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Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning **2009**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Health Teamworks		D Employer identification number
		Doing Business As		84 : 1456951
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
274 Union Boulevard		310	(720) 297-1681	
City or town, state or country, and ZIP + 4		G Gross receipts \$ 7,751,087		
Lakewood, Colorado 80228-1830		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Elizabeth Kraft, 3900 E. Mexico, #1100, Denver, CO		If "No," attach a list (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ www.healthteamworks.org				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1998	M State of legal domicile CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Health Teamworks (HTW) is a coalition of health plans, physicians, hospitals, employers, government agencies, quality improvement organizations, and other entities working together to implement systems and processes, using evidence-based clinical guidelines, to improve healthcare in Colorado.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27	
	5 Total number of employees (Part V, line 2a)	5	21	
	6 Total number of volunteers (estimate if necessary)	6	100	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	6,552,538	7,742,650
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		313	1,384	
11 Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11e)		7,842	7,053	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,560,693	7,751,087	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	673,721	791,410	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,225,219	1,463,206	
	16a Professional fundraising fees (Part IX, column (A), line 11)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	29,530		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,781,296	1,031,603	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,006,515	3,286,219	
19 Revenue less expenses Subtract line 18 from line 12	3,554,178	4,464,868		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	4,568,593	9,040,153	
	22 Net assets or fund balances. Subtract line 21 from line 20	69,673	76,524	
		4,498,761	8,963,629	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: *Douglas D. Foote* Date: 09/10/2010

Type or print name and title: Douglas D. Foote, TREASURER

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 09/08/2010 Check if self-employed Preparer's identifying number (see instructions): **N/A**

Firm's name (or yours if self-employed), address, and ZIP + 4: Nonprofit Technical Assistance Center, Inc. PO Box 6530, Denver, Colorado 80206-0530 EIN: 61-1432100 Phone no: (303) 321-8496

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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AY-1456951

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The Health Teamworks (HTW) is a coalition of health plans, physicians, hospitals,
employers, government agencies, quality improvement organizations, and other entities working together to
implement systems and processes, using evidence-based clinical guidelines, to improve healthcare in Colorado.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,759,188 including grants of \$ 392,407) (Revenue \$)

Improving Performance in Practice

Please see Schedule O for complete description of activities

4b (Code:) (Expenses \$ 1,218,624 including grants of \$ 399,003) (Revenue \$)

Guidelines

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

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

4e Total program service expenses ▶ 2,977,812

HTW

24-1456951

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	✓	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • 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. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • 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. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • 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? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		✓
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		✓
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		✓
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		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		✓

HTW

AY-1456951

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		✓
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? <i>If "Yes," complete Schedule J.</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		✓
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? <i>If "Yes," complete Schedule L, Part I.</i>		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		✓
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? <i>If "Yes," complete Schedule R, Part I.</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

HTW

PY-1456951

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	18	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	21	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
	4a		
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		✓
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	✓	
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	✓	
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
	12b		

HTW

AY-1456951

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (27); 1b Enter the number of voting members that are independent (27); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (Yes); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (Yes).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (Yes); 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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 (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[] Own website [x] Another's website [x] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Bob Greene, HTW, 274 Union Boulevard, Suite 310, Lakewood, Colorado 80228-1830
720 297-1681

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth Kraft - President 3900 E. Mexico Ave #1100, Denver, CO	4			✓				0	0	0
Dave Ehrenberger - Vice President 100 Health Park, Louisville, CO 80027	4			✓				0	0	0
Chris Stanley - Secretary 6465 Greenwood plaza, #300, Centennial CO	4			✓				0	0	0
Doug Foote - Treasurer 2653 Stout St, Denver, CO 80205	4			✓				0	0	0
Jay Krakovitz - Board member 3180 Redstone Road, Boulder, CO 80305	2	✓						0	0	0
Peg Brown - Board member 1560 Broadway, Ste 850, Denver, CO 80202	2	✓						0	0	0
Buzz Cleveland - Board member 7887 E. Bellview #1100, Englewood, CO 8011	2	✓						0	0	0
Dennis Waite - Board member 1455 S. Potomac #202, Aurora, CO 80012	2	✓						0	0	0
Donna Kusuda - Board member 4900 S. Monaco #380, Denver, CO 80237	2	✓						0	0	0
Donna Marshall - Board member 200 S. Sheridan #105, Denver, CO 80226	2	✓						0	0	0
Ellen Batchelor - Board member 23 Inverness Way E. #100, Englewood, CO 80	2	✓						0	0	0
Ed Berman - Board member 10065 E. Harvard #600, Denver, CO 80231	2	✓						0	0	0
David Brody - Board member 777 Bannock St. MC 600, Denver, CO 80204	2	✓						0	0	0
Manoj Pawar - Board member 11940 West Auburn Ave, Lakewood, CO 8022	2	✓						0	0	0
Kelly Shanahan - Board member 1536 Wynkoop #101, Denver, CO 80202	2	✓						0	0	0
Marshall Thomas - Board member 455 East 12th Ave, Denver, CO 80220	2	✓						0	0	0

