			
	3	Investment income (includi	ng di	vidends, inter	est, a	nd				
		other similar amounts) •					39,130			39,130
	4	Income from investment of								
	5	Royalties • • • • • • • •	<u></u>		• •					
		0		(i) Real		(ii) Personal				
		Gross rents	6a 6b				-			
		Less: rental expenses • • Rental income or (loss)	6c							
		Net rental income or (loss)	L							
		Gross amount from		(i) Securities		(ii) Other				
	1	sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
Other Revenue		and sales expenses								
eve		Gain or (loss)	L							
۲. ۲		Net gain or (loss)			· · ·					
othe	8a	Gross income from fundrai events (not including \$	•							
0		of contributions reported or								
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	с	Net income or (loss) from f	undr	aising events						
	9a	Gross income from gaming	9							
		activities, See Part IV, line			9a		-			
		Less: direct expenses			9b					
		Net income or (loss) from g	-	ng activities	÷	<u></u>				
	10a	Gross sales of inventory, le returns and allowances			10a					
	Ь	Less: cost of goods sold			10a					
		Net income or (loss) from s				1				
		()		,		Business Code				
sn	11a									
ano	b									
scellanou Revenue	С									
Miscellanous Revenue		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instruct	tions		• •	<u> </u>	788,006	192,050	0	39,130

# 2022) <u>CENTENNIAL AREA HEALTH EDUCATION CE</u> Statement of Functional Expenses

30000	n 501(c)(3) and 501(c)(4) organizations must complete all colum Check if Schedule O contains a response or note to a			п (A).	
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	264,569	234,306	24,406	5,857
	Pension plan accruals and contributions (include				3,031
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	55,512	49,162	5,121	1,229
	Payroll taxes		45,102		1,223
	Fees for services (nonemployees):				
	Management				
	Accounting	46,200	40,915	4,262	1,023
	Lobbying	40,200	40,915		1,023
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion	4 202	4 202		
	Office expenses	4,203	4,203	4 1 2 0	010
	Information technology	37,694	32,737	4,139	818
	Royalties				
	Occupancy	4 050	2 504	0.7.4	
		4,058	3,594	374	90
7		15,826	14,016	1,460	350
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
0					
	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance	10,364	9,179	956	229
	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.)				
а	CONFERENCE EXPENSE	147,214	147,214		
b	DUES AND SUBSCRIPTIONS	1,442		1,442	
С	HOUSING AND HOST HOMES	149,149	149,149		
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	736,231	684,475	42,160	9,596
	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 find				
	following SOP 98-2 (ASC 958-720)				

	990 (20		84	4-077	2637 Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	i		Beginning of year		End of year
	1	Cash - non-interest-bearing	664,351	1	544,350
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	79,019	3	64,013
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	29,103	9	19,794
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	955,969	11	1,157,606
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,728,442	16	1,785,763
	17	Accounts payable and accrued expenses	8,161	17	17,230
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19		37,744	19	5,008
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	27,349	25	42,056
	26	Total liabilities. Add lines 17 through 25	73,254	26	64,294
Ś		Organizations that follow FASB ASC 958, check here			
Ce		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	1,655,188	27	1,721,469
ä	28	Net assets with donor restrictions		28	
nn		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.		00	
ts o	29	Capital stock or trust principal, or current funds		29	
ssei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
tAŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	1 501 115
Ne	32	Total net assets or fund balances	1,655,188	32	1,721,469
	33	Total liabilities and net assets/fund balances	1,728,442	33	1,785,763

EEA

Form **990** (2022)

-	990 (2022) CENTENNIAL AREA HEALTH EDUCATION CE	84-07	72637	F	<sup>5</sup> age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		788	,006
2	Total expenses (must equal Part IX, column (A), line 25)	2		736	,231
3	Revenue less expenses. Subtract line 2 from line 1	3		51	,775
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,655	,188
5	Net unrealized gains (losses) on investments	5		14	,506
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		1,721	,469
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				$-\Box$
			_	Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	C X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	-	
EEA			F	orm <b>990</b>	(2022)