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84-1456951

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sandeep Wadhwa - Board member 1570 Grant St., Denver, CO 80203	2	<input checked="" type="checkbox"/>						0	0	0
Craig Robbins - Board member 16290 E. Quincy Ave, Aurora, CO 80015	2	<input checked="" type="checkbox"/>						0	0	0
Joe Broughton - Board member 5990 Greenwood Plaza, Greenwood Vlg, CO	2	<input checked="" type="checkbox"/>						0	0	0
Dave Downs - Board member 1021 S. Williams St, Denver, CO 80209	2	<input checked="" type="checkbox"/>						0	0	0
Kevin Fitzgerald - Board member 6251 Greenwood Vlg #300, Greenwood Vlg,	2	<input checked="" type="checkbox"/>						0	0	0
Alfred Gilchrist - Board member 7351 E. Lowry Blvd # 110, Denver, CO 80230	2	<input checked="" type="checkbox"/>						0	0	0
Fred Grover - Board member 5 Cook Street, Denver, CO 80206	2	<input checked="" type="checkbox"/>						0	0	0
Ellen Mangione - Board member 1055 Clermont #6A,138, Denver, CO 80220	2	<input checked="" type="checkbox"/>						0	0	0
Mark Levine - Board member 1600 Broadway #700, Denver, CO 80202	2	<input checked="" type="checkbox"/>						0	0	0
Lee Morgan - Board member 7351 E. Lowry Blvd, Denver, CO 80230	2	<input checked="" type="checkbox"/>						0	0	0
George Delgrosso - Board member 1410 Grant A-301, Denver, CO 80203	2	<input checked="" type="checkbox"/>						0	0	0
Marjie Harbrecht - Chief Executive Officer 274 Union Blvd #310 Lakewood, CO 80228	40+				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		157,260	0	0
Allyson Gottsman - Associate Director 274 Union Blvd #310 Lakewood, CO 80228	40+				<input checked="" type="checkbox"/>			105,777	0	0
1b Total								263,037	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
RMD Networks, Inc., 8174 Holly St. #453, Centennial, CO 80122-4004	Technology / Data Base	144,660

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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24-1456951

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions).	1e	1,686,452			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,056,198			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		7,742,650			
Program Service Revenue	2a Conference	Business Code				
	b		1,384	1,384		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,053	7,053	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		7,751,087	8,437	0	0	

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AY-1456951

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	791,410	791,410		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	263,037	236,734	26,303	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,023,575	886,938	136,637	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	60,799	50,661	10,138	
10	Payroll taxes	115,795	101,130	14,665	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	9,457	4,932	4,525	
14	Information technology				
15	Royalties				
16	Occupancy	67,640	42,908	24,732	
17	Travel	49,885	45,920	3,965	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,853	30,004	4,849	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,897		10,897	
23	Insurance	2,973		2,973	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Organizational consultants	88,092	51,640	6,922	29,530
b	Program consultants	469,225	463,950	5,275	
c	Software	127,137	125,901	1,236	
d	Practice support	41,372	41,372		
e	Printing and publications	42,887	34,165	8,722	
f	All other expenses see Schedule O	87,185	70,147	17,038	
25	Total functional expenses. Add lines 1 through 24f	3,286,219	2,977,812	278,877	29,530
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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84-1856951

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	517,854	1	503,063	
	2 Savings and temporary cash investments	206,375	2	1,268,944	
	3 Pledges and grants receivable, net	3,648,593	3	7,074,352	
	4 Accounts receivable, net	160,547	4	172,524	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	15,836	9	12,938	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,355			
	b Less: accumulated depreciation	10b 48,023	19,229	10c 8,332	
	11 Investments—publicly traded securities		11		
	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 34)		4,568,434	16	9,040,153	
Liabilities	17 Accounts payable and accrued expenses	41,473	17	53,224	
	18 Grants payable		18		
	19 Deferred revenue	28,200	19	23,300	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		69,673	26	76,524
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	643,793	27	620,333	
	28 Temporarily restricted net assets	3,854,968	28	8,343,296	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	4,498,761	33	8,963,629		
34 Total liabilities and net assets/fund balances	4,568,434	34	9,040,153		

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AY-1456951

Part XI Financial Statements and Reporting

- 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 in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Health Teamworks

84 1456951

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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84-1456951

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	347,668	856,399	3,114,114	3,005,575	1,319,939	8,643,695
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	347,668	856,399	3,114,114	3,005,575	1,319,939	8,643,695
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)						1,265,356
6 Public support. Subtract line 5 from line 4						7,378,339

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	347,668	856,399	3,114,114	3,005,575	1,319,939	8,643,695
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,302	7,029	3,380	7,842	7,053	29,606
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						8,670,061
12 Gross receipts from related activities, etc (see instructions)					12	43,492
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	86 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	92 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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24-1456951

N/A

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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AY-1456951

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Page 2, Part II, Line 1, Column E: Unusual gifts and grants excluded in the 2009 support amount were as follows:

Colorado Health Foundation, 3 year commitment for Expansion of Practice Redesign and Transformation of Primary Care grant in the amount of \$4,351,720.

Colorado Health Foundation, 3 year commitment for the Patient Centered Medical Home Swedish Rose Residency project in the amount of \$542,714.

Colorado Trust, 3 year commitment for Patient Centered Medical Pilot in the amount of \$1,400,000.

Colorado Medical Society Trust, 2 year commitment for Improving Performance in Practice in the amount of \$128,277.

Series of horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Health Teamworks

Employer identification number 84 : 1456951

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report..., 1b If the organization elected, as permitted under SFAS 116, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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84-1456951

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		56,355	48,023	8,332
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 8,332

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84-1456951

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,751,087
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,286,219
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,464,868
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,464,868

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,751,087
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,751,087
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,751,087

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,286,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,286,219
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,286,219

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

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Open to Public Inspection

SCHEDULE I (Form 990)
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Health Teamworks
Employer identification number
84 1456951

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CO Managed Care Network	84-1260799	501C3	205,544				Health Guidelines
The Children's Hospital	84-0166760	501C3	102,993				Health Guidelines
Aurora Comprehensive Commun	84-0683346		5,949				Health Guidelines
Cactus Marketing Communicatio			14,950				Health Guidelines
CO Business Group on Health	84-1384777		2,500				Health Guidelines
Delta County Memorial Hospital		501C3	3,417				Health Guidelines
Lutheran Medial Center	84-1103606	501C3	6,983				Health Guidelines
Poudre Valley Health Systems	74-1894581	501C3	13,593				Health Guidelines
Primary Care Partners	84-1456669		12,830				Health Guidelines
Rocky Mountain Pediatrics	84-0823211		7,211				Health Guidelines
Seque Consulting	20-3747525		22,335				Health Guidelines

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

HTW

PY-1456951

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
None					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part 1, Line 2; Monitoring and Grant Procedures: The agency uses an open application process for its small and large grants programs. Information about these programs is maintained on the agency web-site; (www.healthteamworks.org). As a part of the application process, agencies are required to submit a work plan document, budget narrative and budget document. Once an applicant is chosen, the submitted documents are revised into a contract as supporting requirements.