SCHEDULE	A
(Form 990)	

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

	2022
	Open to Public
	Inspection
tificatio	on number

OMB No. 1545-0047

L

		evenue Service	6010	www.irs.gov/Forn	1990 for instructions an	d the lates	t informati		Inspection
Name	of th	he organizatio	n					Employer identification	number
			A HEALTH EDUCAT					84-077263	
Par	tl	Reas	on for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instruction	ons.
The o	rgan	nization is not	a private foundation be	cause it is: (For line	s 1 through 12, check on	ly one box.	)		
1	Ц	A church, co	onvention of churches, o	r association of chur	ches described in <b>sectio</b>	n 170(b)(1)	(A)(i).		
2	Ц	A school de	scribed in <b>section 170(b</b>	<b>)(1)(A)(ii).</b> (Attach S	Schedule E (Form 990).)				
3		A hospital o	r a cooperative hospital s	service organization	described in section 170	(b)(1)(A)(i	ii).		
4		A medical re	esearch organization ope	erated in conjunction	with a hospital described	l in <b>section</b>	170(b)(1)(	A)(iii). Enter the	
	_	hospital's na	ame, city, and state:						
5		An organiza	tion operated for the be	nefit of a college or	university owned or opera	ated by a g	overnmenta	al unit described in	
	_	section 170	(b)(1)(A)(iv). (Complete	e Part II.)					
6	_		-	-	it described in section 17		• •		
7	х	An organiza	tion that normally receiv	ves a substantial par	t of its support from a go	vernmenta	l unit or fror	m the general public	
	_	described in	section 170(b)(1)(A)(v	i). (Complete Part II	.)				
8	$\square$	A communit	y trust described in <b>sect</b>	ion 170(b)(1)(A)(vi)	. (Complete Part II.)				
9		-	-		on 170(b)(1)(A)(ix) opera				
		-	or a non-land-grant col	lege of agriculture (	see instructions). Enter th	ne name, ci	ty, and stat	e of the college or	
	_	university:							
10		receipts from support from	n activities related to its n gross investment inco	exempt functions, s me and unrelated bu	3 1/3% of its support from subject to certain exceptic usiness taxable income (I action 509(a)(2). (Comple	ons; and (2) less sectior	) no more tl n 511 tax) fi	han 33 1/3% of its	
11	Ц	An organiza	tion organized and opera	ated exclusively to te	est for public safety. See <b>s</b>	section 509	9(a)(4).		
12	$\Box$	An organiza	tion organized and oper	ated exclusively for	the benefit of, to perform	the function	ons of, or to	carry out the purposes	of
		one or more	publicly supported orga	nizations described	in <b>section 509(a)(1)</b> or <b>s</b> e	ection 509	( <b>a)(2)</b> . See	section 509(a)(3). Che	ck
		the box on li	nes 12a through 12d tha	at describes the type	e of supporting organizati	on and cor	nplete lines	s 12e, 12f, and 12g.	
а		Type I.	A supporting organizatio	on operated, supervis	sed, or controlled by its su	pported or	ganization(	s), typically by giving	
		the sup	ported organization(s) th	ne power to regularly	y appoint or elect a major	ity of the di	rectors or t	rustees of the	
		support	ng organization. <b>You m</b>	ust complete Part	V, Sections A and B.				
b		Type II.	A supporting organization	on supervised or cor	trolled in connection with	its support	ed organiza	ation(s), by having	
		control	or management of the s	upporting organizati	ion vested in the same pe	ersons that	control or r	manage the supported	
			ation(s). <b>You must com</b>	•					
С					nization operated in conne				
			<b>e</b> ()(	,	must complete Part IV,				
d		_ ,	, ,		organization operated in		•		
					generally must satisfy a c			nt and an attentiveness	
			,	•	Part IV, Sections A and				
е			-		n determination from the I		s a Type I,	Type II, Type III	
				-	ntegrated supporting orga	anization.			
f			ber of supported organi						
g	P	Provide the fo	llowing information abou	ut the supported org	anization(s).	1			1
	(i) Na	lame of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $_{\mbox{\scriptsize EEA}}$ 