Each month or reporting period, as applicable, the grantee submits regular reports about expenditures and adherence to program guidelines and their respective outcomes. At the end of each grant, the grantee submits a final report to account for all of the grant funds and the program or project. The grantee addresses the adherence to the original grant plan, any modifications, the program impact and the lessons learned. CCGC maintains a permanent grantee file with all of their reports for future reference requirements.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

Health Teamworks

84

1456951

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
 If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
 If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

ATC

04-1456951

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

None

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Health Teamworks

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

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Inspection**

Employer identification number

84 : 1456951

Please see addendum Schedule O for complete listing of the Statement of Program Service Accomplishments found on P.2., Part III, Section 4, on the attached narrative.

P.6. Part VI, Section B, Line 12c: Conflict of interest disclosure: The agency maintains a board policy manual that is provided to all new board members. All new members receive a board orientation to fully explain the roles and responsibilities of each member. The board chair and executive director work closely together to ensure compliance with the policy. The board chair regularly makes inquiry about potential conflicts of interest with respective board members.

P.6. Part VI, Section B, Line 15: The agency executive director and finance director work together to secure non profit salary survey information from a variety of non profit sources, along with and other sector trend and agency data as available to develop a salary range for executive, management and staff salaries. This data, along with the agency's salary history, form the basis for compensation arrangements and updates.

P.6. Part VI, Section C, Line 19: The agency uses Guidestar.org for its 990 required postings. Guidestar maintains copies of organizing (1023) documents and they are available for download to interested parties.

The agency does not make its internal financial statements available to the general public. The agency will provide a copy of its conflict of interest policy to those parties who make a request in writing, generally within 10 business of the receipt of the request.

P.2. Part III, 2: Expanded Programs: (PCMH - Patient Centered Medical Home and Practice Transformation).

The 3-year PCMH Swedish/Rose Residency project is providing assessment, on-site coaching to assist with sustainable in order to help the practices achieve level II PPC-PCMH recognition quality improvement processes, technical assistance & funding for improved reporting capabilities, 6 learning collaborative with 8 other residency sites in order to help the practices achieve level II PPC-PCMH recognition and a plan for curricular redesign that will help the practice beyond the project to train residents in the PCMH model.

The 3-year Practice Transformation program to continue support to help primary care clinics adopt evidence-based clinical guidelines and implement systems and processes that increase quality and patient safety, decrease costs and improve satisfaction for patients and their healthcare team.

Statement of Accomplishments

Overview

Colorado Clinical Guidelines Collaborative (CCGC) continues to stay true to its mission of collaboration in 2009 – from building new and innovative relationships with community partners like Sunrise Community Health Center in a “train-the-trainer” model of practice transformation coaching, to continued guideline development and spread of transformation activities to El Paso County and Northeastern Colorado, to Learning Collaboratives intended to enhance relationships among practices involved in the tough and rewarding work of transformation through Improving Performance In Practice (IPIP) and Patient Centered Medical Homes in private and residency practices. CCGC also continued to lead efforts to gather consensus on guidelines and quality measures for the state, broadly increasing implementation of these topics by conducting Rapid Improvement Activities in practices for SBIRT (Screening, Brief Intervention and Referral to Treatment for drug and alcohol use), Tobacco Cessation, Obesity and Prevention.

Guidelines:

- Our work with clinics led to two new projects to help practices implement guidelines: a **Motivational Interviewing (MI) Training Module** for primary care and the **Prevention Guideline Implementation Project**.
- Created and disseminated three training videos entitled *Brief Conversations using Motivational Interviewing (MI) Techniques for Primary Care*. The videos include MI techniques, self-assessment tools, group discussion questions and practice scenarios for primary care practices: essentially, they demonstrate MI skills using real life patient scenarios. To date, the three videos have received a combined total of **17,464 views** on YouTube!
Link: <http://www.youtube.com/coloradoguidelines>
- **Conducted Prevention Guideline Implementation Project with 6-9 practices in Colorado.** The prevention project tested several methods for implementing comprehensive adult preventive services including the Prevention Guideline Flowsheet, the new prevention module in the ReachMy Doctor registry tool, and EHR prevention templates. Practices also tested standing orders for a variety of prevention services.
- **Revised 4 guidelines:** Childhood and Adolescent Immunization Guidelines (February), Adult immunization Guideline (February), Tobacco and Secondhand Smoke Exposure (May), and Clinical Preventive Health Recommendations for the General and Targeted Adult Populations (August)
- **Developed 2 new guidelines:** Colorectal Screening Recommendations (approved in January), and Preconception and Interconception Care (approved in December)
- **Started work on:** Hepatitis B and C Guideline (approved in February 2010)

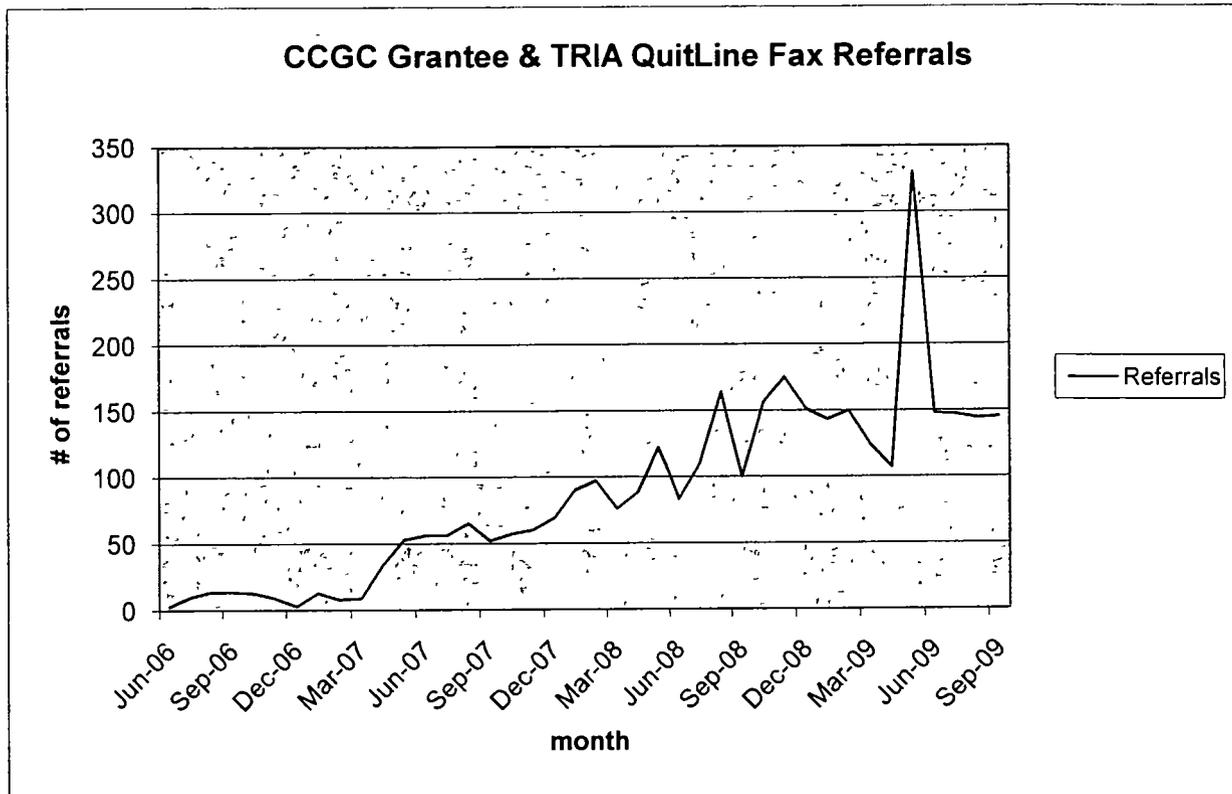
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84-1456951

- National Jewish Health and CCGC worked together to **provide clinic trainings on the CCGC Adult Obesity Guideline** and introduced the Fit Now CO healthy lifestyle and weight loss program as an option for referring patients who are overweight or obese. **CCGC recruited 13 clinics** around the state to receive RIA trainings during this phase of the program. The Fit Now program accepted 1,300 new referrals between July and December 2009.
- **Guidelines were requested for adoption by the following state entities:** Maine, Montana, Washington, California, and Carilion Clinic in Virginia (Asthma Guideline); Pennsylvania (Colorectal Guideline); and Carilion Clinic in Virginia (Diabetes Guideline).
- **Presented at:** CPHE's statewide trainings for *Heart and Stroke Healthy Community* workshop (May) and for COPAN Skill Building Workshop (May)
- **Served on committees to:** provide standards to school-based health clinics, measures for Medicaid reimbursement, improve immunization rates for special populations (adolescents, and older adults), increase awareness of preconception, family planning, fetal alcohol syndrome, heart and stroke community resources and more.