	e A (Form 990) 2022 CENTENNIAL	AREA HEALT	H EDUCATION	I CE		84-077263	
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support			1		1	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	728,696	568,340	606,842	645,066	555,626	3,104,570
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	728,696	568,340	606,842	645,066	555,626	3,104,570
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,104,570
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	728,696	568,340	606,842	645,066	555,626	3,104,570
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
0		24,736	22,484	10,275		53,636	111,131
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)	0 600			1 000	6 250	10.000
11	<b>Total support.</b> Add lines 7 through 10	2,628			1,022	6,358	10,008 3,225,709
12	Gross receipts from related activities, etc.	(see instructio	uns)			12	3,225,709
13	First 5 years. If the Form 990 is for the org						3)
	organization, check this box and stop here	•			•		,
Secti	on C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2022 (line 6			1, column (f))		14	96.24 %
15	Public support percentage from 2021 Sch					15	97.35 %
16a	33 1/3% support test - 2022. If the organized	zation did not c	heck the box o	n line 13, and l	ine 14 is 33 1/3	3% or more, ch	
	box and stop here. The organization quali	fies as a public	ly supported o	rganization .			x
b	33 1/3% support test - 2021. If the organi	zation did not c	heck a box on	line 13 or 16a,	and line 15 is 3	33 1/3% or moi	re, check
	this box and stop here. The organization of						
17a	10%-facts-and-circumstances test - 202	<b>2.</b> If the organized	zation did not c	heck a box on	line 13, 16a, o	r 16b, and line	14 is
	10% or more, and if the organization meet				-		
	Part VI how the organization meets the fa	cts-and-circum	stances test. T	he organizatio	n qualifies as a	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-			
46	organization						_
18	Private foundation. If the organization did						
	instructions						<u> </u>

	le A (Form 990) 2022 CENTENNIAL					84-07726	37 Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	tion 509(a)(2	)		
	(Complete only if you checked the complete only if you checked	e box on line	e 10 of Part I	or if the organ	nization failed	l to qualify u	inder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
Ŭ	•						
4	unrelated trade or business under section 513 Tax revenues levied for the						
4							
	organization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	anization's fire	st second thir	d fourth or fifth	i tax vear as a s	section 501(c	
••	organization, check this box and <b>stop here</b>						·· /
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13 column (f))		15	%
16	Public support percentage from 2021 Sch		•	· · · · · · · · · · ·		16	%
	on D. Computation of Investment In					10	/0
17	Investment income percentage for 2022 (li			lino 13 colum	up (f))	17	%
17			• • •		())	17	<u>%</u> %
	Investment income percentage from <b>2021</b>						
19a	<b>33 1/3% support tests - 2022.</b> If the organ						
<b>F</b>	17 is not more than 33 1/3%, check this bo	-	-	-			anization 📋
b	<b>33 1/3% support tests - 2021.</b> If the organization						
20	line 18 is not more than 33 1/3%, check this box a	-					iana 🗆
20	Private foundation. If the organization did	not check a D	ox on line 14,	198, UL 190, CN	eck this box and	u see instruct	iuns 🗌

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Schedule A (Form 990) 2022

Page 4

### rt IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

, r art v.)	
Yes No	
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9b	1
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10a	
10a	

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<b>N</b> = = 4	provide detail in <b>Part VI.</b>	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ect	on C. Type II Supporting Organizations		N.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ect	on D. All Type III Supporting Organizations		Vee	Na
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
<b>No. 64</b>	supported organizations played in this regard.	3		
-	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	).
a h	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>	1	Vee	Ne
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
~				
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes,			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	26		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
a b	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i> <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i>	2a		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
b	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2a 2b		
b 3	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
b	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
b 3 a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below</b> . 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 <b>Part VI</b> .			
b 3	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