Tobacco:

- **Revised the Tobacco and Secondhand Smoke Exposure Guideline** and released it in May.
- **Facilitated 43 TRIAs** ("Tobacco Rapid Improvement Activities") with practices. During the 08-09 fiscal year alone, we reached 82 practices through our TRIAs. Demand continued to be high - this number was 65% higher than our goal of 50 TRIAs for the year. We reached approximately 1,400 providers and staff who have committed to changing systems in their practices that support tobacco cessation and second hand smoke reduction.
- **Awarded and managed 10 mini-grants** to Colorado practices to implement tobacco cessation systems.
- Gave a poster presentation on the results of the Tobacco Rapid Improvement Activity at the **National Conference on Tobacco or Health** in Phoenix in June.
- Disseminated the Tobacco Cessation Toolkit to **1,286 providers** through trainings.



Improving Performance In Practice (IPIP):

- In 2009 alone, IPIP impacted: **78 Practices, 305 Providers, and 36,600 patients**
- IPIP helped Moffat Family Clinic take the concept of team based care (key element of the Chronic Care Model and a foundation of IPIP) to a new level, **improving patient access and decreasing the number of patients sent to the ER during office hours.**
- **Introduced IPIP Lite** to practices not ready to be a part of the full IPIP program. IPIP Lite is a two-day onsite CCGC Coached visit emphasizing an introduction to some of the key characteristics of the Patient-Centered Medical Home approach to care
- CCGC and Sunrise Community Health Center piloted a new model for practice transformation by **'training-the-trainer'** and using CCGC's resources to mentor Cindy McDade as she applied the IPIP approach with the Sunrise Loveland Community Health Center.
- Held IPIP/PCMH Learning Collaborative on June 12-13 with the theme of "COW" (Chart Of Work) for all IPIP practices.
- Summit Community Care Clinic (SCCC) began the IPIP program in March, 2009, and started off in a full sprint to implement their registry and begin diabetes chronic care management. In five months, SCCC has implemented system changes that have **increased their eye exams by 15% and their foot exams by nearly 30%.** SCCC has also **increased the percentage of patients who have a documented A1c by 34%.** These increases have been made possible by IPIP, the total buy-in and hard work of the entire staff at SCCC.

Health Teamworks

84-1456951

Patient Centered Medical Home (PCMH):

- **All 16 PCMH practices received NCQA PPC-PCMH recognition!** Fourteen practices were recognized at Level 3 and two practices were recognized as Level 2.
- The **Patient Advisory Committee created educational documents** for the PCMH practices to use as a tool to help their patients learn about the Patient-Centered Medical Home model of care. They finalized a brochure, hand-out, and letter for the practices to utilize.
- **15 of the 16 PCMH practices were able to participate in the June IPIP/PCMH Learning Collaborative.** 91% of those who attended agreed that the LC was a good use of their time and 98% were excited to implement ideas they garnered from the LC. One of the participants stated on their evaluation survey of the LC, "I don't think I have ever been to a more useful, practical, evidence based and engaging conference ever. Wish my team could have participated - I am brimming!"
- **Colorado Medicaid** (Department of Health Care Policy and Financing) **officially joined the PCMH pilot.** To our knowledge we are the only pilot that includes private and public payers that has not been mandated by state government.
- **Issued a press release and held a press conference regarding the launch of the Multi-Payer PCMH pilot and the Colorado Family Residency PCMH project** on June 18. The speakers at the press conference included representatives from CCGC, the University of Colorado Denver School of Medicine, a patient, participating provider, health plan and the State. There were **more than 60 stories covered online.** If you are interested in viewing some of the articles follow this link: <http://www.coloradoguidelines.org/pcmh/inthenews.asp>
- **Launched the "Colorado Family Medicine Residency PCMH Project"** on May 19, which drew nearly **150 attendees** and featured **Dr. Robert Graham**, a national health care policy expert and Patient-Centered Medical Home leader, as the keynote speaker. The kick-off event was followed by the project's first bi-annual Learning Collaborative with representation from all ten residency practices, including over thirty family medicine residents

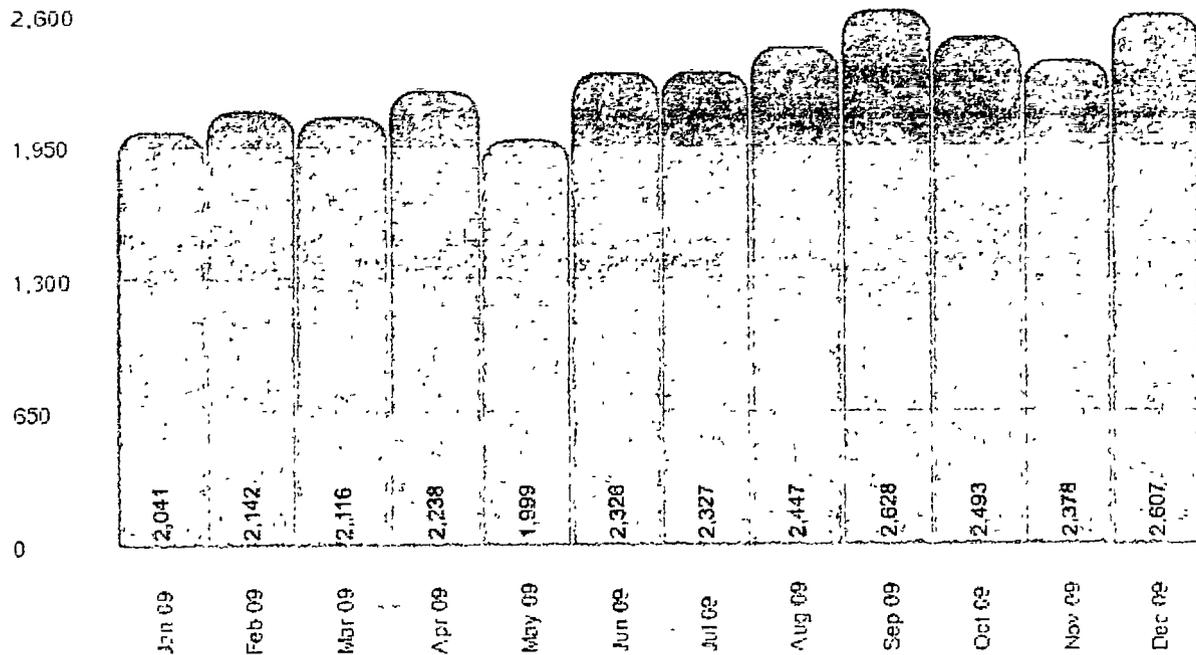
PR/Communications:

- Total website hits: **27,742** (an increase of 7,941 hits over 2008)

TOTAL VISITS PER MONTH GRAPH(to www.coloradoguidelines.org):

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84-1456951



- **40 articles** in various publications (for example: MD News, CAFP News, Colorado Medical Society, Denver Business Journal, etc.)

January 2009

Colorado Medical Society

- What does the future hold? Advertisement for IPIP/PCMH

The Press Republican com

- Medical-home model pilot program starting regionally in 2009

March 2009

MD News (March/April 2009)

- The Colorado Multipayer, Multistate Patient-Centered Medical Home Pilot Overview

Colorado Medical Society

- What does the future hold? Advertisement for IPIP/PCMH

CAFP News

- What does the future hold? Advertisement for IPIP
- Practices Find Value in IPIP Experience
- The Courage of the Patient Centered Medical Home

Colorado Medicine

- Collaborative care solutions: On-site coaching to embed and enhance technology
- What your colleagues are saying about IPIP

April 2009

PCPCC Meaningful Connections

May 2009

Colorado Medical Society

- Celebrating another advantage for Colorado physicians Advertisement

CAFP Medical Home Muse

Health Teamworks

84-1456951

- Profiles of Change: David Ehrenberger, MD

June 2009*Denver Business Journal*

- Collaborative announces health care program

DenverPost.com

- Colorado Health Care Organizations Launch Medical Home Pilot

Coloradoan.com

- Groups part of pilot program

Business Wire

- Colorado Health Care Organizations Unveil Comprehensive Patient-Centered Medical Home Programs