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Schedule A (Form 990) 2022

 Part IV
 Support

 Orm 990) 2022
 CENTENNIAL AREA HEALTH EDUCATION CE

 Supporting Organizations (continued)

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying the set of the s	trust o	n Nov. 20, 1970 <i>(expla</i>	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organiz	zations	must complete Sectio	ns A through E.
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ully inte	grated Type III suppor	ting organization

Schedule A (Form 990) 2022

	e A (Form 990) 2022 CENTENNIAL AREA HEALTH ED				2637 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organi</li></ol>	zations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	- provide details in <b>Part</b>	/I)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
<u> </u>	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
EEA					Schedule A (Form 990) 2022

Schedule A (F	rage <b>o</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III line 40: Det IV Certies A line 4.0 20 20 4h Ao 5 - 0.0 0 0 44 44 best 44 - 0 - 40 - 70 - 40
	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 D	
(Form 990)	

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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

Name o	the organization	Employer identification number
CENTE	NNIAL AREA HEALTH EDUCATION CE	84-0772637
Pa		
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 6.
		(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in donor advised
	funds are the organization's property, subject to the organization's exclusiv	
6	Did the organization inform all grantees, donors, and donor advisors in wri	
	only for charitable purposes and not for the benefit of the donor or donor a	
	conferring impermissible private benefit?	
Par		
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	
	Preservation of land for public use (for example, recreation or educatio	
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservat	tion contribution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure include	
d	Number of conservation easements included in (c) acquired after July 25,	
ŭ	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, exting	
Ū	tax year	guidhed, or terminated by the organization during the
4	Number of states where property subject to conservation easement is loca	ated
5	Does the organization have a written policy regarding the periodic monitor	
•		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vio	
•		
7	Amount of expenses incurred in monitoring, inspecting, handling of violatic	ons and enforcing conservation easements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section $170(h)(4)(B)(i)$
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easement	
-	balance sheet, and include, if applicable, the text of the footnote to the org	
	organization's accounting for conservation easements.	
Par		istorical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 99	
1a	If the organization elected, as permitted under FASB ASC 958, not to repo	
	of art, historical treasures, or other similar assets held for public exhibition.	
	service, provide in Part XIII the text of the footnote to its financial statemer	
b	If the organization elected, as permitted under FASB ASC 958, to report in	
	art, historical treasures, or other similar assets held for public exhibition, en	
	provide the following amounts relating to these items:	,
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or oth	
-	following amounts required to be reported under FASB ASC 958 relating to	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	
		¥

	le D (Form 990) 2022 CENTENNIAL AREA							84-0772		Page 2
Par	0 0								ets (con	tinued)
3	Using the organization's acquisition, accessi	on, and o	other records	s, check an	y of the foll	lowing that ma	ake signi	ificant use of its		
	collection items (check all that apply):									
а	Public exhibition			d	Loan o	r exchange pro	ogram			
b	Scholarly research			е	Other					
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections	and explain	how they f	urther the o	organization's	exempt	purpose in Part		
	XIII.			,		0	•			
5	During the year, did the organization solicit o	r receive	donations o	of art histori	ical treasu	res or other si	imilar			
	assets to be sold to raise funds rather than to								Yes	□ No
Par					gamzadon					
	Complete if the organization			" on Forn	n 990 P	art IV line	9 or r	eported an amo	ount on F	orm
	990, Part X, line 21.						0, 0	-p		•••••
	Is the organization an agent, trustee, custodi	ion or oth	or intermedi	ion (for cont	ributiono o	r other accete	not			
1a									Yes	□ No
<b>b</b>										
b	If "Yes," explain the arrangement in Part XIII	and con		lowing table				A		
								Amo	bunt	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						. 1f			
2a	Did the organization include an amount on F	orm 990	, Part X, line	21, for esc	row or cus	todial account	liability	?	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	. Check I	nere if the ex	planation h	as been pr	rovided on Par	t XIII			
Par										
	Complete if the organization	answe	ered "Yes'	on Forn	n 990, P	art IV, line	10.		-1	
		(a) C	urrent year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance • • • • •									
b	Contributions									
с	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	L	end halance	l line 1 a c	olumn (a))	held as:				
a	Board designated or guasi-endowment	ioni yoar	%	s (into 19, o	olumin (a))	field d3.				
	<u> </u>		70							
b		1								
С		منتجع أماني	4000/							
•	The percentages on lines 2a, 2b, and 2c sho			e			e			
3a	Are there endowment funds not in the posse	ssion of	the organiza	tion that are	e neid and	administered	for the		5	
	organization by:									res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza		•				• • •		3b	
4	Describe in Part XIII the intended uses of the	-		wment fund	s.					
Par										
	Complete if the organization	answe	ered "Yes'	" on ⊢orn	n 990, P	art IV, line	11a. S	See Form 990, F	Part X, lin	ie 10.
	Description of property		(a) Cost or oth (investme		.,	or other basis other)	• •	Accumulated epreciation	(d) Book v	value
1a	Land									
b	Buildings	[								
С	Leasehold improvements	· · 「								
d	Equipment	· ·								
е	Other	-								
Total.	Add lines 1a through 1e. ( <i>Column (d) must equ</i>		990, Part X.	column (B)	, line 10c.)					
EEA			,		/				dule D (Forn	n 990) 2022
									-	

Schedule D (Fo		EALTH EDUCA	ATION CE		84-07	72637	Page <b>3</b>
Part VII	Investments - Other Securities.						
	Complete if the organization answered	"Yes" on For	<u>m 990, Part IV</u>	′, line 11b. S	See Form 99	)0, Part X, li	ne 12.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>		(b) Book value		.,	l of valuation: year market value	
(1) Financial	derivatives						
(2) Closely-he	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
_(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII	Investments - Program Related.						
	Complete if the organization answered	"Yes" on For	m 990, Part IV	, line 11c. S	see Form 99	0, Part X, Iii	ne 13.
	(a) Description of investment		(b) Book value		.,	l of valuation:	
					Cost or end-of-	year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.						
Failin		"Vos" on For	m 000 Port IV	ling 11d S	Soo Form 00	0 Port V li	no 15
	Complete if the organization answered		111 990, Fait IV	, illie Tiu. S			
(4)	(a) De	scription				(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8) (9)							
	n (b) must equal Form 990, Part X, col. (B) line 15.)						
Part X	Other Liabilities.						
i uit X	Complete if the organization answered	"Yes" on For	m 990 Part IV	line 11e or	r 11f. See Fo	orm 990 Pa	art X
	line 25.		in 666, i artiv	, 1110 110 01		5111 000, 1 0	ar t 7 (,
1.	(a) Description of liability	(b) Pooks	value				
	ncome taxes	(b) Book	value				
(2)ACCRUE			42,056				
(3)	U WAGES		42,050				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 25.)		42.056				
		f the footnote to t	42,056	nancial statem	onte that report	e the	
-	uncertain tax positions. In Part XIII, provide the text of liability for uncertain tax positions under FASB ASC 7		-				
	liability for uncertain tax positions under FASB ASC 7			note has been		Chedule D (Forn	••• 🔟
EEA					3	Circule D (FOM	11 330) 2022

	le D (Form 990) 2022 CENTENNIAL AREA HEALTH EDUCATION CE	84-0772637	Page <b>4</b>
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	802,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	06	
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	14,506
3	Subtract line 2e from line 1	. 3	788,006
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.)		788,006
Part		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	736,231
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	736,231
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	736,231
Part	XIII Supplemental Information.		

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

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

**Open to Public** 

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

### Go to www.irs.gov/Form990 for the latest information. Name of the organization

Employer identification number 84-0772637

CENTENNIAL AREA HEALTH EDUCATION CE

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

REVIEW AND COMMENT PRIOR TO ITS FILING WITH THE IRS

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

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

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

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

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

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

AFTER CONSIDERING WAGE STUDIES FOR COMPARABLE POSITIONS.

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

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

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

COMPARABLE POSITIONS.

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

GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

Form	8868
(Rev. Jan	uary 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

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

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

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

Te	elephone No. ► 970-330-3608 FAX No. ►			
• If	the organization does not have an office or place of business in the United States, check this box			
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is		
for th	ie whole group, check this box 🛛	h		
a list	with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until       05-15       , 20       24       , to file the exempt organization reference to the organization named above. The extension is for the organization's return for:         ▶       □       calendar year 20       or         ▶       □       calendar year 20       or         ▶       □       tax year beginning       07-01       , 20       22       , and ending       06-30         If the tax year entered in line 1 is for less than 12 months, check reason:       □       Initial return       □       Final return         □       Change in accounting period       □       □       □       □       □			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 887	'9-TE f	or payment	
	uctions.			
	Drivery Act and Denemyork Deduction Act Nation, and instructions	L o m	- 0000 (Day 1 00	2001

For Privacy Act and Paperwork Reduction Act Notice, see instructions. EEA

Form	88	79	-T	Ε
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Department of the Treasury

## IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 07-01 , 2022, and ending 06-30 , 2023

Do not send to the IRS. Keep for your records.

2022

Internal Revenue Service Name of filer

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

84-0772637

CENTENNIAL AREA HEALTH EDUCATION CE Name and title of officer or person subject to tax

# MELISSA JENSEN, EXECUTIVE DIRECTOR

Part I	I lype of Return and Ret	iurn Information		
8038-CF 3a, 4a, 5 3b, 4b, 5	<sup>D</sup> and Form 5330 filers may enter dollar <b>5a, 6a, 7a, 8a, 9a,</b> or <b>10a</b> below, and the	using this Form 8879-TE and enter the app rs and cents. For all other forms, enter whol a amount on that line for the return being file s applicable, blank (do not enter -0-). But, if an one line in Part I.	e dollars only. If you check the l d with this form was blank, then	box on line <b>1a, 2a,</b> Ieave line <b>1b, 2b,</b>
•••	Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Pa	art VIII. column (A) line 12)	1b
		<b>b</b> Total revenue, if any (Form 990, Fa	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Form 990-EZ check here	<b>b</b> Total tax (Form 1120-POL, line 22)		
	Form 1120-POL check here			
	Form 990-PF check here	b Tax based on investment income	· · · · · · · · · · · · · · · · · · ·	
	Form 8868 check here X	<b>b</b> Balance due (Form 8868, line 3c)		
	Form 990-T check here	<b>b</b> Total tax (Form 990-T, Part III, line		
	Form 4720 check here • • • •	<b>b</b> Total tax (Form 4720, Part III, line 1		
	Form 5227 check here	b FMV of assets at end of tax year (		
	Form 5330 check here	<b>b</b> Tax due (Form 5330, Part II, line 19		
	Form 8038-CP check here	b Amount of credit payment reques		
Part I		ture Authorization of Officer or	_	
Under p	enalties of perjury, I declare that	I am an officer of the above entity or		
of entity)	)	, (EIN)	and that	I have examined a copy of the
(direct d return, a 1-888-39 processi the payr	ebit) entry to the financial institution ac ind the financial institution to debit the 53-4537 no later than 2 business days ing of the electronic payment of taxes	e the U.S. Treasury and its designated Fina ecount indicated in the tax preparation softw entry to this account. To revoke a payment prior to the payment (settlement) date. I al to receive confidential information necessa fication number (PIN) as my signature for t	vare for payment of the federal , I must contact the U.S. Treasu so authorize the financial institu ry to answer inquiries and reso	taxes owed on this ury Financial Agent at utions involved in the Ive issues related to
PIN: ch	eck one box only			
🗌 l a	authorize		to enter my PIN	as my signature
		ERO firm name		ve numbers, but enter all zeros
aç		return. If I have indicated within this return t of the IRS Fed/State program, I also author		
file	ed return. If I have indicated within this	th respect to the entity, I will enter my PIN a return that a copy of the return is being file er my PIN on the return's disclosure conser	ed with a state agency(ies) regu	
	80	634		
Signature	e of officer or person subject to tax		Date	02-07-2024
Part I				
	EFIN/PIN. Enter your six-digit electronic (EFIN) followed by your five-digit self-s	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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

02-15-2024 Date

### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form	88	79	-T	Ε
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## IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

07-01 , 2022, and ending For calendar year 2022, or fiscal year beginning 06-30 , 2023

Do not send to the IRS. Keep for your records.

2022

84-0772637

Department of the Treasury Internal Revenue Service Name of filer

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

CENTENNIAL AREA HEALTH EDUCATION CE

Name and title of officer or person subject to tax

### MELISSA JENSEN, EXECUTIVE DIRECTOR Part I Type of Return and Return Information

8038-C <b>3a, 4a,</b> <b>3b, 4b</b> ,	P and Form 5330 filers may enter dollars <b>5a, 6a, 7a, 8a, 9a,</b> or <b>10a</b> below, and the a	ng this Form 8879-TE and enter the applicable amount, if any, from the return. Form and cents. For all other forms, enter whole dollars only. If you check the box on line <b>1a</b> , <b>2</b> mount on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2</b> pplicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on to one line in Part I.	b,
1a	Form 990 check here 🗴	, , , , , , , , , , , , , , , , , , , ,	b 788,006
2a	Form 990-EZ check here	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	ວ
3a	Form 1120-POL check here	<b>b</b> Total tax (Form 1120-POL, line 22) 3	ວ
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5) 4	o
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	o
6a	Form 990-T check here	<b>b</b> Total tax (Form 990-T, Part III, line 4)	o
7a	Form 4720 check here	<b>b</b> Total tax (Form 4720, Part III, line 1) • • • • • • • • • • • • • • • • • •	o
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D) 8	o
9a	Form 5330 check here	<b>b</b> Tax due (Form 5330, Part II, line 19)	o
	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) · · 10	b
Part	II Declaration and Signatu	e Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	I am an officer of the above entity or I am a person subject to tax with resp	
of entity	/)	, (EIN) and that I have examine	d a copy of the
completintermet acknow the dat (direct return, 1-888-3 process the pay	te. I further declare that the amount in Pa diate service provider, transmitter, or elec redgement of receipt or reason for rejection of any refund. If applicable, I authorize to debit) entry to the financial institution acco and the financial institution to debit the er 353-4537 no later than 2 business days p sing of the electronic payment of taxes to	les and statements, and, to the best of my knowledge and belief, they are true, correct t I above is the amount shown on the copy of the electronic return. I consent to allow n ronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a n of the transmission, (b) the reason for any delay in processing the return or refund, and e U.S. Treasury and its designated Financial Agent to initiate an electronic funds withd unt indicated in the tax preparation software for payment of the federal taxes owed on ry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Ag or to the payment (settlement) date. I also authorize the financial institutions involved i eceive confidential information necessary to answer inquiries and resolve issues relate tion number (PIN) as my signature for the electronic return and, if applicable, the cons	y an f (c) rawal his ent at n the ed to
PIN: cl	leck one box only		
	authorize	to enter my PIN	as my signature

	to enter	my PIN		as my signature
ERO firm name			nter five numbers, o not enter all zeros	
on the tax year 2022 electronically filed return. If I have indicated within this agency(ies) regulating charities as part of the IRS Fed/State program, I also return's disclosure consent screen.			•	
As an officer or person subject to tax with respect to the entity, I will enter m filed return. If I have indicated within this return that a copy of the return is b of the IRS Fed/State program, I will enter my PIN on the return's disclosure	eing filed with a sta			
80634				
Signature of officer or person subject to tax			Date 02-07-2	2024
Part III Certification and Authentication				
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	846003	32825		
		)o not enter al	l zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 202 am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Moder Providers for Business Returns.				
ERO's signature		Date	02-15-2024	
EDO Must Datain This Es	rm Caalnatr	intiana		

### ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So