9News.com

- Pilot program hopes to improve primary care in Colorado
- Fewer doctors choosing primary care

CAFP News

- ReachMyDoctor Available to All Colorado Physicians for Nominal Fee
- Family Medicine Residents and the Medical Home: A Statewide Emphasis to Prepare our Physician Leaders of Tomorrow

The CAFP Medical Home Muse

- Profiles of Change: Greg Sharp, MD

July 2009*Boulder County Business Report*

- Pilot program targeting health-care quality, price

Business Insurance

- Firms team up on programs to promote primary care

August 2009*CCGC E-Newsletter*

- A Note from Marjie Harbrecht, MD
- Guidelines Update
- IPIP Update
- Tobacco Update
- PCMH Pilot Update
- Family Medicine Residents and the Medical Home

September 2009*CAFP News*

- PCMH Grant
- A Beautiful Day in the Neighborhood – Won't You Be My Neighbor?
- Urgent: Patient Centered Medical Home Systems of Care Survey

Colorado Medical Society

- Retooling Healthcare at the Practice Level: Success Stories from Colorado IPIP Practices

November 2009*CAFP News*

- PCMH Will Keep Colorado In National Spotlight
- CAFP Board Endorses CCGC's Collaborative Care Solutions to Help Our Membership Prepare for the Future

Health Teamworks

84-1456951

- Patient Centered Medical Home Pilot is Launched in Colorado!!
- New Asthma Guidelines Help Kids Breathe Better

CCGC E-Newsletter

- A Note from Marjie Harbrecht, MD
- Guidelines Update
- IPIP Update
- IPIP Lite
- Tobacco Update
- PCMH Pilot Update
- PCMH Residency Update

Medical Home News

- Family Medicine Residents and the Medical Home: A Colorado Initiative to Prepare the Physician Leaders of Tomorrow

MarketWire.com

- NCQA Convenes Experts to Update National Standards for Patient-Centered Medical Home Recognition Program

December 2009*CAFP Monthly Newsletter*

- Colorado Organizes to Compete for Federal HIE/HIT Funding for Primary Care
- The Colorado Clinical Guidelines Collaborative (CCGC) is Seeking Primary Care Providers to Review New CCGC Preconception Care Guideline

H2R Minutes

- Colorado: Physicians team up to advance the medical neighborhood

Medical Home News

- It's a Beautiful Day in the Neighborhood... Won't You Be My Neighbor?

CAFP News

- Working Toward the PCMH Approach to Care: Creating "Breathing Space" in order to Get Out of the Old House

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Schedule O

FEIN # 84-1456951

Form 990 2009 for period ending December 31, 2009

P 10 Part IX, Statement of Functional Expenses

	Total	Program	Admin	Fund Raising
Line 24 F All other expenses	87,185	70,147	17,038	0
Learning Collaborative	28,699	28,699		
Telephone	23,931	17,895	6,036	
Staff Development	11,332	8,108	3,224	
Equipment and software	8,357	5,841	2,516	
Outreach	6,440	5,815	625	
Board	3,103		3,103	
Postage	2,946	1,775	1,171	
Education	605	350	255	
All Other	1,772	1,664	108	
	87,185	70,147	17,038	0
				87,185

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Colorado Clinical Guidelines Collaborative	Employer identification number 84 1456951
	Number, street, and room or suite no If a P O box, see instructions 274 Union Boulevard, Suite 310	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Lakewood, Colorado 80228-1830	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Bob Greene**
 Telephone No **(720) 297-1681** FAX No **()**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **November 15,** 20**10**
- For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension **The agency is undergoing its financial audit and additional time is required. Having just completed this process, they are now in a position of assembling the financial and supporting information required to prepare a complete and accurate 990 tax return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a \$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **[Signature]** Title **EMERSON** Date **8/11/2010**

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization Health Team Works formerly Colorado Clinical Guidelines Colaborative	Employer identification number 84 1456951
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 274 Union Blvd. #310	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Lakewood, Colorado 80228	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Finance Director / Bob Greene

Telephone No ▶ (720) 297-1681 FAX No ▶ ()

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions