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DLN: 93493296000102

Department of the Treasury

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

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

OMB No 1545-0047

A For the 2  B Check if ap Address ch Name chai Initial retui Terminated Amended i Application	Doing Business As THE COLORADO HEALTH FOUNDATION  Number and street (or P O box if mail is not delivered to street address) Room/suite  501 S CHERRY STREET	74-2 E Telepi	pyer identification number 568941 hone number
Address ch Name chai Initial retui Terminated Amended i	HEALTHONE  Doing Business As THE COLORADO HEALTH FOUNDATION  Number and street (or P O box if mail is not delivered to street address) Room/suite  501 S CHERRY STREET	74-2 E Telepi	568941
Name chai Initial retui Terminated Amended i	Doing Business As THE COLORADO HEALTH FOUNDATION  Number and street (or P O box if mail is not delivered to street address) Room/suite 501 S CHERRY STREET	<b>E Telepi</b> (303	
Initial retui	THE COLORADO HEALTH FOUNDATION  Number and street (or P O box if mail is not delivered to street address) Room/suite 501 S CHERRY STREET	_ (303	ione number
Terminated	501 S CHERRY STREET	(303	
Amended i			) 953-3600
·		<b>G</b> Gross	receipts \$ 2,136,966,023
, , , , , , , , , , , , , , , , , , , ,	DENVER, CO 802461325		
	F Name and address of principal officer	H(a) To this a groun	- u-t f- u
	ANNE WARHOVER	H(a) Is this a group affiliates?	Yes V No
	SAME AS C ABOVE DENVER,CO 80246		
	DENVER, CO COZAC	H(b) Are all affiliates	
<b>I</b> Tax-exem	npt status		n a list (see instructions) tion number <b>►</b>
J Website	e: ► WWW COLORADOHEALTH ORG	H(c) Group exemp	don namber p
		T	
	ganization	<b>L</b> Year of formation 1	980 <b>M</b> State of legal domicile CC
Part I	Summary		
7	Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH AND HEALTH CARE OF COLORADANS BY INCRE AND ENCOURAGING HEALTHY LIFE STYLES THE FOUNDATION ACCOMPL		
၌   2 d		more than 25% of its	net assets
 γε   3 ι	Number of voting members of the governing body (Part VI, line 1a)		<b>3</b> 24
8 4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4 24
Activities & 3 t	Total number of individuals employed in calendar year 2011 (Part V, line 2a) .		<b>5</b> 139
ទ្ទី   6 ា	Total number of volunteers (estimate if necessary)		<b>6</b> 36
	Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b> 2,527,123
1 ф	Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b> 1,319,926
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	586,	,486 426,941
<u>}</u> 9	Program service revenue (Part VIII, line 2g)	165,913,	,439 133,264,856
9 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	12,824,	,904 948,616,255
iii 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	198,	.566 176,072
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	170 522	205 1 002 404 124
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	179,523, 95,904,	
14	Benefits paid to or for members (Part IX, column (A), line 4)	93,904,	0 0,079,413
	Salaries, other compensation, employee benefits (Part IX, column (A), lines		
<b>§</b> 15	5-10)	10,299,	,779 11,161,009
Self 16a b b	Professional fundraising fees (Part IX, column (A), line 11e)		0 0
<u>ਨੌ</u>   ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
ш   <sub>17</sub>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,567	,916 17,012,691
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	118,772,	,661 108,853,115
19	Revenue less expenses Subtract line 18 from line 12	60,750,	,734 973,631,009
Separate 20 Page 21 Page 22 Pa		Beginning of Curre	ent End of Year
6 E 20	Total assets (Part X, line 16)	1,256,359,	,991 2,233,069,046
受益   20 2   21	Total liabilities (Part X, line 26)	79,846	
프를   교급   <sub>22</sub>	Net assets or fund balances Subtract line 21 from line 20	1,176,513,	
Part II	Signature Block		
	lties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on all inform	
knowledge a knowledge. Sign	Signature of officer  GARY DREWS CHIEF FINANCIAL OFFICER	Date	
knowledge a knowledge. Sign	Signature of officer  GARY DREWS CHIEF FINANCIAL OFFICER Type or print name and title	Date	
knowledge a knowledge. Sign	GARY DREWS CHIEF FINANCIAL OFFICER Type or print name and title		's taynaver identification number
knowledge a knowledge. Sign Here	GARY DREWS CHIEF FINANCIAL OFFICER Type or print name and title  Preparer's signature  Date  Chief See	eck if Preparei	r's taxpayer identification number tructions)
knowledge a knowledge.  Sign Here  Paid	GARY DREWS CHIEF FINANCIAL OFFICER Type or print name and title  Preparer's signature  Date  Chise en	eck if Preparei	
sign Here Paid Preparer's	GARY DREWS CHIEF FINANCIAL OFFICER Type or print name and title  Preparer's signature  Date  Chise se en  Firm's name (or yours of self-employed),  ERNST & YOUNG US LLP	eck if Preparei	
knowledge a knowledge.  Sign Here  Paid	GARY DREWS CHIEF FINANCIAL OFFICER Type or print name and title  Preparer's signature  Date  Chise en  Firm's name (or yours & ERNST & YOUNG US LLP	eck if if- iployed   EIN	

Form 99	0 (20	)11)
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Page **2** 

Par		: <b>of Program Serv</b> edule O contains a res		<b>lishments</b> uestion in this Part III		
1	Briefly describe the	organization's mission	1			
					NG ACCESS TO QUALITY H IS THROUGH ITS GRANT F	
2					which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O			
3	_	cease conducting, or	_	nt changes in how it co	nducts, any program	✓ Yes  No
	If "Yes," describe th	ese changes on Sched	lule O			
4	expenses Section 5	01(c)(3) and 501(c)(4	4) organization	s and section 4947(a)	ree largest program services (1) trusts are required to rep th program service reported	
4a	(Code	) (Expenses \$	82,151,854	ıncludıng grants of \$	80,664,897 ) (Revenue \$	81,925 )
		UTIONS TO NONPROFIT OR WERE 246 GRANTS AWARD			THER GROUPS THAT WORK TO IM	PROVE HEALTH AND HEALTH CARE
4b	(Code	) (Expenses \$	13,422,082	ıncludıng grants of \$	14,518 ) (Revenue \$	12,811,075 )
		NSORS FIVE GRADUATE ME MEDICAL TECHNOLOGY STO			GRAMS AND ONE SCHOOL OF MEDIC	CAL TECHNOLOGY DURING 2011,
4c	(Code	) (Expenses \$	4,319,409	ıncludıng grants of \$	) (Revenue \$	120,008,736 )
	INVESTMENT IN HEALTI	HONE, JOINT VENTURE				
4d	Other program serv	vices (Describe in Scl	nedule O )			
	(Expenses \$	ınc	luding grants o	f\$	) (Revenue \$	)
4e	Total program serv	ice expenses►\$	99.893.34	15		

art 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)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	_
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II $\bullet$	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	<b>)</b> (2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

1c 2b 3a 3b	Yes Yes Yes Yes	No
2b 3a 3b	Yes	No
3a 3b	Yes	No
3a 3b	Yes	No
3b		No
3b		No
	Yes	No
4a		No
5a		No
5b		Νo
5c		
6a		No
6b		
7a		No
7b		
7c		No
7e		No
7f		No
7g		
7h		
_		
8		
9a		
9b		
12a		
13a		
14-		NI -
14a		No
	5b 5c 6a 6b 7a 7b 7c 7e 7f 7g 7h 8	5b   5c   6a   6b   7a   7b   7c   7c   7f   7g   7h   8   9a   9b   12a   12a   13a   13a

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

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . .

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	Did the eventuation have local chapters, branches overfillates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	100		INO
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	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	160	Vac	
L	taxable entity during the year?	16a	Yes	
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ection C. Disclosure			I
	List the States with which a copy of this Form 990 is required to be filed▶			
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable), 000, and 000 T (F01/s)			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANDREW RITZ

  501 S CHERRY STE 1100

  DENVER CO. 202461335

DENVER,CO 802461325 (303)953-3600

## 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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

(A) Name and Title	(B) A verage hours		on (d e thar	none	e bo	х,		Repo	( <b>D)</b> ortable ensation	<b>(E)</b> Reportable compensation	(F Estim	ated
	per week (describe	unles: an		son er an	ıs b nd a	oth		fro organiz	m the ation (W- 9-MISC)	from related organizations (W- 2/1099-	comper from organiza	the
	hours for					<u>.                                      </u>		_,_,	,	MISC)	rela organiz	ted
	related organizations in	Individual t or dilector	stitutio	9.	(e) em	est co	ੂ					
	Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensat employee	Former					
		<u>6</u>	೮೬೪		Φ	sated						
See Additional Data Table												
1h Cub Tabal							<u> </u> ▶-				<u> </u>	
	on sheets to Part VII, Sec	tion A			•		•					
d Total (add lines 1b an			•				<b>P</b>		2,129,732	0		288,074
	duals (including but not lir le compensation from the					above	) who	receive	d more tha	n		
2 Did the eventuation le	ot any farmon officer dura	-+	ruo to	يا م		malou			+ aamana	atad amplayes	Yes	No
	st any <b>former</b> officer, direc omplete Schedule I for such				ey e	- - -	•ee, c	rnignes • • •	• •	i i	3	No
organization and relate	ed on line 1a, is the sum o ed organizations greater tl											
<ul><li>individual</li><li>5 Did any person listed</li></ul>	on line 1a receive or accri	· ·	• oensa	• ition	fror	n anv	• unre	• • lated ord	· · ·		4 Yes	
	he organization? <i>If</i> "Yes,"										5	No
Section B. Independ	ent Contractors											
	r your five highest compei ation from the organizatio ion's tax year											
	(A) Name and business ad	dress							Descr	( <b>B)</b> ription of services		c) nsation
UCHSC GRADUATE MEDICAL EDUC DEPT 388 DENVER, CO 802910000	CATION								RESIDENCY			3,896,401
KAUFMAN HALL ASSOCIATES INC 5202 OLD ORCHARD RD STE N700 SKOKIE, IL 600770000									FINANCIAL A	DVISORY		2,546,546
HEALTH TEAMWORKS 274 UNION BLVD STE 310 LAKEWOOD, CO 802280000									CONSULTING	î		2,044,589
UNIVERSITY PHYSICIANS INC PO BOX 725									RESIDENCY			1,807,550
AURORA, CO 800400725 PROSKAUER ROSE LLP 11 TIMES SQUARE									ATTORNEYS			569,336

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►15

Form 99								Page <b>9</b>
		Statement of			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
쓡	1a	Federated cam						
蓝	b	Membership du	ies <b>1b</b>					
æ, Ç	С	Fundraising eve	ents <b>1c</b>					
<u>≅</u> ,≅	d	Related organiz	zations 1d					
Ę.ję	e	Government grant	s (contributions) <b>1e</b>	391,240				
atio S Z	f	All other contribution	ons, gifts, grants, and <b>1f</b>	35,701				
돌 축	g		ibutions included in					
Contributions, gifts, grants and other similar amounts	_		 sla-1f		426,941			
<u>Q 46</u>	h	Total. Add lines	S 1 d - 1 1		420,541			
ē	2a	CDADUATE MEDIC	AL EDUCATION AND	Business Code	12.011.075	12 011 075		
Program Serwde Revenue	Za	RESEARCH	AL EDUCATION AND	900099	12,811,075	12,811,075		
	Ь	INVESTMENT IN JO	DINT VENTURE	900099	120,453,781	118,957,553	1,496,228	
	C							
	d							
E	e							
8	f	All other progra	am service revenue					
Δ	g	Total. Add lines	s 2a-2f	▶	133,264,856			
	3		ome (including dividen	+	·			
		and other simil	aramounts)	▶ [	7,253,366		-91,497	7,344,863
	4	Income from inves	stment of tax-exempt bond	proceeds	0			
	5	Royalties			0			
	_		(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	"	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	l_	Con an amazount	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	545,844,788	1,450,000,000				
		assets other than inventory						
	b	Less cost or other basis and	561,278,865	493,203,034				
	l c	sales expenses Gain or (loss)	-15,434,077	956,796,966				
	d	, ,	ss)		941,362,889		1,122,392	940,240,497
	8a		rom fundraising		, ,			, ,
Other Revenue		events (not inc \$ of contributions						
π Œ		,	a					
the	b		penses b					
Ò	c		(loss) from fundraising	events 🟲	0			
	9a		rom gaming activities ne 19					
			а					
	b		penses b		ol			
	10a	Gross sales of		viues	U			
		returns and allo	owances . a					
	b	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inv	entory 🟲	0			
	_	Mıscellaneou		Business Code		ā ·		<b>.</b>
	11a	ALL OTHER RE	VENUE	900099	176,072	81,925		94,147
	b							
	c							
	d		ue				1	
	e	iotal. Add lines	s 11a-11d		176,072			
	12	Total revenue.	See Instructions .	▶	1,082,484,124	131,850,553	2,527,123	947,679,507
				<u> </u>	, , ,	, -,		Form <b>990</b> (2011)

### 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)

	heck if Schedule O contains a response to any question in this Part IX  ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	p, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	80,664,897	80,664,897		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	14,518	14,518		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,335,403	0	1,335,403	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	7,709,889	4,112,568	3,597,321	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	396,556	197,014	199,542	0
9	Other employee benefits	1,131,259	529,802	601,457	0
10	Payroll taxes	587,902	267,588	320,314	0
11	Fees for services (non-employees)				
а	Management	12,365,489	11,631,700	733,789	0
b	Legal	941,973	900,845	41,128	0
С	Accounting	164,409	43,566	120,843	0
d	Lobbying	54,775	54,775	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	52,185	20,359	31,826	0
12	Advertising and promotion	27,012	12,554	14,458	0
13	Office expenses	200,670	137,124	63,546	0
14	Information technology	556,930	10,211	546,719	0
15	Royalties	0	0	0	0
16	Occupancy	583,721	28,458	555,263	0
17	Travel	328,283	121,767	206,516	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	584,143	505,494	78,649	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	220,909	69,765	151,144	
23	Insurance	428,498	233,708	194,790	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MEMBERSHIP DUES	182,289	138,308	43,981	0
b	TAXES	398,133	375,287	22,846	0
c	LICENSES	43,955	34,100	9,855	0
d	PRESENT VALUE ADJUSTMENT	-452,055	-452,055	0	0
е					
f	All other expenses	331,372	240,992	90,380	_
25	Total functional expenses. Add lines 1 through 24f	108,853,115	99,893,345	8,959,770	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 56,373 13,267 1 1 52.121.875 10.827.293 2 2 3 3 0 2.465.667 4.142.288 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . 0 5 0 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 0 6 0 0 0 7 0 8 414.513 9 9 419,571 Prepaid expenses and deferred charges . . . . . . 10a 2.480.466 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 902,032 b Less accumulated depreciation . . . . . 1,282,448 **10c** 1,578,434 347,715,813 11 1,419,122,287 11 369,828,187 796,922,800 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 482,518,221 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 0 15 15 1,256,359,991 2,233,069,046 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,031,667 17 2,635,415 17 Accounts payable and accrued expenses . 18 77.814.423 18 75,744,667 19 19 0 20 20 0 21 0 21 0 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 O D . . . . 26 79,846,090 26 78,380,082 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,176,140,497 27 2,154,315,019 Unrestricted net assets . . . . 373,945 373,404 28 28 Temporarily restricted net assets . . . . . Fund 29 29 0 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 1.176.513.901 33 2,154,688,964 34 Total liabilities and net assets/fund balances . . . . . 1.256.359.991 2.233.069.046 34

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,082,4	184,12	
2	Total expenses (must equal Part IX, column (A), line 25)	2			353,11	
3	3 Revenue less expenses Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,176,5	513,90	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		4,5	544,05	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,154,6	588,96	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	• •	•	୮		
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
c	If "Yes," to 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		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued				
За	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?	•	За		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

#### OMB No 1545-0047

Inspection

#### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Employer identification number** Name of the organization

**HEALTHONE** 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) A church, convention of churches, or association of churches 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	ion in your	organızatı col (ı) orga	(vi) Is the organization in col (i) organized in the U S?  Yes No	
		instructions))	Yes	No	Yes	No	Yes	No	]
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493296000102

OMB No 1545-0047

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities). Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number **HEALTHONE** 74-2568941 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? ┌ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none. enter -0-

Sc	hedule C (Form 990 or 990-EZ) 2011			Page
Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	(election
	expenses, and share of excess lobb	an affiliated group (and list in Part IV each affiliate bying expenditures) x A and "limited control" provisions apply	d group member's name	, address, EII
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	<b>(b)</b> Affiliate Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	3,500	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	345,048	
С	Total lobbying expenditures (add lines 1a and 1i	o)	348,548	
d	O ther exempt purpose expenditures		108,504,567	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	108,853,115	
f	Lobbying nontaxable amount Enter the amount f	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Pa  A (  B (  1a b c d	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

1	Grassroots	nontaxable	amount	(enter	25%	of I	ıne 1f	٤)
---	------------	------------	--------	--------	-----	------	--------	----

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting
	section 4911 tax for this year?

$\overline{}$	Voc	$\overline{}$	N
	105		INC

250,000

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

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total		
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
c	Total lobbying expenditures	568,308	274,286	678,950	348,548	1,870,092		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures	122	7,124		3,500			

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493296000102

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

**Supplemental Financial Statements** 

Open to Public

цета	Revenue Service P- Attach to Fo	orm 990. F See separate instructions.	Inspection
			Employer identification number
	Employer ident Flation num: 74-2563941		
26	organizations Maintaining Donor Action organization answered "Yes" to Form 99	O, Part IV, line 6.	inds or Accounts. Complete if the
	4		(b) Funds and other accounts
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	<u> </u>	<u> </u>	or advised <b>Yes No</b>
6	used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose Yes No
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure)	ertified historic structure
	easement on the last day of the tax year	Г	
_	Total number of concervation easements	-	Held at the End of the Year
a L		-	
Ь			
c d		` '	
3		rrea, releasea, extinguisnea, or terminate	d by the organization during
4	Number of states where property subject to conserva	ation easement is located ►	<u> </u>
5			lling of violations, and <b>Yes No</b>
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🗕
7		ng, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of sec	tion Yes No
9	balance sheet, and include, if applicable, the text of t	he footnote to the organization's financial	
Par	t III Organizations Maintaining Collectio	ns of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc	h in furtherance of public service,
b	historical treasures, or other similar assets held for p	oublic exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Par	<b>Tit</b> Organizations Maintaining Co	ilections of Art	t, His	tori	cal Tr	easu	res, or C	the	r Similar As	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing '	that ar	e a signific	ant u	se of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
ь	Scholarly research		е	Г	Othei	r					
_	Preservation for future generations			·							
C A	, J				. 6			./		_	
4	Provide a description of the organization's co Part XIV						_			n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	□ No
Par	t IV Escrow and Custodial Arrang										110
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	edıary	for c	ontribu	itions (	or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		г				
							I I		An	ount	
С	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year						Ļ	1e			
f	Ending balance						L	<b>1</b> f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	,						Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	•									
Pa	rt V Endowment Funds. Complete										
_		(a)Current Year	(b	<b>)</b> Prior	Year	<b>(c)</b> Tw	o Years Back	(d)	Three Years Back	(e)Four \	'ears Back
1a	Beginning of year balance							+			
Ь	Contributions							+			
С	Investment earnings or losses							╁			
d	Grants or scholarships							╄			
е	Other expenditures for facilities and programs										
f	Administrative expenses							1			
g	End of year balance							+			
2	Provide the estimated percentage of the yea	r end balance held	as					1	I		
a	Board designated or quasi-endowment										
ь	Permanent endowment -										
c 3a	Term endowment ►  Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and a	dministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations								3a(	_	
	(ii) related organizations							-	3a(		<u> </u>
	If "Yes" to 3a(II), are the related organizatio							•	3t	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of th					10					
Par	t VI Land, Buildings, and Equipme	ent. See Form 95	90, Pa							1	
	Description of property				) Cost or is (inves		( <b>b</b> )Cost or o		(c) Accumulated depreciation	<b>(d)</b> B	ook value
1a	Land		•								
b	Buildings		•				444	1,717	100,68	0	344,037
C	Leasehold improvements										
d I	Equipment		•				2,03	5,749	801,35	2	1,234,397
	Other										
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,	), line	10(c).)				▶		1,578,434
									Schedule D	(Form	990) 2011

Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-or	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests	796,922,800		F
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	796,922,800		
Part VIII Investments—Program Related. See			
			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.) , line 25. (b) Amount		(b) Book value

	l otal revenue (Form 990, Part VIII, column (A), line 12)		1,002,404,12
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	108,853,11
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	973,631,00
4	Net unrealized gains (losses) on investments	4	4,544,05
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 - 8	9	4,544,05
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	978,175,06
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Rei	turn
1	Total revenue, gains, and other support per audited financial statements	1	1,087,028,17
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -2		
e	Add lines 2a through 2d	2e	4,544,05
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,082,484,12
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,082,484,12
Par	Reconciliation of Expenses per Audited Financial Statements With Expense	s per R	
1	Total expenses and losses per audited financial statements	1	108,853,11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	-
3	Subtract line <b>2e</b> from line <b>1</b>	3	108,853,11
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	108,853,11
Da	rt XIV Supplemental Information		

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

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	SCHEDULE D, PART X, LINE 2	ASC 740, INCOME TAXES, REQUIRES ORGANIZATIONS TO RECOGNIZE THE TAX BENEFITS OF CERTAIN TAX POSITIONS ONLY WHEN THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED, ASSUMING EXAMINATION BY THE TAX AUTHORITIES THE TAX BENEFIT THAT RECOGNIZED IS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING RECOGNIZED UPON ULTIMATE SETTLEMENT IN ACCORDANCE WITH ASC 740, THE FOUNDATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO TAX LIABILITIES AS INCOME TAX EXPENSE ON THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS THE FOUNDATION HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS THE FOUNDATION REMAINS SUBJECT TO EXAMINATION BY U S FEDERAL TAX AUTHORITIES FOR THE 2008 THROUGH 2011 TAX YEARS, AND 2007 THROUGH 2011 FOR COLORADO STATE TAX AUTHORITIES
SCHEDULE D, PART XI, LINE 8	OTHER ADJUSTMENTS	ROUNDING DIFFERENCE \$ 1
SCHEDULE D, PART XII, LINE 2D	OTHER ADJUSTMENTS	ROUNDING DIFFERENCE \$ (2)
SCHEDULE D, PART XIII, LINE 2D	OTHER ADJUSTMENTS	ROUNDING DIFFERENCE \$ (1)

#### Software ID: **Software Version:**

**EIN:** 74-2568941 Name: HEALTHONE

#### Form 990, Special Condition Description:

#### **Special Condition Description**

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensa Compensated Employees, and							45 U		, ccs, mynest	
<b>(A)</b> Name and Tıtle	(B) Average hours		tion that a		/)			(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
STEPHEN H SHOGAN MD CHAIRMAN	4 0	Х						0	0	0
BRUCE ABRAMSON DIRECTOR	2 0	Х						0	0	0
BRUCE K ALEXANDER DIRECTOR	2 0	Х						0	0	0
JEROME BUCKLEY MD DIRECTOR	2 0	Х						0	0	0
TOTI CADAVID DIRECTOR	2 0	Х						0	0	0
TED CLARKE MD DIRECTOR	2 0	Х						0	0	0
JEROME DAVIS DIRECTOR	2 0	Х						0	0	0
JIM GARCIA DIRECTOR	2 0	Х						0	0	0
STUART GOTTESFELD MD DIRECTOR	2 0	Х						0	0	0
JANET L HOUSER PhD DIRECTOR	2 0	Х						0	0	0
JOHN HUGHES JR DIRECTOR	2 0	Х						0	0	0
GRANT JONES DIRECTOR	2 0	Х						0	0	0
VIRGILIO LICONA MD DIRECTOR	2 0	Х						0	0	0
DAVID R LIVINGSTON DIRECTOR	2 0	Х						0	0	0
DAYNA MATTHEW DIRECTOR	2 0	Х						0	0	0
JOHN MCWILLIAMS DIRECTOR	2 0	Х						0	0	0
DONALD MURPHY MD DIRECTOR	2 0	Х						0	0	0
RUTH NAUTS MD DIRECTOR	2 0	Х						0	0	0
DENNY O'MALLEY DIRECTOR	2 0	Х						0	0	0
DIANE PADALINO DIRECTOR	2 0	Х						0	0	0
JOHN SABEL MD DIRECTOR	2 0	Х						0	0	0
MARY A SCHAEFER DIRECTOR	2 0	Х						0	0	0
SARA C STRATTON DIRECTOR	2 0	Х						0	0	0
JOHN M WESTFALL MD DIRECTOR	2 0	Х						0	0	0
ANNE WARHOVER PRESIDENT & CEO	40 0			x				441,557	0	37,117

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Inaepena	ent Co	ontr	acte	ors					
<b>(A)</b> Name and Title	(B) Average hours		( ition that	•		ıII		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
GARY DREWS CHIEF FINANCIAL OFFICER	40 0			х				212,541	0	36,501
SHEPARD NEVEL VP OF POLICY & EVALUATION	400				х			201,144	0	12,998
KELLY DUNKIN VP OF PHILANTHROPY	400				х			187,267	0	25,658
CHARLES REYMAN VP OF COMMUNICATIONS	400				х			154,945	0	25,675
BRIAN DWINNELL MD PROGRAM DIRECTOR	400					х		215,947	0	38,182
JONATHAN MANHEIM MD HOSPITALIST DIRECTOR	400					Х		183,476	0	42,163
JEFFREY PICKARD MD ASSOCIATE DIRECTOR	400					Х		183,664	0	27,156
CHRISTINE GILROY MD FACULTY	400					Х		171,992	0	28,224
GLENN LEVY SR DIR OF MEDICAL EDUCATION	400					х		177,199	0	14,400

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493296000102

OMB No 1545-0047

2011

2011

#### SCHEDULE F (Form 990)

Department of the Treasury

HEALTHONE

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Statement of Activities Outside the United States

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

74-2568941

Pa	rt I General Informatio "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization m gibility for the	naıntaın record grants or assıs	stance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in Pa United States	art V the organiz	atıon's procedur	es for monitoring the use	of grant funds outside ti	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	Central America and the Caribbean			Investments		197,899,574
	Europe (Including Iceland and Greenland)			Investments		19,962,459
	-					
	Sub-total Total from continuation sheets to Part I					217,862,033

c Totals (add lines 3a and 3b)

217,862,033

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earre 000) 2011

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	[	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	F	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	<u> </u>	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্য	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	<u> </u>	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	No

Schedule F (Form 990) 2011

Part V	Supplemental	Information

Complete this part to	provide the inform	ation (see instri	uctions) required	ın Part I, lıne	2, and any	addıtıonal
information.						

ReturnReference PART I, LINE 3 COLUMN F	Explanation
PART I, LINE 3 COLUMN F	THE AMOUNTS DEPONTED WERE DETERMINED HOTALS TH
	THE AMOUNTS REPORTED WERE DETERMINED USING TH
	ACCRUAL METHOD OF ACCOUNTING

### OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

**Hospitals** 

Name of the organization

**Employer identification number** 

**HEALTHONE** 74-2568941 Charity Care and Certain Other Community Benefits at Cost Part I Yes No 1a Did the organization have a charity care policy? If "No," skip to question 6a . . . . . . . . . . . . Yes 1b Yes If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes." indicate which of the following is the FPG family income limit for eligibility for free care 3a Yes C Other\_ 150% 200% Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care 3b Νo 300% T 350% 400% 250% 200% If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Yes Did the organization budget amounts for free or discounted care provided under its financial assistance policy during Yes If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . . . . . . Yes If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted Νo Did the organization prepare a community benefit reportduring the tax year? . . . . . . Yes **6b** If "Yes," did the organization make it available to the public? . . . . . . . . . 6b Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (c) Total community (e) Net community benefit (b) Persons (d) Direct offsetting (f) Percent of **Charity Care and** activities or served benefit expense total expense Means-Tested revenue expense programs (optional) **Government Programs** (optional) Charity care at cost (from 7,260,853 7,260,853 1 270 % Worksheet 1) . . . Medicaid (from Worksheet 3, 92,896,241 67,759,101 25,137,140 4 390 % column a) Costs of other means-tested government programs (from 2,346,313 2,456,196 -109,883 0 020 % Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs . . . . 102,503,407 70,215,297 32,288,110 5 640 % Other Benefits Community health improvement services and community benefit operations (from 1,193,026 1,193,026 0 210 % (Worksheet 4) . . . Health professions education 15,346,584 6,743,688 8,602,896 1 500 % (from Worksheet 5) . . Subsidized health services (from Worksheet 6) . . Research (from Worksheet 7) 141,805 7,724 134,081 0 020 % Cash and in-kind contributions

for community benefit (from

**Total** Other Benefits . .

k Total. Add lines 7d and 71

Worksheet 8)

6,751,412

76,966,709

389,343

17,070,758

119,574,165

0 070 %

1 800 %

7 440 %

389,343

10,319,346

42,607,456

Pa	rt II Community Building	ng Activitie	<b>s</b> Complete t	this table if the o	rganızat	ion co	nducte	d any commur	nity l	ouildin	g
	activities.	(a) Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	(c) Total community building expense	(d) D	rect off:	-	(e) Net communit building expense		(f) Pero total ex	
_1_	Physical improvements and housing										
2	Economic development										
3	Community support			179,75	53			179,	,753	0	030 %
4	Environmental improvements										
5	Leadership development and training										
	for community members  Coalition building										
	Community health improvement										
	advocacy										
	Workforce development Other			13,08	35			13,	,085		0 %
10	Total			192,83	38			192	,838	0	030 %
Pai	Bad Debt, Medicar	e, & Collec	tion Practic	· ·	<u>'</u>				, ,		
1 2 3 4 Sect	ion A. Bad Debt Expense  Did the organization report ba Statement No 15?  Enter the amount of the organ Enter the estimated amount of patients eligible under the org Provide in Part VI the text of In addition, describe the cost rationale for including a portionion B. Medicare	ization's bad d f the organizat anization's cha the footnote to ing methodolog n of bad debt a	ebt expense ion's bad debt arity care polic the organization when the control of	expense attributably y on's financial states rmining the amount mmunity benefit	e to e to nents that s reporte	2 3 at desc	ribes ba	4,616,431 0 ad debt expense nd 3, and	1	Yes	No
5	Enter total revenue received f		_	-				96,573,035			
6 7	Enter Medicare allowable cost Subtract line 6 from line 5 Th					6 7		105,922,969			
8	Describe in Part VI the extend Also describe in Part VI the c Check the box that describes Cost accounting system	osting method the method us	ology or source	e used to determine 							
Sect	ion C. Collection Practices										
9a b	Did the organization have a wi If "Yes," did the organization's contain provisions on the coll- assistance? Describe in Part	s collection po ection practice	licy that applie s to be followe	d to the largest nur d for patients who a	nber of its re known	s patie i to qua	nts duri alify for	financial	9a 9b	Yes	
Pa	assistance? Describe in Part rt IV Management Com	panies and	Joint Ventu	ıres (see ınstruc	tions)						
	(a) Name of entity	(t	<ul> <li>Description of p activity of entit</li> </ul>		(c) Organi profit % c ownersh	r stock	e	) Officers, directors, trustees, or key mployees' profit % stock ownership%	pro	<b>e)</b> Physiofit % oi ownershi	stock
<b>1</b> S	ee Additional Data Table										
2											
3		1		<u> </u>			$\top$		$\top$		
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10											
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12											
13											

Part V Facility Information										
Section A. Hospital Facilities		Licensed hospital	General medical &	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	
·	order of size from largest to smallest)	d hospi	medica	's hosp	g hospr	access	th facilit	ioure	<u> </u>	
How many hospital facilities did the organization operate during the tax year?		f <u>s </u>	al & eurgical	of al	tal	hospital	У			
Name	and address									Other (Describe)
1	SWEDISH MEDICAL CENTER 501 E HAMPDEN AVE ENGLEWOOD,CO 80110	Х	Х					Х		
2	PRESBYTERIAN ST LUKES MEDICAL CENTER 1719 E 19TH AVE DENVER,CO 80218	×	х	х	х			х		
3	SKY RIDGE MEDICAL CENTER 10101 RIDGEGATE PKWY LONE TREE,CO 80124	×	х					Х		
4	THE MEDICAL CENTER OF AURORA 1501 S POTOMAC AURORA,CO 80012	×	х					х		
5	ROSE MEDICAL CENTER 4567 E 9TH AVE DENVER,CO 80220	×	х		х			х		
6	NORTH SUBURBAN MEDICAL CENTER 9191 GRANT ST THORNTON,CO 80229	×	х					х		
7	SPALDING REHABILITATION HOSPITAL 900 POTOMAC AURORA,CO 80011	×								REHABILITATION HOSP
		-								
		1								
							-			

# Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A )

#### SWEDISH MEDICAL CENTER

Name of Hospital Facility:		
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	1	

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	A definition of the community served by the hospital facility			
	<u> </u>			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community  d			
	e The health needs of the community			
	<u></u> -			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups  g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2				
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
٠	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	ا .		
_	other hospital facilities in Part VI	4		
Э	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g   Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		Νo
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	If "No," explain in Part VI the criteria the hospital facility used  Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	165	
	a Income level			
	b Asset level			
	c Medical indigency			
	d ✓ Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	· <del>_</del>			
12		4.0	\	
	Explained the method for applying for financial assistance?	12 13	Yes Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	res	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	<del>-</del>			
D:11	g Other (describe in Part VI)			
	ing and Collections  Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
10	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	tha <u>t apply</u> )			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy  Other (describe in Part VI)			

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

20

21

Νo

Νo

## Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

### PRESBYTERIAN ST LUKES MEDICAL CENTER

Name of Hospital Facility:	
ine Number of Hospital Facility (from Schedule H, Part V, Section A):_	2

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	A definition of the community served by the hospital facility			
	<u> </u>			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community  d			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups  g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2				
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
٠	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	ا .		
_	other hospital facilities in Part VI	4		
Э	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g   Prioritization of health needs in the community			
	h   Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i  Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		Νo
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	If "No," explain in Part VI the criteria the hospital facility used  Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	res	
	a Income level			
	b Asset level			
	c Medical indigency			
	d V Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g   State regulation h  Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12 13	Yes Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c  The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f  he policy was available upon request			
D:II	g   Other (describe in Part VI)  ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
<b>15</b>	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	C Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e C Other (describe in Part VI)			

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

20

21

Νo

Νo

## Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A )

### SKY RIDGE MEDICAL CENTER

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	3

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment			
	("Needs Assessment")? If "No," skip to question 8	1		
	A definition of the community served by the hospital facility			
	<u> </u>			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community  d			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups  g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2				
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
٠	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	ا .		
_	other hospital facilities in Part VI	4		
Э	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g   Prioritization of health needs in the community			
	h   Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i  Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		Νo
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	If "No," explain in Part VI the criteria the hospital facility used  Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	res	
	a Income level			
	b Asset level			
	c Medical indigency			
	d V Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g   State regulation h  Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12 13	Yes Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c  The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f  The policy was available upon request			
D:II	g   Other (describe in Part VI)  ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
<b>15</b>	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	C Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e C Other (describe in Part VI)			

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

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Νo

Νo

## Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

### THE MEDICAL CENTER OF AURORA

Name of Hospital Facility:	
ine Number of Hospital Facility (from Schedule H, Part V, Section A):	4

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a 🔽 A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community  d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	f minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	<b>h</b> $\prod$ The process for consulting with persons representing the community's interests			
	$oldsymbol{i}$ Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Cother (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into			
	account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 🔽 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h $\Gamma$ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care $\frac{200}{3}$ %			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		Νo
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	If "No," explain in Part VI the criteria the hospital facility used  Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	res	
	a Income level			
	b Asset level			
	c Medical indigency			
	d V Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g   State regulation h  Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12 13	Yes Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c  The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f  The policy was available upon request			
D:II	g   Other (describe in Part VI)  ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
<b>15</b>	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	C Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e C Other (describe in Part VI)			

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

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## Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

### ROSE MEDICAL CENTER

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	5

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a $\Gamma$ A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g   Prioritization of health needs in the community			
	h 「 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		Νo
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	If "No," explain in Part VI the criteria the hospital facility used  Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	res	
	a Income level			
	b Asset level			
	c Medical indigency			
	d V Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g   State regulation h  Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12 13	Yes Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c  The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f  he policy was available upon request			
D:II	g   Other (describe in Part VI)  ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
<b>15</b>	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	C Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e C Other (describe in Part VI)			

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

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## Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

### NORTH SUBURBAN MEDICAL CENTER

Name of Hospital Facility:	
ine Number of Hospital Facility (from Schedule H, Part V, Section A):_	6

			Yes	No
Со	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d  How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted  Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
_	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a   Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c  Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g   Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i  Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
	Schedule	U /Eas	m 000	2011

Pa	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		Νo
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	If "No," explain in Part VI the criteria the hospital facility used  Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	res	
	a Income level			
	b Asset level			
	c Medical indigency			
	d V Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g   State regulation h  Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12 13	Yes Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c  The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f  he policy was available upon request			
D:II	g   Other (describe in Part VI)  ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
<b>15</b>	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	C Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e C Other (describe in Part VI)			

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

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## Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

### SPALDING REHABILITATION HOSPITAL

Name of Hospital Facility:	
ine Number of Hospital Facility (from Schedule H, Part V, Section A):	7

			Yes	No
Com	munity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
	Ouring the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment "Needs Assessment")? If "No," skip to question 8	1		
	f "Yes," indicate what the Needs Assessment describes (check all that apply)			
a	A definition of the community served by the hospital facility			
ŀ	Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
C	needs of the community			
c	How data was obtained			
•	The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
Т	minority groups			
ç	The process for identifying and prioritizing community health needs and services to meet those needs			
ŀ	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
<b>2</b> I	ndicate the tax year the hospital facility last conducted a Needs Assessment 20			
	n conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into incount input from persons who represent the community, and identify the persons the hospital facility consulted	3		
	Vas the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
	Old the hospital facility make its Needs Assessment widely available to the public?	5		
I	f "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a	Hospital facility's website			
Ŀ	A vailable upon request from the hospital facility			
c	Other (describe in Part VI)			
	f the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how check all that apply)			
a	Adoption of an implementation strategy to address the health needs of the hospital facility's community			
Ŀ	Execution of the implementation strategy			
c	Development of a community-wide community benefit plan for the facility			
c	Participation in community-wide community benefit plan			
€	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	Prioritization of health needs in the community			
ŀ	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
	Old the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
	ncial Assistance Policy			
	Old the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
	Jsed federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	f "No," explain in Part VI the criteria the hospital facility used			

Pa	rt V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		Νo
	If "Yes," indicate the FPG family income limit for eligibility for discounted care%			
11	If "No," explain in Part VI the criteria the hospital facility used  Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)	11	res	
	a Income level			
	b Asset level			
	c Medical indigency			
	d V Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g   State regulation h  Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Vac	
	Included measures to publicize the policy within the community served by the hospital facility?	12 13	Yes Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	13	165	
	The policy was posted at all times on the hospital facility's web site			
	b The policy was attached to all billing invoices			
	c  The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e  The policy was provided, in writing, to patients upon admission to the hospital facility			
	f  The policy was available upon request			
D:II	g   Other (describe in Part VI)  ling and Collections			
	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
<b>15</b>	Check all of the following collection actions against an individual that were permitted under the hospital facility's			
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		Νo
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c Liens on residences			
	d F Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	C Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e C Other (describe in Part VI)			

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

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## Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

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Page **7** 

Part V Facility Information (continue
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Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?			
Name and address	Type of Facility (Describe)		
1 See Add	ditional Data Table		
2			
3			
4			
5			
5			
7			
В			
9			
10			

## Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 11, 3, 4, 5c, 61, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
	ELIGIBILITY FOR ASSISTANCE	IF AN UNINSURED PATIENT IS UNABLE TO QUALIFY FOR FREE CARE UNDER THE CHARITY PROGRAM, THEN A DISCOUNT IS AUTOMATICALLY PROVIDED WITHOUT REGARD TO THE PATIENT'S INCOME LEVEL OR ASSETS THE DISCOUNT PROVIDED IS AT LEAST AS HIGH AS WHAT AN INSURED PATIENT RECEIVES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7		A COST TO CHARGE RATIO WAS UTILIZED TO COMPUTE COSTS IN THE TABLE AND WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO- CHARGES

Identifier	ReturnReference	Explanation
Identifier SCHEDULE H, PART II	ReturnReference COMMUNITY BUILDING ACTIVITIES	PARTICIPATING IN "COMMUNITY BUILDING" ALLOWS HEALTHONE TO TRULY BE A PART OF THE COMMUNITY, BY PARTICIPATING AND INVOLVING LEADERS AND STAFF IN COMMUNITY ACTIVITIES WE COMMUNICATE DIRECTLY WITH COMMUNITY MEMBERS AND VICE VERSA SO WE ARE AWARE OF WHAT IS GOING ON AND WHAT THE COMMUNITY NEEDS FROM OUR FACILITIES COMMUNITY BUILDING ALSO ALLOWS US TO PARTNER WITH OTHER ORGANIZATIONS AND WORK TOGETHER TOWARDS A SHARED GOAL OF IMPROVING THE HEALTH OF THE COMMUNITY BELOW IS A SMALL SAMPLE OF THESE ORGANIZATIONS & ACTIVITIES, AND HOW THEY HELP OUR COMMUNITY - COMMITTEE INVOLVEMENT ON BRAIN INJURY ASSOCIATION COLLABORATIVE COLLABORATIVE GROUP WORKS TO INCREASE AWARENESS OF BRAIN INJURIES AND WHAT CAN BE DONE LEGISLATIVELY TO IMPROVE SERVICES TO THE BRAIN INJURY POPULATION - AMERICAN HOSPITAL ASSOCIATION LONG TERM CARE GOVERNING COUNCIL WORKED WITH CONGRESSMAN PERLMUTTER TO WRITE LEGISLATION FOR PENALTIES TO CMS IF THEY DENIED A CLAIM THAT LATER GOT OVERTURNED (REP PERLMUTTER ULTIMATELY CHANGED COMMITTEES AND NO LONGER HAD AN INTEREST IN INTRODUCING THE BILL) - AURORA CENTER FOR ACTIVE ADULTS ADVISORY BOARD TO HELP THE ACAA BECOME REACCREDITED WITH
		BOARD TO HELP THE ACAA BECOME REACCREDITED WITH THE NATIONAL INSTITUTE OF SENIOR CENTERS, A CONSTITUENT OF THE NATIONAL COUNCIL ON THE AGING, INC THAT, AMONG OTHER THINGS, PROVIDES STROKE EDUCATION TO SENIORS - DISABILITY BREAKFASTS SPALDING PUTS ON SEVERAL BREAKFASTS EACH YEAR WHERE THE GROUP MUST "WEAR" A DISABILITY OUR PURPOSE IS "VALUING DIFFERENCES" THIS IS PRIMARILY TO BUSINESSES AND THEIR ORGANIZATIONS TO TEACH THEM ABOUT HOW TO RECOGNIZE WHAT IT MEANS TO HAVE A DISABILITY, SIMPLE ADAPTATIONS THAT CAN BE IMPLEMENTED TO HELP SOMEONE BE IN THE WORKFORCE, AND CHALLENGES THE PERSON MAY FACE - STATE INDEPENDENT LIVING COUNCIL SPALDING CNO DEBBIE PETERSEN WAS APPOINTED BY THE GOVERNOR TO SIT ON THIS COUNCIL THE PURPOSE IS TO KEEP PEOPLE LIVING INDEPENDENTLY IN THEIR HOMES, AND THE COUNCIL HAS ASSISTED MANY INDIVIDUALS - STATE REHAB COUNCIL DEBBIE PETERSEN WAS APPOINTED BY THE GOVERNOR TO SIT ON THIS COUNCIL, WHICH HELPS INDIVIDUALS WITH DISABILITIES FIND/KEEP EMPLOYMENT - VARIOUS SUPPORT GROUPS HOSPITALS HOST OR FACILITATE PATIENT/COMMUNITY SUPPORT GROUPS ON A VARIETY OF ISSUES - CHAMBERS OF COMMERCE AND ECONOMIC DEVELOPMENT COUNCILS CEOS AND HOSPITAL SENIOR EXECUTIVES PARTICIPATE IN EACH OF THE METRO AREA CHAMBERS & EDCS THESE
		ORGANIZATIONS REALIZE AN ECONOMICALLY ROBUST COMMUNITY, WITH WELL-TRAINED EMPLOYEES, ALSO FOSTER BETTER HOMES, FAMILIES AND HEALTH - E G THE METRO NORTH CHAMBER OF COMMERCE, WHICH IN ADDITION TO COMMUNITY ECONOMIC DEVELOPMENT, ALSO PROMOTES HEALTH VIA A 5K RUN - 9HEALTH FAIR HEALTHONE'S COLLECTIVE INVOLVEMENT IN 9HEALTH FAIR'S ANNUAL STATEWIDE SERIES OF FREE HEALTH FAIRS PROMOTES COMMUNITY AWARENESS OF HEALTH ISSUES & PROVIDES FREE SCREENINGS TO THOSE IN NEED SOME HOSPITALS ALSO CONDUCT "COMMUNITY NEEDS ASSESSMENTS" DURING THE HEALTH FAIR AMONG PARTICIPANTS - FREE SCREENINGS & HEALTH FAIRS ALL HEALTHONE HOSPITALS CONDUCT DURING THE YEAR SCREENINGS, EDUCATION AND HEALTH FAIRS FOCUSED ON THE RANGE OF CHRONIC DISEASES IN OUR COMMUNITIES THESE HELP RESIDENTS OF WITH EARLY DETECTION OF CANCERS, HEART DISEASE, STROKE, DIABETES AND OTHER RISKS THEY ALSO EDUCATE ON OVERCOMING OBESITY

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 4		NET BAD DEBT EXPENSE, MEASURED AT GROSS CHARGES, IS MULTIPLIED BY THE APPROPRIATE COST-TO-CHARGE RATIO TO DETERMINE THE COST OF BAD DEBT TO REPORT ON PART III, LINE 2 AMOUNTS FOR LINE 3 ARE NOT REASONABLY DETERMINABLE DUE PRIMARILY TO LACK OF INFORMATION PROVIDED BY PATIENTS IN APPLYING FOR CHARITY CARE, CONSEQUENTLY NO INFORMATION WAS PROVIDED DUE TO THE SALE OF THE JOINT VENTURE IN OCTOBER, 2011, AN AUDIT WAS NOT PERFORMED AS A RESULT THERE IS NO BAD DEBT EXPENSE FOOTNOTE TO DISCLOSE

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 8		MEDICARE ALLOWABLE COSTS WERE COMPUTED UTILIZING COST TO CHARGE RATIOS FROM FILED COST REPORTS THE ENTIRE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT SINCE SERVICES ARE BEING PROVIDED TO A VULNERABLE POPULATION WHO ARE COVERED UNDER AN ENTITLEMENT PROGRAM THE NET SHORTFALL THAT IS INCURRED BY THE ORGANIZATION REPRESENTS A FINANCIAL BURDEN RELIEVED FROM GOVERNMENT

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 9B		ANYONE THAT QUALIFIES FOR CHARITY RECEIVES A 100% ADJUSTMENT TO THEIR ACCOUNT COLLECTION ACTIVITIES ARE NOT PURSUED ON ACCOUNTS APPROVED FOR CHARITY

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 19D		AN APPROXIMATED AVERAGE NEGOTIATED COMMERCIAL INSURANCE RATE WAS USED IN DETERMINING THE MAXIMUM AMOUNT THAT COULD BE CHARGED

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Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	HEALTHONE USES NUMEROUS METHODS AND APPROACHES TO ASSESS THE HEALTH CARE NEEDS OF
		THE COMM UNITIES IT SERVES AND IDENTIFY
		UNDERSERVED AREAS OR POPULATIONS HEALTHCARE NEEDS ASSESSME NTS ARE DONE ON A LOCAL HOSPITAL
		COMMUNITY LEVEL AS WELL AS BROADER MARKETS AND
		REGIONAL L EVELS IN ADDITION, WE REGULARLY COLLABORATE WITH LOCAL AGENCIES, SCHOOLS AND
		COMMUNITY GROUPS ONE OF THE WAYS HEALTHONE
		ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY IS THROUGH MONITORING ACTUAL HEALTH CARE
		UTILIZATION TRENDS AND DEVELOPING PROGRAMS OR
		SERVICES TO AD DRESS A POTENTIAL NEED FOR EXAMPLE IF AN INCREASE IN HOSPITAL ADMISSIONS FOR
		DIABETES IS BEING SEEN IN THE COMMUNITY, IT MAY
		SUGGEST THAT THERE IS A NEED FOR PROGRAMS THAT ADDRESS MANAGEMENT OF DIABETES, DIABETES
		PREVENTION AND DIABETES SCREENING PROGRAMS IN
		ADDITION TO LOOKING AT DISEASE SPECIFIC HEALTH CARE NEEDS, THE ANALYSIS OF HEALTH CARE
		UTILIZATION TRENDS ALSO ASSISTS IN IDENTIFYING
		GEOGRAPHIC AREAS THAT MAY UNDERSERVED BY HEALTHCARE PRO VIDERS OR SERVICES BIANNUALLY,
		AN INDEPENDENT THIRD-PARTY CONDUCTS A
		COMMUNITY NEEDS ASSE SSMENT THAT LOOKS AT AVAILABLE PHYSICIAN SUPPLY AND DEMAND WITHIN
		EACH HEALTHONE HOSPITAL' S GEOGRAPHIC SERVICE
		AREA BY PHYSICIAN SPECIALTY THIS ASSESSMENT ASSISTS HEALTHONE IN IDE NTIFYING AREAS AND
		SPECIALTIES WHERE THERE IS A SHORTAGE OF SPECIFIC
		PROVIDERS AND SERVES AS A GUIDE IN PHYSICIAN RECRUITMENT AND PLACEMENT OF NEW PHYSICIANS IN
		THE COMMUNITY IN SOME CASES THIS IS
		ACCOMPLISHED BY HEALTHONE EMPLOYING THE PHYSICIANS OR PROVIDING FINANCIA L ASSISTANCE
		THROUGH INCOME GUARANTEES FOR PRACTICES
		WILLING TO RECRUIT NEW PHYSICIANS INT O THEIR PRACTICES IN 2011, HEALTHONE EMPLOYED A TOTAL OF
		120 5 PHYSICIANS, INCLUDING 61 P RIMARY CARE
		PHYSICIANS IN THE COMMUNITY WE ALSO PROVIDED \$972,000 IN PHYSICIAN RECRUITMEN T SUPPORT OTHER
		METHODS FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITY INCLUDE PART NERING WITH LOCAL.
		REGIONAL AND NATIONAL ORGANIZATIONS SUCH AS
		CHAMBERS OF COMMERCE, HEALT HCARE COALITIONS, DISEASE ORGANIZATION (AMERICAN HEART
		ASSOCIATION) MANY OF THESE ORGANIZ ATIONS HAVE
		IDENTIFIED HEALTH CARE NEEDS WITHIN THE COMMUNITY ALREADY AND LET OUR SYSTEM K NOW
		WHAT SOME CRITICAL NEEDS ARE WITHIN THE
		COMMUNITY SEVERAL OF THE HEALTHONE HOSPITALS HAVE ESTABLISHED COMMUNITY ADVISORY COUNCILS.
		MADE UP OF LOCAL COMMUNITY LEADERS AND REPRE
		SENTATIVES WHO CAN HELP THE FACILITY IDENTIFY AND PRIORITIZE HEALTHCARE NEEDS IN THEIR LOC AL
		COMMUNITIES AS HEALTHONE HOSPITALS HAVE A
		BROADER REGIONAL AND MULTI-STATE REACH OUTSI DE THE DENVER METRO AREA, WE UTILIZE PHYSICIAN AND
		COMMUNITY RELATIONS MANAGERS WHO HAVE R
		ELATIONSHIPS WITH SMALLER COMMUNITIES AND RURAL AREAS THESE COMMUNITY RELATIONS MANAGERS ARE
		CONTACTED BY MANY COMMUNITIES AND HEALTH CARE
		PROVIDERS IN THE COMMUNITIES WITH REQUES TS FOR SPECIFIC HEALTH CARE NEEDS FOR THEIR RESIDENTS, BE
		IT COMMUNITY EDUCATION, EDUCATION FOR LOCAL
		CLINICIANS, OR A SHORTAGE OF ANY PARTICULAR PHYSICIAN SPECIALTY COVERAGE HEAL THONE'S
		OUTREACH DEPARTMENT WORKS WITH THE LOCAL
		HOSPITALS AND THEIR MEDICAL STAFFS TO FILL THE NEEDS AS REQUESTED BY THESE COMMUNITIES
		HEALTHONE PROVIDES 655 OUTREACH CLINICS IN 42 COMMUNITIES AND OFFERS MORE THAN 110
		CME/EDUCATION PROGRAMS THROUGH THE HEALTHONE
		UNIVE RSITY DUE TO THE INCREASING NEED FOR SPECIALTY NEUROLOGY/STROKE COVERAGE AND
		SUPPORT IN S MALLER COMMUNITIES AND RURAL AREAS,
		HEALTHONE ESTABLISHED A STROKE TELEMEDICINE NETWORK TO DATE WE HAVE 24 TELEMEDICINE ROBOTS
		IN 23 COMMUNITIES THROUGHOUT COLORADO AND
		WYOMING T HESE ROBOTS PROVIDE STROKE NEUROLOGISTS AT SWEDISH MEDICAL CENTER THE
		ABILITY TO CONSULT A ND ASSESS PATIENTS WHO
		PRESENT IN THOSE COMMUNITY EMERGENCY ROOMS AND GIVE GUIDANCE TO THE LOCAL ATTENDING
		PHYSICIAN RELATED TO TREATMENT PROTOCOLS IN
		APRIL OF 2011, HEALTHONE EST ABLISHED A SYSTEM- WIDE TRANSFER CENTER CALLED ACCESS HEALTHONE
		THIS ONE-CALL NUMBER FACIL ITATES THE
		COORDINATION AND TRANSFER OF PATIENTS FROM OUTLYING AREAS INTO THE HEALTHONE SY STEM, FROM
		ARRANGING MEDICAL TRANSPORT, TO FACILITATING
		PHYSICIAN AND HOSPITAL ACCEPTANCE OF THE PATIENT THEY ALSO FACILITATE ED-TO-ED
		CONSULTATIONS AS WELL AS CONSULTATION CALLS
		WITH SPECIALISTS THROUGH OCTOBER OF 2011, THIS CENTER FACILITATED THE TRANSFER OF OVER 50 0
		PATIENTS FROM OUTLYING AREAS HEALTHONE ALSO SEEKS OUT AND CONSULTS REPORTS AND STUDIES THAT
		ARE CONDUCTED BY OUTSIDE ORGANIZATIONS AND
		AGENCIES THAT IDENTIFY OR ASSESS HEALTH CA RE NEEDS OR TRENDS IN THE COMMUNITY SOME OF THE
		REPORTS AND STUDIES USED TO ASSESS COMMUN ITY
		NEEDS IN 2011 INCLUDED - NATIONAL RESEARCH CORP - "NRC COMMUNITY NEEDS ASSESSMENT, 20 11 DENVER
		METRO AREA" [E G NEED CV EDUCATION, SCREENINGS,
		SMOKING CESSATION PROGRAMMING, AND MENTAL HEALTH SERVICES 10 TOP 3 CHRONIC CONDITIONS -
		HIGH BLOOD PRESSURE, HIGH CHOLEST EROL, SMOKER o
		TOP 3 HEALTH RISKS - AMONG LOWINCOME SMOKER, DEPRESSION/ANXIETY DISORDER, HIGH BLOOD
		PRESSURE 0 TOP 3 AMONG UNINSURED - SMOKER, HIGH
		CHOLESTEROL, DEPRESSION/ANXIET Y DISORDER THE FOLLOWING ARE EXAMPLES OF PROGRAMS
<u>I</u>	I	Schedule H (Form 990) 2011
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	OR SERVICES HEALTHONE HOSPITALS HAVE PROVIDED TO ADDRESS THESE HEALTH CARE NEEDS, BUT ARE NOT LIMITED TO - HEALTH SCREENINGS - CV, STROKE, CANCER, LAUNCHED ONLINE HEART ASSESSMENT AND STROKE ASSESSMENT TOOLS - STROKE/TELEMEDICINE NETWORK, 25 SITES - WEIGHT LOSS SEMINAR S BARIATRICS - BEHAVIORAL HEALTH SUPPORT LINE, AND FUNDED AND UNDERTOOK CONSTRUCTION OF A 40-BED BEHAVIORAL HEALTH UNIT AT TMCA NORTH CAMPUS (OPENED AUGUST 2012) - RED ROCKS FIT C HALLENGE - 90 PUBLIC FITNESS PROGRAMS IN PARTNERSHIP WITH CITY AND COUNTY OF DENVER AND 7 NEWS - COMMUNITY EDUCATION PROGRAMS - PRIMARY CARE RESIDENCY CLINICS - EDUCATION FOR CLINI CIANS AND EDUCATIONAL SCHOLARSHIPS - DOCTOR'S CARE INDIGENT CLINIC FUNDING - CLINICAL RESE ARCH - PHYSICIAN CME - EMS AGENCY EDUCATION AND TRAINING

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	AS PART OF OUR ONGOING COMMITMENT TO OUR PATIENTS, HEALTHONE WORKS HARD TO HELP THEM ADDRESS THEIR FINANCIAL RESPONSIBILITIES IN A WAY THAT IS FAIR AND SENSITIVE TO THEIR CIRCUMSTANCES HEALTHONE HAS INSTITUTED A PROGRAM DESIGNED ESPECIALLY TO HELP THOSE WHO FIND THEMSELVES IN FINANCIAL DISTRESS WE PROVIDE FINANCIAL COUNSELING TO HELP PATIENTS GAIN ACCESS TO GOVERNMENT SOURCES OF MEDICAL ASSISTANCE, INCLUDING MEDICAID, CIP AND OTHER STATE AND LOCAL PROGRAMS HEALTHONE'S CHARITY CARE POLICY APPLIES TO UNINSURED PATIENTS WHO COME TO OUR FACILITIES FOR EMERGENCY TREATMENT THIS POLICY PROVIDES FINANCIAL RELIEF TO PATIENTS WHO QUALIFY BASED ON A COMPARISON OF THEIR FINANCIAL RESOURCES AND/OR INCOME TO FEDERAL POVERTY GUIDELINES ALL HEALTHONE HOSPITALS OFFER DISCOUNTS FOR PATIENTS - SELF-PAY PATIENTS WHO MEET FINANCIAL AND PROMPT-PAY CRITERIA FOR THEIR PORTION OF MEDICAL BILLS (DEDUCTIBLES) MAY ALSO QUALIFY FOR DISCOUNTS IN THE FORM OF ADJUSTMENTS HEALTHONE POLICY & PROCEDURE #4998 100 ESTABLISHES THE CRITERIA UNDER WHICH PATIENTS ARE EVALUATED AND MAY RECEIVE FREE OR DISCOUNTED CARE ALL INPATIENTS WHO ARE WITHOUT INSURANCE, OR WHO EXPRESS A NEED FOR ASSISTANCE, ARE VISITED DURING THEIR INPATIENTS WHO ARE WITHOUT INSURANCE, OR WHO EXPRESS A NEED FOR ASSISTANCE, ARE VISITED DURING THEIR INPATIENTS WHO ARE WITHOUT INSURANCE, OR WHO EXPRESS A NEED FOR ASSISTANCE, ARE VISITED DURING THEIR INPATIENTS WHO ARE WITHOUT INSURANCE, OR WHO EXPRESS A NEED FOR ASSISTANCE, ARE VISITED DURING THEIR INPATIENTS WHO ARE WITHOUT INSURANCE, OR WHO EXPRESS A NEED FOR ASSISTANCE, ARE VISITED DURING THEIR INPATIENTS WHO ARE WITHOUT INSURANCE, OR WHO EXPRESS A NEED FOR ASSISTANCE, ARE VISITED DURING THEIR INPATIENTS WHO ARE WITHOUT INSURANCE, OR WHO EXPRESS A NEED FOR INCOME AND FINANCIAL ASSISTANCE OR OF THE FEDERAL POVERTY LEVEL - THE FINANCIAL COUNSELOR RE EVALUATED FOR INCOME AND FINANCIAL COUNSELOR RE EVALUATED FOR INCOME AND FINANCIAL COUNSELOR RE EVALUATED FOR INCOME AND FINANCIAL COUNSELOR REPORTS WHO DO NOT MEET WITHOUT SHAP AND A CO

Identifier	ReturnReference	Explanation		
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	HEALTHONE HOSPITALS SERVE THE GREATER DENVER METROPOLITAN AREA WHICH IS COMPRISED OF A SEVEN COUNTY REGION AND 60 COMMUNITIES COUNTIES WITHIN THE PRIMARY SERVICE CARE INCLUDE ADAMS, ARAPAHOE, BROOMFIELD, BOULDER, DENVER, DOUGLAS, AND JEFFERSON THE CURRENT POPULATION IS NEARLY 25 MILLION RESIDENTS AND HAS A MEDIAN HOUSEHOLD INCOME OF \$59,000 ANNUALLY ETHNIC MINORITIES COMPRISE JUST OVER 33% OF THE POPULATION WITH HISPANICS/LATINOS REPRESENTING 22% OF THE POPULATION THE GREATER DENVER METRO POPULATION IS SERVED BY 19 GENERAL ACUTE CARE HOSPITALS AND ONE SINGLE SPECIALTY HOSPITAL, THE MAJORITY OF WHICH ARE TAX-EXEMPT HOSPITALS, INCLUDING THREE HOSPITALS (DENVER HEALTH, UNIVERSITY AND CHILDREN'S HOSPITAL) THERE ARE POCKETS OF FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS FOR PRIMARY CARE THROUGHOUT THE SERVICE AREA WITH THE EXCEPTION OF BROOMFIELD AND DOUGLAS COUNTIES WHILE MOST OF THE HEALTHONE HOSPITALS SERVE PREDOMINATELY THE DENVER METRO REGION, OVER 32% OF PRESBYTERIAN/ST LUKE'S PATIENTS COME FROM OUTSIDE THE DENVER METRO AREA WITH 12% COMING FROM OUTSIDE THE DENVER METRO AREA WITH 12% COMING FROM OUTSIDE THE DENVER METRO AREA WITH 12% COMING FROM OUTSIDE OF COLORADO, PARTICULARLY WYOMING, KANSAS AND NEBRASKA MOST OF THE AREAS ARE SIGNIFICANTLY UNDERSERVED FROM A PHYSICIAN SPECIALTY PERSPECTIVE IN SERVICES SUCH AS PEDIATRIC SUBSPECIALISTS, HIGH RISK MATERNITY AND NEONATES, CARDIOLOGY AND ORTHOPEDICS HEALTHONE ALSO HAS A TELE-STROKE NETWORK WHICH PROVIDES RURAL HOSPITALS WITH IMMEDIATE ACCESS TO STROKE SPECIALISTS VIA A ROBOTIC CAMERA CURRENTLY, THE PROGRAM HAS 25 CAMERAS IN 24 RURAL AND URBAN LOCATIONS		

		Page
Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY	PARTICIPATING IN "COMMUNITY BUILDING" ALLOWS
	HEALTH	HEALTHONE TO TRULY BE A PART OF THE COMMUNITY, B
		PARTICIPATING AND INVOLVING LEADERS AND STAFF IN
		COMMUNITY ACTIVITIES WE COMMUNICATE DIRECTLY WITH COMMUNITY MEMBERS AND VICE VERSA SO WE AR
		AWARE OF WHAT IS GOING ON AND WHAT THE
		COMMUNITY NEEDS FROM OUR FACILITIES COMMUNITY
		BUILDING ALSO ALLOWS US TO PARTNER WITH OTHER
		ORGANIZATIONS AND WORK TOGETHER TOWARDS A SHARED GOAL OF IMPROVING THE HEALTH OF THE
		COMMUNITY BELOWIS A SMALL SAMPLE OF THESE
		ORGANIZATIONS & ACTIVITIES, AND HOW THEY HELP
		OUR COMMUNITY - COMMITTEE INVOLVEMENT ON BRAIN INJURY ASSOCIATION COLLABORATIVE
		COLLABORATIVE GROUP WORKS TO INCREASE
		AWARENESS OF BRAIN INJURIES AND WHAT CAN BE DON
		LEGISLATIVELY TO IMPROVE SERVICES TO THE BRAIN INJURY POPULATION - AMERICAN HOSPITAL
		ASSOCIATION LONG TERM CARE GOVERNING COUNCIL
		WORKED WITH CONGRESSMAN PERLMUTTER TO WRITE
		LEGISLATION FOR PENALTIES TO CMS IF THEY DENIED A
		CLAIM THAT LATER GOT OVERTURNED (REP PERLMUTTER ULTIMATELY CHANGED COMMITTEES AND
		NO LONGER HAD AN INTEREST IN INTRODUCING THE
		BILL ) - AURORA CENTER FOR ACTIVE ADULTS ADVISOR
		BOARD TO HELP THE ACAA BECOME REACCREDITED WIT
		THE NATIONAL INSTITUTE OF SENIOR CENTERS, A CONSTITUENT OF THE NATIONAL COUNCIL ON THE
		AGING, INC THAT, AMONG OTHER THINGS, PROVIDES
		STROKE EDUCATION TO SENIORS - DISABILITY
		BREAKFASTS SPALDING PUTS ON SEVERAL BREAKFASTS EACH YEAR WHERE THE GROUP MUST "WEAR" A
		DISABILITY OUR PURPOSE IS "VALUING DIFFERENCES"
		THIS IS PRIMARILY TO BUSINESSES AND THEIR
		ORGANIZATIONS TO TEACH THEM ABOUT HOW TO RECOGNIZE WHAT IT MEANS TO HAVE A DISABILITY,
		SIMPLE ADAPTATIONS THAT CAN BE IMPLEMENTED TO
		HELP SOMEONE BE IN THE WORKFORCE, AND
		CHALLENGES THE PERSON MAY FACE - STATE
		INDEPENDENT LIVING COUNCIL SPALDING CNO DEBBIE PETERSEN WAS APPOINTED BY THE GOVERNOR TO SIT
		ON THIS COUNCIL THE PURPOSE IS TO KEEP PEOPLE
		LIVING INDEPENDENTLY IN THEIR HOMES, AND THE
		COUNCIL HAS ASSISTED MANY INDIVIDUALS - STATE REHAB COUNCIL DEBBIE PETERSEN WAS APPOINTED BY
		THE GOVERNOR TO SIT ON THIS COUNCIL, WHICH HELPS
		INDIVIDUALS WITH DISABILITIES FIND/KEEP
		EMPLOYMENT - VARIOUS SUPPORT GROUPS HOSPITALS HOST OR FACILITATE PATIENT/COMMUNITY SUPPORT
		GROUPS ON A VARIETY OF ISSUES - CHAMBERS OF
		COMMERCE AND ECONOMIC DEVELOPMENT COUNCILS
		CEOS AND HOSPITAL SENIOR EXECUTIVES PARTICIPATE IN EACH OF THE METRO AREA CHAMBERS & EDCS THESE
		ORGANIZATIONS REALIZE AN ECONOMICALLY ROBUST
		COMMUNITY, WITH WELL-TRAINED EMPLOYEES, ALSO
		FOSTER BETTER HOMES, FAMILIES AND HEALTH - E G THE METRO NORTH CHAMBER OF COMMERCE, WHICH IN
		ADDITION TO COMMUNITY ECONOMIC DEVELOPMENT,
		ALSO PROMOTES HEALTH VIA A 5K RUN - 9HEALTH FAIR
		HEALTHONE'S COLLECTIVE INVOLVEMENT IN 9HEALTH
		FAIR'S ANNUAL STATEWIDE SERIES OF FREE HEALTH FAIRS PROMOTES COMMUNITY AWARENESS OF HEALTH
		ISSUES & PROVIDES FREE SCREENINGS TO THOSE IN
		NEED SOME HOSPITALS ALSO CONDUCT "COMMUNITY
		NEEDS ASSESSMENTS" DURING THE HEALTH FAIR AMONO PARTICIPANTS - FREE SCREENINGS & HEALTH FAIRS AL
		HEALTHONE HOSPITALS CONDUCT DURING THE YEAR
		SCREENINGS, EDUCATION AND HEALTH FAIRS FOCUSED
		ON THE RANGE OF CHRONIC DISEASES IN OUR COMMUNITIES THESE HELP RESIDENTS WITH EARLY
		DETECTION OF CANCERS, HEART DISEASE, STROKE,
		DIABETES AND OTHER RISKS THEY ALSO EDUCATE ON
		OVERCOMING OBESITY IN ADDITION, THE HEALTHCARE FACILITIES FURTHER THE ORGANIZATION'S EXEMPT
		PURPOSE BY PROMOTING THE HEALTH OF THE
		COMMUNITY AS FOLLOWS - THE MAJORITY OF THE
		GOVERNING BODY RESIDES IN THE ORGANIZATION'S PRIMARY SERVICE AREA - MEDICAL STAFF PRIVILEGES
		ARE EXTENDED TO ALL QUALIFIED PHYSICIANS WHO
		SEEKIT - ALL CAPITAL AND PROGRAMMATIC
		IMPROVEMENTS TO PATIENT CARE IN THE HEALTHCARE
		FACILITIES ARE FUNDED BY REVENUES EARNED BY THE FACILITIES - HEALTHONE FACILITIES PROVIDE A
		NUMBER OF SPECIALIZED SERVICES NOT OTHERWISE
		READILY AVAILABLE IN COMMUNITIES SOME OF THOSE
		SERVICES INCLUDE HIGH RISK MATERNITY AND NEONATOLOGY, BONE MARROW TRANSPLANT, KIDNEY
		TRANSPLANTS, HYPERBARIC OXYGEN TREATMENT,
		STROKE TELEMEDICINE, LIMB PRESERVATION, MEDICAL
		AIR TRANSPORT, CHIARI MALFORMATION, BARIATRIC SURGERY AND PEDIATRIC SUBSPECIALTIES - ALL
		HEALTHONE EMERGENCY DEPARTMENTS ABIDE BY
		FEDERAL EMTALA LAWS AND PROVIDE SERVICES TO ALL
		REGARDLESS OF ABILITY TO PAY - HEALTHONE FUNDS AND PROVIDES TRAINING AND CONTINUING EDUCATION
		TO PHYSICIANS, NURSES, EMS PROFESSIONALS AND
	1	OTHER ALLIED HEALTH PROFESSIONALS
		Schedule H (Form 990) 20

DENVER,CO 80222 ROSE SURGERY CENTER

4700 HALE PARKWAY DENVER,CO 80222 ROSE SURGERY CENTER

4700 HALE PARKWAY DENVER,CO 80222 ROSE SURGERY CENTER

4700 HALE PARKWAY DENVER,CO 80222

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4700 HALE PARKWAY DENVER,CO 80222 ROSE SURGERY CENTER

4700 HALE PARKWAY DENVER,CO 80222

ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER,CO 80222 ROSE SURGERY CENTER

Additional Data					
	Software ID:				
	Software Version:	-2568941			
	Name: HEA				
Form 990 Schedule H, Part I\	V - Management Companies and J	loint Ventures (se	ee instructions)		
(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock	(e) Physicians' profit % or stock ownership %	
1 ROCKY MNTN SURG CNTR	AMBULATORY SURGERY CENTER	20 730 %	ownership %	49 000 %	
2 CLEAR CRK SURG CNTR	AMBULATORY SURGERY CENTER	20 710 %		49 050 %	
3 LOWRY SURG CNTR	AMBULATORY SURGERY CENTER	20 730 %		49 000 %	
4 UROLOGY SURG CNTR  5 LINCOLN SURG CNTR	AMBULATORY SURGERY CENTER  AMBULATORY SURGERY CENTER	20 730 %		49 000 %	
6 LAKEWOOD SURG CNTR	AMBULATORY SURGERY CENTER	37 100 %		8 730 %	
7 CENTRUM SURG CNTR	AMBULATORY SURGERY CENTER	20 610 %		49 300 %	
8 MIDTOWN SURG CNTR	AMBULATORY SURGERY CENTER	20 890 %		48 620 %	
9 NORTH SUBURBAN SURG  10 MUSCULOSKELETAL SURG	AMBULATORY SURGERY CENTER  AMBULATORY SURGERY CENTER	21 090 %		48 130 %	
11 ROSE SURG CNTR	AMBULATORY SURGERY CENTER	20 770 %		48 900 %	
12 SKY RIDGE SURG CNTR	AMBULATORY SURGERY CENTER	20 670 %		49 150 %	
13 RED ROCKS SURG CNTR	AMBULATORY SURGERY CENTER	20 730 %		49 000 %	
14 RIDGE VIEW ENDOSCOPY	AMBULATORY SURGERY CENTER	20 730 %		49 000 %	
15 RED ROCKS RADIATION	FREESTANDING RAD ONCOLOGY CNT			49 000 %	
16 THORNTON RADIATION  17 MIC	FREESTANDING RAD ONCOLOGY CNT FREESTANDING IMAGING CNTRS	20 730 %		49 000 %	
Recognized as a Hospital Fac	Section C. Other Facilities That A	re Not Licensed,	Registered, or S	imilarly ————————————————————————————————————	
	ognized as a Hospital Facility				
(list in order of size from larges	t to smallest)				
How many non-hospital facilities during the tax year? <b>51</b>	s did the organization operate				
		Type of Facility (Describe)			
Name and address ROSE SURGERY CENTER		AMBULATORY SURGERY CENTER			
4700 HALE PARKWAY DENVER,CO 80222		AMBILL ATORY CUR	ERV CENTER		
ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER,CO 80222		AMBULATORY SURG	ERY CENTER		
ROSE SURGERY CENTER 4700 HALE PARKWAY		AMBULATORY SURG	ERY CENTER		
DENVER, CO 80222  ROSE SURGERY CENTER  4700 HALE PARKWAY		AMBULATORY SURG	ERY CENTER		
DENVER, CO 80222 ROSE SURGERY CENTER		AMBULATORY SURG	ERY CENTER		
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4700 HALE PARKWAY DENVER,CO 80222		AMBULATURI SURG	ERT CENTER		
ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER,CO 80222		AMBULATORY SURG	ERY CENTER		
ROSE SURGERY CENTER 4700 HALE PARKWAY		AMBULATORY SURG	ERY CENTER		
DENVER,CO 80222 ROSE SURGERY CENTER 4700 HALE PARKWAY		AMBULATORY SURGERY CENTER			
DENVER, CO 80222  ROSE SURGERY CENTER  4700 HALE PARKWAY		AMBULATORY SURGERY CENTER			
DENVER,CO 80222 ROSE SURGERY CENTER		AMBULATORY SURGERY CENTER			
4700 HALE PARKWAY DENVER,CO 80222 ROSE SURGERY CENTER		AMBULATORY SURGERY CENTER			
4700 HALE PARKWAY DENVER,CO 80222 ROSE SURGERY CENTER		AMBULATORY SURGERY CENTER			
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ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER,CO 80222	AMBULATORY SURGERY CENTER				
ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER,CO 80222	AMBULATORY SURG	ERY CENTER			
ROSE SURGERY CENTER 4700 HALE PARKWAY	AMBULATORY SURG	ERY CENTER			
DENVER, CO 80222  ROSE SURGERY CENTER  4700 HALE PARKWAY  DENVER CO 80222	AMBULATORY SURG	ERY CENTER			
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ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER, CO 80222		AMBULATORY SURGERY CENTER			
ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER,CO 80222		AMBULATORY SURG	ERY CENTER		
ROSE SURGERY CENTER 4700 HALE PARKWAY DENVER,CO 80222	AMBULATORY SURGERY CENTER				

AMBULATORY SURGERY CENTER

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Schedule I

(Form 990)

Department of the Treasury

**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

OMB No 1545-0047

DLN: 93493296000102

**Inspection** 

Internal Revenue Service Name of the organization Employer identification number HEALTHONE 74-2568941 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 190 

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 Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) VARIOUS	55	14,518			

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I,	PROCEDURES FOR	WHEN AWARDING FUNDS, THE COLORADO HEALTH FOUNDATION ENTERS INTO A GRANT AGREEMENT WITH THE
LINE 2	MONITORING THE USE OF	ELIGIBLE ORGANIZATION THE GRANT AGREEMENT OUTLINES THE EXPECTED SCOPE OF THE FUNDED PROJECT
	GRANT FUNDS	AS WELL AS THE APPROVED USE OF FUNDS EXPENDITURES OF GRANT FUNDS MUST ADHERE TO THE SPECIFIC
		LINE ITEMS IN THE BUDGET ATTACHED TO THE GRANT AGREEMENT ALL GRANT AGREEMENTS INCLUDE
		CRITERIA IN WHICH A LINE ITEM CHANGE MUST BE REQUESTED IN WRITING TO AND APPROVED BY THE
		FOUNDATION IN ADDITION, THE GRANT AGREEMENT STATES PROHIBITED USE OF FUNDS THE GRANTEE IS
		EXPECTED TO KEEP A RECORD OF ALL RECEIPTS AND EXPENDITURES RELATED TO THE GRANT AND TO PROVIDE
		THE FOUNDATION WITH A WRITTEN REPORT SUMMARIZING THE PROJECT PROMPTLY FOLLOWING THE END OF
		THE GRANT PERIOD THE FOUNDATION MAY ALSO REQUIRE INTERIM REPORTS GRANTEE REPORTS MUST
		DESCRIBE PROGRESS ACHIEVING THE GRANT PURPOSES AND INCLUDE AN ACCOUNTING OF THE USES OR
		EXPENDITURES OF ALL GRANT FUNDS IF A REPORT IS NOT SUBMITTED ON TIME, THE FOUNDATION CONTACTS
		THE GRANTEE TO REQUEST PROMPT SUBMISSION OF OUTSTANDING REPORTS ALL SUBMITTED INFORMATION IS
		REVIEWED BY FOUNDATION STAFF IF GRANTEE OBTAINS ANY AUDITED FINANCIAL STATEMENTS COVERING
		ANY PART OF THE PERIOD OF THE GRANT AGREEMENT, THE FOUNDATION REQUESTS THAT COPIES OF SUCH
		STATEMENTS BE PROVIDED PROMPTLY AFTER RECEIPT GRANTEE MUST KEEP THE FINANCIAL RECORDS WITH
		RESPECT TO THE GRANT AND THE AGREEMENT, ALONG WITH COPIES OF ANY REPORTS SUBMITTED TO THE
		FOUNDATION, FOR AT LEAST FOUR YEARS FOLLOWING THE YEAR IN WHICH ALL GRANT FUNDS ARE FULLY
		EXPENDED IN ADDITION, THE GRANTEE AGREES TO PERMIT THE FOUNDATION AND ITS REPRESENTATIVES TO
		HAVE REASONABLE ACCESS TO ITS FILES, RECORDS, ACCOUNTS, PERSONNEL AND CLIENTS, OR OTHER
		BENEFICIARIES FOR THE PURPOSE OF MAKING FINANCIAL AUDITS, VERIFICATIONS, OR PROGRAM
		EVALUATIONS AS THE FOUNDATION DEEMS NECESSARY OR APPROPRIATE CONCERNING THE GRANT GRANTS
		TO INDIVIDUALS IN GENERAL THE FOUNDATION DOES NOT AWARD GRANTS TO INDIVIDUALS THE EXCEPTIONS
		IN 2011 ARE NOTED BELOW THROUGH ITS GRADUATE MEDICAL EDUCATION PROGRAM, THE FOUNDATION
		PROVIDES SMALL AMOUNTS TO INDIGENT PATIENTS TO COVER MEDICAL, DENTAL AND HOSPITAL COSTS
		THESE ARE AWARDED BASED ON NEED AS DETERMINED BY THE SOCIAL WORKER IN THE PROGRAM

Software ID:

**Software Version:** 

**EIN:** 74-2568941 **Name:** HEALTHONE

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(	a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ACTION FOR HEALTHY KIDS INC600 W VAN BUREN STE 720 CHICAGO,IL 60607	47- 0902020	1 501(6)31	354,000				PROMOTE HEALTHY LIVING
	ADAMS 12 FIVE STAR SCHOOL DISTRICT1500 E 128TH AVE THORNTON, CO 80241	98- 0185800	GOVT ENTITY	394,471				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS COUNTY SCHOOL DISTRICT 145291 E 60TH AVENUE COMMERCE CITY, CO 80022	84- 6000823	GOVT ENTITY	312,784				PROMOTE HEALTHY LIVING
ADAMS COUNTY SCHOOL DISTRICT 506933 RALEIGH ST WESTMINSTER,CO 80030	84- 6000839	501(c)3	147,322				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLIANCE FOR CHOICE IN EDUCATION1201 E COLFAX AVE STE 302 DENVER, CO 80218	84- 1531066	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT
ALZHEIMER'S DISEASE AND RELATED DISORDERS455 SHERMAN STREET STE 500 DENVER, CO	84- 0908354	501(c)3	733,415				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS455 SHERMAN STREET STE 500 DENVER,CO 80203	84- 0908354	1 501(c)3	35,000				DONATION, SPONSORSHIP OR MATCHING GIFT
AMERICAN DIABETES ASSOCIATION INC 2480 W 26TH AVE STE 120B DENVER CO 80211	13- 1623888	1 501(c)3	334,700				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION GREAT WEST REGION2280 SOUTH ALBION STREET DENVER,CO 80222	58- 1341679	501(c)3	50,000				PROMOTE HEALTHY LIVING
ASSUMPTION CATHOLIC SCHOOL 2341 E 78TH AVE DENVER.CO 80229	53- 0196617	OTHER	90,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA PUBLIC SCHOOLS15701 EAST 1ST AVE STE 100 AURORA, CO 80011	84- 6000870	501(c)3	95,596				PROMOTE HEALTHY LIVING
BAYAUD ENTERPRISES INC 333 WEST BAYAUD AVENUE DENVER, CO 80223	84- 0616970	OTHER	148,780				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENT COUNTY HEALTHCARE CENTER810 3RD STREET LAS ANIMAS, CO 81054	84- 6000747	501(c)3	44,255				PROMOTE HEALTHY LIVING
BOULDER COUNTY RSVP BOARD INC 951 ARAPAHOE AVENUE 10 BOULDER,CO	84- 0769724	501(c)3	65,066				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOULDER VALLEY WOMEN'S HEALTH CENTER INC2855 VALMONT RD BOULDER,CO 80301	84- 0645786	501(c)3	120,000				IMPROVE ACCESS TO HEALTH CARE
BOYS AND GIRLS CLUB OF LA PLATA COUNTY INC2750 MAIN AVENUE LA PLATA,CO 81301	20- 5112759	501(c)3	40,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF LARIMER COUNTY103 SMOKEY STREET FT COLLINS, CO 80525	74- 2425914	501(c)3	199,108				PROMOTE HEALTHY LIVING
BRIGHT BEGINNINGS730 COLORADO BLVD STE 202 DENVER, CO 80206	84- 1382420	1 501(6)3	384,000				PROMOTE HEALTHY LIVING

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL HILL ACTION AND RECREATION GROUP709 EAST 12TH AVENUE DENVER, CO 80203	74- 2227221	501c(4)	70,000				IMPROVE ACCESS TO HEALTH CARE
CARING FOR COLORADO FOUNDATION4100 E MISSISSIPPI AVE 605 DENVER CO. 80246	84- 1477197	501(c)3	600,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC AND COMMUNITY SERVICES ARCHDIOCESE4045 PECOS ST DENVER,CO 80211	84- 0686679	501(c)3	270,000				IMPROVE ACCESS TO HEALTH COVERAGE
CATHOLIC HEALTH INITIATIVES COLORADO FNDN 6385 CORP DR COLORADO SPRINGS, CO 80919	84- 0902211	501(c)3	823,805				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC HEALTH INITIATIVES COLORADO FNDN 421 N MAIN ST STE 100 PUEBLO,CO 81003	84- 0902211	501(c)3	42,000				IMPROVE ACCESS TO HEALTH COVERAGE
CCHN VENTURES 600 GRANT ST STE 600 DENVER, CO 80203	45- 2822201	501(c)3	3,000,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR IMPROVING VALUE IN HEALTH CARE950 S CHERRY ST STE 151 DENVER, CO 80246	27- 2884568	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT
CEREBRAL PALSY OF COLORADO 801 YOSEMITE STREET DENVER, CO 80230	84- 0420225	501(c)3	98,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAFFEE COUNTY448 EAST 1ST STREET SALIDA,CO 81201	84- 6000749	GOVT ENTITY	55,000				IMPROVE ACCESS TO HEALTH CARE
CHAFFEE PEOPLE'S CLINIC 448 E 1ST ST STE 148 SALIDA, CO 81201	20- 5114022	501(c)3	105,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S DIABETES FOUNDATION AT DENVER777 GRANT STREET STE 302 DENVER, CO 80203	84- 0745008	1 501(c)3	7,500				DONATION, SPONSORSHIP OR MATCHING GIFT
CHILDREN'S HEALTH FOUNDATION400 W MAIN ST STE 210 ASPEN CO 81601	20- 2015631	501(c)3	525,079				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL FOUNDATION 13123 E 16TH AVE B045 AURORA, CO 80045	84- 0813462	501(c)3	1,259,954				PROMOTE HEALTHY LIVING
CHILDREN'S HOSPITAL FOUNDATION 13123 E 16TH AVE B045 AURORA, CO 80045	84- 0813462	501(c)3	20,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA CAMPESINA FAMILY HEALTH SERVICES1345 PLAZA CT N 1A LAFAYETTE, CO 80026	84- 0743432	501(6)3	1,500,000				IMPROVE ACCESS TO HEALTH CARE
CLINICNET3033 S PARKER RD STE 606 AURORA, CO	20- 8702005	501(c)3	17,800				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO ACADEMY OF FAMILY PHYSICIANS FNDN 2224 S FRASER ST 1 AURORA, CO 80014	84- 1150631	501(c)3	11,000				IMPROVE ACCESS TO HEALTH CARE
CO ALLIANCE FOR HEALTH EQUITY & PRACTICE5250 LEETSDALE DR STE 110 DENVER, CO 80246	02- 0732220	501(c)3	14,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO BEHAVIORAL HEALTHCARE COUNCIL1410 GRANT ST STE A- 301 DENVER, CO 80203	84- 0733639	501(c)3	25,000				IMPROVE ACCESS TO HEALTH CARE
COLORADO CENTER ON LAW AND POLICY789 SHERMAN ST STE 300 DENVER, CO 80203	84- 1264154	501(c)3	228,583				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CHILDREN'S CAMPAIGN1580 LINCOLN ST STE 420 DENVER, CO 80203	74- 2374672	501(c)3	769,592				IMPROVE ACCESS TO HEALTH COVERAGE
COLORADO CHILDREN'S CAMPAIGN1580 LINCOLN ST STE 420 DENVER, CO 80203	74- 2374672	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA STREET DENVER, CO 80205	84- 0951575	501(c)3	736,325				IMPROVE ACCESS TO HEALTH CARE
CO COALITION FOR THE MEDICALLY UNDERSERVED155 INVERNESS DR W 220 ENGLEWOOD, CO	43- 2007393	501(c)3	175,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 COALITION FOR THE MEDICALLY UNDERSERVEDPO BOX 18877 DENVER, CO 80218	43- 2007393	501(c)3	26,250				IMPROVE ACCESS TO HEALTH COVERAGE
COLORADO COALITION TO END HUNGER2222 S ALBION ST 360 DENVER.CO 80222	68- 0551464	501(c)3	300,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO COMMUNITY HEALTH NETWORK 600 GRANT STREET STE 800 DENVER, CO 80203	84- 0910590	501(6)3	176,346		other)		IMPROVE ACCESS TO HEALTH CARE
COLORADO COMMUNITY HEALTH NETWORK 600 GRANT STREET STE 800 DENVER, CO 80203	84- 0910590	I 501(c)3	254,365				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CONSUMER HEALTH INITIATIVE1536 WYNKOOP ST STE 102 DENVER, CO 80202	84- 1145452	1 501 (c)3	960,000				IMPROVE ACCESS TO HEALTH COVERAGE
COLORADO DEPARTMENT OF EDUCATION201 E COLFAX AVE RM 406 DENVER, CO	98- 0256500	GOVT ENTITY	652,300				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 DEPT OF HEALTH CARE POLICY & FINANCING1570 GRANT STREET DENVER, CO 80203	98- 0115900	GOVT ENTITY	335,726		other)		IMPROVE ACCESS TO HEALTH COVERAGE
CO DEPT OF PUBLIC HEALTH & ENVIRONMENT4300 CHERRY CREEK S DR DENVER, CO 80246	84- 0644739	GOVT ENTITY	82,488				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO FORUM FUND INC 511 16TH STREET STE 210 DENVER, CO 80202	26- 3952995	501(6)31	100,000				OTHER
CO FNDN FOR PUBLIC HEALTH AND THE ENVRMNT9457 S UNIV 513 HIGHLANDS RANCH, CO	84- 1267213	1 501(6)31	1,495,704				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO HEALTH INSTITUTE303 E 17TH AVE STE 930 DENVER, CO 80203	74- 3082235	501(c)3	500,000				IMPROVE ACCESS TO HEALTH COVERAGE
COLORADO INSTITUTE OF FAMILY MEDICINE 12631 E 17TH AVE RM 3404 AURORA, CO 80045	20- 8367897	501(c)3	155,653				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
COLORADO LEGACY FOUNDATION1660 LINCOLN ST STE 1680 DENVER, CO 80264	26- 1597530	1 501(6)3	1,377,253				PROMOTE HEALTHY LIVING
COLORADO LEGACY FOUNDATION1660 LINCOLN ST STE 1680 DENVER, CO 80264	26- 1597530	1 5017613	15,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO LEGAL SERVICES1905 SHERMAN ST STE 400 DENVER, CO 80203	84- 0402702	1 501(c)3	300,000				IMPROVE ACCESS TO HEALTH COVERAGE
COLORADO MESA UNIVERSITY1100 NORTH AVE GRAND JUNCTION, CO 81501	84- 6001656	GOVT ENTITY	471,493				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO PUBLIC INTEREST RESEARCH FNDN 1543 WAZEE ST STE 330 DENVER, CO 80202	74- 2313874	501(c)3	20,000				IMPROVE ACCESS TO HEALTH COVERAGE
COLORADO REGIONAL HEALTH INFORMATION ORG 1576 SHERMAN ST STE 300 DENVER CO. 80203	74- 3082235	501(c)3	1,836,367				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
COLORADO RURAL HEALTH CENTER3033 S PARKER RD STE 606 AURORA, CO 80014	84- 1192031	501(c)3	25,000				IMPROVE ACCESS TO HEALTH CARE
COLORADO RURAL HEALTH CENTER3033 S PARKER RD STE 606 AURORA, CO 80014	84- 1192031	501(c)3	18,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLORADO SICKLE CELL ASSOCIATION6825 E TENNESSEE AVE DENVER,CO 80224	7269897	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT
COLORADO SPRINGS SCHOOL DISTRICT 115260 GEIGER BLVD COLORADO SPRINGS, CO 80915	84- 6001179	GOVT ENTITY	134,396				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SPRINGS SCHOOL DISTRICT 115260 GEIGER BLVD COLORADO SPRINGS, CO 80915	84- 6001179	GOVT ENTITY	12,995				IMPROVE ACCESS TO HEALTH CARE
COLORADO STATE UNIVERSITY FOUNDATIONPO BOX 1870 FORT COLLINS, CO 80522	23- 7098397	501(c)3	78,180				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY FOUNDATIONPO BOX 1870 FORT COLLINS, CO 80522	23- 7098397	501(c)3	12,500				DONATION, SPONSORSHIP OR MATCHING GIFT
COLORADO STATEWIDE PARENT COALITION7150 HOOKER STREET WESTMINSTER,CO	74- 2563848	501(c)3	39,798				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO WEST REGIONAL MENTAL HEALTH INC6916 HIGHWAY 82 GLENWOOD SPRINGS, CO 81602	84- 0625890	501(c)3	10,000				IMPROVE ACCESS TO HEALTH CARE
COMMERCE CITY COMMUNITY HEALTH SERVICES 4675 E 69TH AVENUE COMMERCE CITY,	84- 0799374	501(c)3	175,491				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD SECURITY COALITION INC 3830 SE DIVISION STREET PORTLAND, OR 97202	06- 1495135	501(c)3	7,500				DONATION, SPONSORSHIP OR MATCHING GIFT
COMMUNITY FOUNDATION SERVING SW COLORADO 28 RED CLIFFS ROAD DURANGO, CO 81301	84- 1474900	501(c)3	287,417				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
COMMUNITY LEADERSHIP ACADEMY6880 HOLLY STREET COMMERCE CITY, CO 80022	51- 0540164	GOVT ENTITY	47,000		,		PROMOTE HEALTHY LIVING
COMMUNITY OUTREACH SERVICES3022 WELTON STREET DENVER, CO 80205	74- 2523777	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT2330 ROBINSON ST COLORADO SPRINGS, CO 80904	84- 1071825	501(c)3	208,975				PROMOTE HEALTHY LIVING
COMPRECARE FOUNDATION INC PO BOX 740610 ARVADA CO 80006	84- 0641406	501(c)3	247,760				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAIG HOSPITAL FOUNDATION3425 S CLARKSON ST ENGLEWOOD, CO 80113	23- 7352287	501(c)3	12,500				DONATION, SPONSORSHIP OR MATCHING GIFT
CROHNS & COLITIS FOUNDATION OF AMERICA1777 S BELLAIRE ST STE 230 DENVER, CO 80222	13- 6193105	501(c)3	25,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAL AID877 SOUTH BOULDER ROAD LOUISVILLE,CO 80027	8 <b>4</b> - 0717588	501(c)3	500,000				IMPROVE ACCESS TO HEALTH CARE
DENVER HEALTH AND HOSPITALS FOUNDATION655 BROADWAY STE 750 DENVER, CO	84- 1085196	501(c)3	509,486				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER HEALTH AND HOSPITALS FOUNDATION655 BROADWAY STE 750 DENVER, CO 80203	84- 1085196	501(c)3	148,980		other)		IMPROVE ACCESS TO HEALTH CARE
DENVER METRO CHAMBER FOUNDATION1445 MARKET STREET DENVER, CO 80202	74- 2489854	501(c)3	7,500				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER PUBLIC SCHOOLS FOUNDATION900 GRANT STREET STE 503 DENVER, CO 80203	84- 1224325	501(c)3	467,254				PROMOTE HEALTHY LIVING
DENVER SCORES 4900 W 29TH AVE DENVER, CO 80212	84- 1524095	501(c)3	37,500				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER URBAN GARDENS3377 BLAKE STREET STE113 DENVER, CO 80205	74- 2374848	501(c)3	997,000				PROMOTE HEALTHY LIVING
DENVER ZOOLOGICAL FOUNDATION INC 2300 STEELE ST DENVER, CO	84- 0502539	501(c)3	12,500				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS CARE 609 W LITTLETON STE 100 LITTLETON,CO 80120	84- 1150815	1 501(c)31	1,600,000				IMPROVE ACCESS TO HEALTH CARE
DR A J KAUVAR FOUNDATION1625 BROADWAY STE 800 DENVER, CO 80202	74- 2462875	I 501(c)31	16,415				OTHER

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DR A J KAUVAR FOUNDATION1625 BROADWAY STE 800 DENVER, CO 80202	74- 2462875	501(c)3	49,500				IMPROVE ACCESS TO HEALTH COVERAGE
DURANGO SCHOOL DISTRICT 9-R210 E 12TH ST DURANGO,CO 81301	84- 6012500	GOVT ENTITY	25,888				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPEDITIONARY LRNING SCHOOL BRD OF COOP EDUC 1700 SOUTH HOLLY ST DENVER,CO 80222	84- 1240658	501(c)3	19,275				PROMOTE HEALTHY LIVING
FAMILY RESOURCE CENTER631 W MAIN STREET STERLING, CO 80751	20- 5089275	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY RESOURCE CENTER ASSOCIATION INC 1750 HUMBOLDT ST STE 200 DENVER, CO 80218	31- 1599581	501(c)3	10,583,818				PROMOTE HEALTHY LIVING
FLAGSHIP HELP CENTER4755 PARIS STREET STE 300 DENVER, CO	27- 0273998	1 501(c)31	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORENCE CRITTENTON SERVICES OF COLORADO 55 S ZUNI ST DENVER, CO 80223	84- 0429686	501(6)3	170,000				PROMOTE HEALTHY LIVING
FOUNDATION FOR EDUCATIONAL EXCELLENCE4908 TOWER ROAD DENVER, CO 80249	84- 1396597	501(c)3	753,765				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE GARDENS ON SPRING CREEK 2145 CENTRE AVENUE FORT COLLINS, CO 80526	84- 1081365	501(c)3	55,835				PROMOTE HEALTHY LIVING
FRONTIER CHARTER ACADEMY INC 418 YODER STREET CALHAN,CO 80808	84- 1595314	501(c)3	150,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOVERNOR'S OFFICE136 STATE CAPITOL DENVER,CO 80203	84- 0644739	GOVT ENTITY	150,000				IMPROVE ACCESS TO HEALTH CARE
GRAND RIVER HOSPITAL DIST MEM TRUST FUND 501 AIRPORT RD RIFLE.CO 81650	84- 0736594	501(c)3	400,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND VALLEY CATHOLIC OUTREACH 245 S 1ST STREET GRAND JUNCTION, CO 81501	20- 0064007	501(c)3	75,000		ouner)		IMPROVE ACCESS TO HEALTH CARE
GREATER WASHINGTON EDUC TELECOMMUNICATIONS ASSOC3939 CAMPBELL AVENUE ARLINGTON VA 22206	53- 0242992	501(c)3	100,000				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR HOUSE COLLABORATIVE 1710 E PIKES PEAK CO SPRINGS, CO 80909	20- 8006412	501(c)3	34,500				IMPROVE ACCESS TO HEALTH CARE
HAYDEN SCHOOL DIST RE1495 WEST JEFFERSON HAYDEN CO 81639	98- 0293500	GOVT ENTITY	10,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CARE INCENTIVES IMPROVEMENT INST13 SUGAR STREET NEWTOWN,CT 06470	51- 0461495	501(c)3	3,180,000				IMPROVE ACCESS TO HEALTH COVERAGE
HEALTHTEAMWORKS 274 UNION BLVD STE 310 LAKEWOOD, CO 80228	84- 1456951	501(c)3	1,252,552				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH PLAINS COMMUNITY HEALTH CENTER201 KENDALL DRIVE LAMAR,CO 81052	84- 1244224	501(c)3	636,820				IMPROVE ACCESS TO HEALTH CARE
HIGHLINE ACADEMY INCORPORATION 2170 S DAHLIA ST DENVER, CO 80222	56- 2375843	501(c)3	100,000				PROMOTE HEALTHY LIVING

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLTOP HEALTH SERVICES CORPORATION 1331 HERMOSA AVE GRAND JUNCTION, CO 81506	74- 2321009	501(c)3	15,000				DONATION, SPONSORSHIP OR MATCHING GIFT
HOLLY SCHOOL DISTRICT RE-3PO BOX 608 HOLLY CO 81047	84- 6011860	GOVT ENTITY	30,820				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD DENTAL CENTER1420 OGDEN STREET DENVER,CO 80218	84- 1312498	501(c)3	75,000				IMPROVE ACCESS TO HEALTH CARE
HUERFANO COUNTY HOSPITAL DISTRICT23500 US HWY 160 WALSENBURG, CO 81089	84- 6027322	501(c)3	163,351				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government					`appraisal, other)	assistance	
IGNACIO SCHOOL DISTRICT 11 JT 315 IGNACIO STREET IGNACIO,CO 81137	84- 6001447	GOVT ENTITY	50,000				PROMOTE HEALTHY LIVING
INNER CITY HEALTH CENTER 3800 YORK STREET DENVER, CO 80205	74- 2426085	501(c)3	200,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INNER CITY HEALTH CENTER 3800 YORK STREET DENVER, CO 80205	74- 2426085	501(c)3	15,000				DONATION, SPONSORSHIP OR MATCHING GIFT
INTERFAITH COMMUNITY SERVICES3370 S IRVING ST ENGLEWOOD, CO 80110	84- 0579740	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEFFCO ACTION CENTER INC8755 WEST 14TH AVENUE LAKEWOOD, CO 80215	23- 7019679	501(c)3	344,196				IMPROVE ACCESS TO HEALTH CARE
JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DRIVE DENVER, CO 80231	84- 0402701	501(c)3	12,500				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEMPE FNDN FOR THE PREV AND TREAT OF CHILD ABUSEANSCHUTZ MEDICAL CAMPUS AURORA, CO 80045	84- 1064295	501(c)3	367,804		other)		IMPROVE ACCESS TO HEALTH CARE
KIDS IN NEED OF DENTISTRY 2465 S DOWNING ST STE 210 DENVER, CO 80210	84- 6038681	501(c)3	18,250				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CLINICA TEPEYAC INC 5075 LINCOLN STREET DENVER,CO 80216	84- 1285505	501(c)3	250,000				IMPROVE ACCESS TO HEALTH CARE
LA CLINICA TEPEYAC INC 5075 LINCOLN STREET DENVER, CO 80216	84- 1285505	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAS ANIMAS SCHOOL DISTRICT RE-1 1021 SECOND STREET LAS ANIMAS, CO 81054	84- 6014863	GOVT ENTITY	30,850				PROMOTE HEALTHY LIVING
LIFE QUALITY INSTITUTE501 S CHERRY STE 700 DENVER, CO 80246	26- 2347056	501(c)3	7,500				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMON DOCTORS COMMITTEE820 1ST STREET LIMON,CO 80828	84- 1125934	501(c)3	989,734				IMPROVE ACCESS TO HEALTH CARE
LINCOLN COMMUNITY HOSPITAL AND NURSING HOME 111 6TH STREET HUGO,CO 80821	84- 0484566	GOVT ENTITY	136,221				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLETON PUBLIC SCHOOLS591 E 80TH AVE DENVER, CO 80229	84- 6000817	GOVT ENTITY	67,800				PROMOTE HEALTHY LIVING
MEND FOUNDATION606 THRIFT ROAD MALIBU,CA 90265	90- 0425460	501(c)3	638,363				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH CENTER OF DENVER4141 E DICKENSON PLACE DENVER, CO 80222	74- 2499946	501(c)3	2,604,036				IMPROVE ACCESS TO HEALTH CARE
MENTAL HEALTH CENTER OF DENVER4141 E DICKENSON PLACE DENVER, CO 80222	74- 2499946	501(c)3	617,750				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESA COUNTY VALLEY SCHOOL DISTRICT 512115 GRAND AVENUE GRAND JUNCTION, CO 81503	84- 6002839	GOVT ENTITY	13,500				PROMOTE HEALTHY LIVING
METRO COMMUNITY PROVIDER NETWORK3701 SOUTH BROADWAY ENGLEWOOD, CO	74- 2477108	501(C)3	1,526,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO ORGANIZATIONS FOR PEOPLE1980 DAHLIA ST DENVER, CO 80220	84- 0753677	501(c)3	325,000				IMPROVE ACCESS TO HEALTH COVERAGE
METROPOLITAN STATE COLLEGE OF DENVER FNDNPO BOX 173362 DENVER, CO 80217	84- 0576459	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN STATE UNIVERSITY OF DENVER5660 GREENWD GREENWOOD VILLAGE,CO 80111	84- 0559160	GOVT ENTITY	990,000				IMPROVE ACCESS TO HEALTH CARE
MILE HIGH MINISTRIES2330 W MULBERRY PL DENVER,CO 80204	84- 0782214	I 501(c)3	25,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTROSE COUNTY SCHOOL DISTRICT RE-1J 930 COLORADO AVENUE MONTROSE, CO 81401	98- 0343400	GOVT ENTITY	258,442		other)		IMPROVE ACCESS TO HEALTH CARE
MONTROSE MEMORIAL HOSPITAL800 SOUTH 3RD STREET MONTROSE,CO 81401	84- 6002707	GOVT ENTITY	126,229				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN FAMILY HEALTH CENTER 1905 BLAKE STE 101 GLENWOOD SPRGS, CO 81601	84- 0742145	501(c)3	225,000				IMPROVE ACCESS TO HEALTH CARE
MUSEUM OF CONTEMPORARY ART- DENVER1485 DELGANY STREET DENVER, CO 80202	84- 1366092	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY900 S BROADWAY 2ND FLR DENVER, CO 80209	13- 5661935	501(c)3	509,781				IMPROVE ACCESS TO HEALTH COVERAGE
NEWFARMS5856 COUNTY ROAD HH5 FOWLER,CO 81039	85- 0386519	501(c)3	65,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COLORADO MEDICAL CENTER FOUNDATION1801 16TH STREET GREELEY, CO 80631	84- 0718355	I 501(c)3	60,000				PROMOTE HEALTHY LIVING
NORTH COLORADO MEDICAL CENTER FOUNDATION1801 16TH STREET GREELEY, CO 80631	84- 0718355	1 501(6)3	67,500				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH PARK MEDICAL CLINIC INCPO BOX 686 WALDEN,CO 80480	84- 1236806	501(c)3	87,500				IMPROVE ACCESS TO HEALTH CARE
NORTHWEST COLORADO B O C E S325 7TH ST STEAMBOAT SPRINGS, CO	84- 0572707	GOVT ENTITY	157,052				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORAL HEALTH COLORADO 1985 UNION ST LAKEWOOD, CO 80215	90- 0137772	501(c)3	50,000		outer)		IMPROVE ACCESS TO HEALTH CARE
PADRES UNIDOS INC3025 W 37TH ST STE 206 DENVER,CO 80211	84- 1426652	501(c)3	98,500				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARADOX VALLEY SCHOOL21501 6 MILE RD PARADOX,CO 81429	84- 1595787	501(c)3	93,595				PROMOTE HEALTHY LIVING
PARK COUNTY SCHOOL DISTRICT RE-2PO BOX 189 FAIRPLAY,CO 80440	84- 6001777	GOVT ENTITY	35,483				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIPS FOR HEALTHY COMMUNITIES7296 MAGNOLIA ST COMMERCE CITY, CO 80022	20- 0222465	501(c)3	196,808				PROMOTE HEALTHY LIVING
PLAN DE SALUD DEL VALLE INC203 S ROLLIE AVE FORT LUPTON, CO 80621	84- 0613540	1 501(6)31	1,697,956				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLAN DE SALUD DEL VALLE INC 203 S ROLLIE AVE FORT LUPTON, CO 80621	84- 0613540	501(c)3	286,392				IMPROVE ACCESS TO HEALTH COVERAGE
PLAN DE SALUD DEL VALLE INC 203 S ROLLIE AVE FORT LUPTON, CO 80621	84- 0613540	501(c)3	15,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS7155 E 38TH AVENUE DENVER,CO 80207	84- 0404253	I 501(c)3	100,000				IMPROVE ACCESS TO HEALTH CARE
POUDRE SCHOOL DISTRICT 2407 LAPORTE AVENUE FORT COLLINS, CO	84- 6013733	GOVT ENTITY	129,665				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POUDRE SCHOOL DISTRICT2407 LAPORTE AVENUE FORT COLLINS, CO 80521	84- 6013733	GOVT ENTITY	93,186				IMPROVE ACCESS TO HEALTH CARE
PROWERS COUNTY PUBLIC HEALTH NURSING SRVS1001 S MAIN ST LAMAR,CO 81052	84- 6000796	GOVT ENTITY	33,963				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC EDUCATION & BUSINESS COALITION1244 GRANT STREET DENVER, CO 80203	74- 2357262	501(c)3	25,000				PROMOTE HEALTHY LIVING
PUEBLO CITY- COUNTY HEALTH DEPARTMENT101 WEST 9TH STREET PUEBLO CO 81003	84- 6003013	GOVT ENTITY	208,436				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUEBLO COMMUNITY HEALTH CENTER INC110 EAST ROUTT AVE PUEBLO,CO 81004	84- 0921521	501(c)3	420,000		26.)		IMPROVE ACCESS TO HEALTH CARE
REGIONAL HOME VISITATION PROGRAM201 SOUTH MAIN STREET	84- 1311396	1 501(6)31	181,172				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIS UNIVERSITY 3333 REGIS BOULEVARD DENVER,CO 80221	84- 0402707	501(c)3	25,000				DONATION, SPONSORSHIP OR MATCHING GIFT
REHAB AND VISITING NURSE ASSOCIATION2105 CLUBHOUSE DRIVE GREELEY, CO 80634	84- 1022003	501(c)3	40,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
REVISION INTERNATIONAL 1536 WYNKOOP ST STE 600 DENVER,CO 80202	26- 1204343	501(c)3	40,000				PROMOTE HEALTHY LIVING
ROCKY MTN FARMERS UNION EDUC & CHARITY FNDN136 W 3RD AVENUE DENVER CO 80223	74- 2636848	501(c)3	25,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MTN FARMERS UNION EDUC & CHARITY FNDN7900 E UNION ST STE 200 DENVER,CO 80237		501(C)3	71,000				IMPROVE ACCESS TO HEALTH COVERAGE
ROCKY MOUNTAIN HEALTH PLANS FOUNDATION2775 CROSSROADS GRAND JUNCTION,	84- 1424932	501(c)3	139,104				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN RURAL HEALTH525 HATHAWAY FAIRPLAY,CO 80440	84- 1106335	501(c)3	81,649				IMPROVE ACCESS TO HEALTH CARE
ROCKY MTN YTH MEDICAL & NURSING CONSULTANTS INC 9197 GRANT ST STE 100 THORNTON, CO 80229	84- 1321485	501(c)3	100,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
ROSE COMMUNITY FOUNDATION600 S CHERRY ST STE 1200 DENVER, CO 80246	84- 0920862	I 501(c)3	15,000				OTHER
ROSE COMMUNITY FOUNDATION600 S CHERRY ST STE 1200 DENVER,CO 80246	84- 0920862	501(c)3	25,000				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RURAL COMMUNITIES RESOURCE CENTER 204 SOUTH MAIN YUMA,CO 80759	84- 0959903	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT
SAFEHOUSE DENVER1649 DOWNING STREET DENVER,CO 80218	84- 0745911	501(c)3	7,500				DONATION, SPONSORSHIP OR MATCHING GIFT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH HOSPITAL FOUNDATION1835 FRANKLIN STREET DENVER, CO 80218	84- 0735096	I 501(c)3	15,000				DONATION, SPONSORSHIP OR MATCHING GIFT
SAN JUAN BASIN HEALTH DEPARTMENT281 SAWYER DR DURANGO,CO	84- 6002563	GOVT ENTITY	151,943				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JUAN BOARD OF COOP EDUCATIONAL SRVS201 EAST 12TH STREET DURANGO,CO 81301	84- 0603542	GOVT ENTITY	124,869				PROMOTE HEALTHY LIVING
SAN LUIS VALLEY COMP COMM MENTAL HLTH CNTR 8745 COUNTY ROAD 9 SOUTH ALAMOSA,CO 81101	84- 0535410	501(c)3	104,162				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR SUPPORT SERVICES846 EAST 18TH AVE DENVER,CO 80218	84- 0801612	501(c)3	10,000				DONATION, SPONSORSHIP OR MATCHING GIFT
SET OF PUEBLO 1925 E ORMAN AVE STE G-52 PUEBLO,CO 81004	84- 1234295	501(c)3	498,269				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE OUR STRENGTH INC 2727 BRYANT ST STE 300 DENVER, CO 80211	52- 1367538	501(c)3	1,664,539				PROMOTE HEALTHY LIVING
SIGNAL BEHAVIORAL HEALTH NETWORK 455 SHERMAN ST STE 455 DENVER, CO 80203	84- 1362495	501(c)3	200,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOAR CHARTER SCHOOL4800 TELLURIDE ST BLDG 4 DENVER, CO 80249	27- 0656317	501(c)3	179,696				PROMOTE HEALTHY LIVING
SOUTH ROUTT SCHOOL DISTRICT RE 3 305 SOUTH GRANT STREET OAK CREEK, CO	98- 0340400	GOVT ENTITY	56,870				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN UTE COMMUNITY ACTION PROGRAMS INC 285 LAKIN ST IGNACIO, CO 81137	84- 0576978	501(c)3	30,000				IMPROVE ACCESS TO HEALTH CARE
SOUTHWEST HEALTH SYSTEM INC1311 NORTH MILDRED ROAD CORTEZ,CO 81321	84- 1337350	501(c)3	150,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST OPEN SCHOOLPO BOX DD CORTEZ, CO 81321	84- 1513634	501(c)3	400,000				IMPROVE ACCESS TO HEALTH CARE
SW CO AREA HEALTH EDUCATION CENTER700 MAIN AVE STE D DURANGO, CO 81301	27- 2461746	1 5017613	110,265				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST ANNE'S EPISCOPAL SCHOOL INC2701 S YORK STREET DENVER, CO 80210	84- 6049400	501(c)3	15,000				DONATION, SPONSORSHIP OR MATCHING GIFT
ST VRAIN VALLEY SCHOOL DISTRICT395 S PRATT PKY LONGMONT, CO 80501	84- 6014380	GOVT ENTITY	931,960				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAPLETON FOUNDATION7350 E 29TH AVE STE 300 DENVER, CO 80238	84- 1497067	501(c)3	181,222				PROMOTE HEALTHY LIVING
SUMMIT COMMUNITY CARE CLINICPO BOX 4337 FRISCO CO 80443	20- 1139635	501(c)3	268,751				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT CNTY CHILD CARE RESOURCE & REFERRAL AGENCY 330 FIEDLER AVENUE DILLON,CO 80435	84- 1172882	501(c)3	95,076				PROMOTE HEALTHY LIVING
THE BELL POLICY CENTER1309 ALEXANDRIA ST LAFAYETTE, CO	84- 1550841	501(c)3	25,000				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR EFFECTIVE PHILANTHROPY675 MASSACHUSETTS AVE CAMBRIDGE, MA 21390	04- 3523528	501(c)3	10,000		other)		DONATION, SPONSORSHIP OR MATCHING GIFT
THE DENVER HEALTH AND HOSPITALS FOUNDATION655 BROADWAY STE 750 DENVER CO 80203	84- 1085196	501(c)3	1,096,809				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE DENVER HEALTH AND HOSPITALS FOUNDATION655 BROADWAY STE 750 DENVER, CO 80203	84- 1085196	501(c)3	25,000				DONATION, SPONSORSHIP OR MATCHING GIFT
THE MANAUS FUND 520 S THIRD ST CENTER CARBONDALE,CO	20- 2710588	501(c)3	124,080				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PARK HILL BIKE DEPOT 2825 FAIRFAX ST DENVER, CO 80207	26- 3672109	501(c)3	50,000				PROMOTE HEALTHY LIVING
THE WRAY REHABILITATION AND ACTIVITIES CTR 700 MAIN STREET WRAY CO 80758	84- 1072472	501(c)3	50,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMPSON SCHOOL DISTRICT 800 S TAFT AVENUE LOVELAND,CO 80537	84- 6013346	ICOVE ENTITY	6,300				PROMOTE HEALTHY LIVING
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO,	94- 3213100	I 501(c)3	225,000				IMPROVE ACCESS TO HEALTH COVERAGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF BENNETT 355 4TH ST BENNETT,CO 80102	84- 0660595	GOVT ENTITY	50,000				PROMOTE HEALTHY LIVING
TRANSPORTATION SOLUTIONS FOUNDATION280 COLUMBINE STREET 306 DENVER, CO 80206	84- 1582289	501(c)3	50,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREBOL SOCCER CLUB OF LAFAYETTE INCPO BOX 895 LAFAYETTE, CO 80026	84- 1397409	501(c)3	19,020				PROMOTE HEALTHY LIVING
UNCOMPAHGRE COMBINED CLINICS 1350 S ASPEN STREET NORWOOD, CO 81423	84- 1071822	I 501(c)3	650,000				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION1380 LAWRENCE ST STE 1325 DENVER, CO 80204	84- 6049811	501(c)3	8,808,251				IMPROVE ACCESS TO HEALTH CARE
UNIVERSITY OF COLORADO FOUNDATION1380 LAWRENCE ST STE 1325 DENVER, CO 80204	84- 6049811	501(c)3	1,144,835				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION1380 LAWRENCE ST STE 1325 DENVER, CO 80204	84- 6049811	501(c)3	20,000				DONATION, SPONSORSHIP OR MATCHING GIFT
URBAN PEAK DENVER730 21ST STREET DENVER, CO 80205	84- 1212246	I 501(c)3	131,612				IMPROVE ACCESS TO HEALTH CARE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY-WIDE HEALTH SYSTEMS INC128 MARKET STREET ALAMOSA,CO 81101	84- 0706945	501(c)3	39,100				IMPROVE ACCESS TO HEALTH CARE
VOLUNTEERS OF AMERICA COLORADO BRANCH2660 LARIMER STREET DENVER,CO 80205	84- 0430995	501(c)3	40,000				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELD COUNTY GOVERNMENT1555 N 17TH AVENUE GREELEY, CO 80631	84- 6000813	GOVT ENTITY	186,067				PROMOTE HEALTHY LIVING
WELD COUNTY SCHOOL DISTRICT 61025 9TH AVENUE GREELEY, CO 80631	84- 6002058	GOVT ENTITY	273,532				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRAY SENIOR COMMUNITY CENTER CO WRAY AREA206 MAIN PO BOX 314 WRAY,CO 80758	84- 1345439	501(c)3	30,000				PROMOTE HEALTH LIVING
YOUTH FOUNDATION90 BENCHMARK RD STE 300	84- 1442909	501(c)3	134,775				PROMOTE HEALTHY LIVING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YUMA SCHOOL DISTRICT 1418 SOUTH MAIN YUMA,CO 80759	98- 0335700	501(c)3	10,904				PROMOTE HEALTHY LIVING
YUMA SCHOOL DISTRICT 1418 SOUTH MAIN YUMA,CO 80759	98- 0335700	501(c)3	90,434				PROMOTE HEALTHY LIVING

**Compensation Information** 

DLN: 93493296000102

OMB No 1545-0047

Open to Public Inspection

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990. Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization **HEALTHONE** 

**Employer identification number** 

Pai	t I Questions Regarding Compensati	on				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi		· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all Compensation committee					
	Independent compensation consultant	⊽	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A , line $1a$ with respect to the filing organization			
a	Receive a severance payment or change-of-control	ol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	nust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		Νo
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described					
	in Part III	iii Nega s	section 33 1330 Transfer in Tes, describe	8		No
9	If "Yes" to line 8, did the organization also follow t	:he rebutta	able presumption procedure described in Regulations			
	section 53 4958-6(c)?		. , , , ,	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ANNE WARHOVER	(ı) (ıı)	338,845 0	100,000 0	2,712 0	15,744 0	21,373 0	478,674 0	0
(2) GARY DREWS	(ı) (ıı)	186,273 0	25,000 0	1,268 0	13,357 0	23,144 0	249,042 0	0
(3) SHEPARD NEVEL	(ı) (ıı)	179,954 0	20,000 0	1,190 0	12,618 0	380 0	214,142 0	0
(4) KELLY DUNKIN	(ı) (ıı)	164,603 0	22,000 0	664 0	11,993 0	13,665 0	212,925 0	0
(5) CHARLES REYMAN	(ı) (ıı)	134,753 0	18,000 0	2,192 0	9,816 0	15,859 0	180,620 0	0
(6) BRIAN DWINNELL MD	(ı) (ıı)	206,940 0	8,000 0	1,007 0	14,644 0	23,538 0	254,129 0	0
(7) JONATHAN MANHEIM MD	(ı) (ıı)	182,761 0	0	715 0	13,427 0	28,736 0	225,639 0	0
(8) JEFFREY PICKARD MD	(ı) (ıı)	183,184 0	0	480 0	12,787 0	14,369 0	210,820	0
(9) CHRISTINE GILROY MD	(ı) (ıı)	171,322 0	0	670 0	12,624	15,600 0	200,216	0
(10) GLENN LEVY	(ı) (ıı)	171,321 0	4,000 0	1,878 0	6,662 0	7,738 0	191,599 0	0
	$\perp$							
	+							

Schedule J (Form 990) 2011 Page **3** 

### 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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36. Use Part III if additional space is needed.

**SCHEDULE N** (Form 990 or 990-EZ)

# Liquidation, Termination, Dissolution or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36. ► Attach certified copies of any articles of dissolution, resolutions or plans.

► Attach to Form 990 or 990-EZ.

Part I Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line

OMB No 1545-0047

DLN: 93493296000102

Open to Public **Inspection** 

Internal Revenue Service Name of the organization HEALTHONE

Department of the Treasury

Employer identification number

1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses	(e)EIN of recipient	(f)Name and address of recipient	of r	IRC secting section (s) sectio	) (ıf r type
						_	Yes	No
	Did or will any officer, director, trustee, Become a director or trustee of a succe			 		. 2	a	<u> </u>
	Become an employee of, or independen					• ⊢	b	<u> </u>
	Become a direct or indirect owner of a s Receive, or become entitled to, comper			liquidation termination	or dissolution?		d	+
	If the organization answered "Yes" to a					<u>-</u>	<b>I</b>	

Рa	Note. If the organization distributed all cequal -0-			m 990, Part X, column (I	3), line 16 (Total asse	ts) and line 26 (Total liabilities) sho	uld		Yes	No
3	Did the organization distribute its asset:	s ın accordance	with its governing instrui	ment(s)? If "No," describ	e in Part III		. Г	3		
- 4a	Is the organization required to notify the						. i	4a	İ	
b	If "Yes," did the organization provide suc	· -					. [	4b	İ	
5	Did the organization discharge or pay all						. i	5		
- 6a	Did the organization have any tax-exem						·	6a		
b	Did the organization discharge or defeas						·	6b		
	If 'Yes' to line 6b describe in Part III ho	•					٠. ٢			
		on or Other T	ransfer of More Th	an 25% of the Org	anization's Asset	ts. Complete if the organization				
1	(a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses		(e)EIN of recipient	(f)Name and address of recipient	of	( <b>g)</b> IRC f recipie -exemp of er	nt(s) ( t) or t	(ıf
40 LL	6% INTEREST IN HCA-HEALTHONE, C	10-14-2011	1,450,000,000	APPRAISAL	62-1617016	HEALTHONE OF DENVER INC ONE PARK PLAZA NASHVILLE, TN 37203	CORP	ORAT	ION	
							_	Γ	Yes	No
2 a	Did or will any officer, director, trustee, of Become a director or trustee of a success							2a		
b	Become an employee of, or independent	contractor for, a	successor or transferee	organization?			. L	2b		
c	Become a direct or indirect owner of a si	uccessor or trans	sferee organization? .				[	2c		
d	Receive, or become entitled to, compens	sation or other s	ımılar payments as a res	ult of the organization's s	significant disposition	ofassets?	[	2d		
e	If the organization answered "Yes" to ar						_			

and any additional information.

Part III Supplemental Information. Complete to provide the information required by Parts I and II,

Identifier | Return Reference | Explanation

Schedule N (Form 990 or 990-EZ) 2011

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization HEALTHONE **Employer identification number** 

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 3	CESSATION OF SERVICES	ON OCTOBER 14, 2011, THE FOUNDATION SOLD ITS INTEREST IN THE JOINT VENTURE TO HEALTHONE OF DENVER, INC. FOR \$1 45 BILLION, WHICH RESULTED IN A GAIN ON SALE OF \$957 MILLION
FORM 990, PART VI, LINE 1	DESCRIPTION OF GOVERNING BODY AND VOTING MEMBERS	ALL MEMBERS OF THE GOVERNING BOARD HAVE THE SAME VOTING RIGHTS THERE WERE NO COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE ORGANIZATION AT ANY TIME DURING 2011
FORM 990, PART VI, LINE 4	CHANGES TO ORGANIZATIONAL DOCUMENTS	THE BY LAWS WERE AMENDED AND RESTATED IN 2011 TO REMOVE ALL REFERENCES TO HCA-HEALTHONE LLC, AFTER THE SALE BY THE FOUNDATION OF ITS INTEREST IN HCA-HEALTHONE LLC
FORM 990, PART VI, LINE 11	PROCESS USED BY ORGANIZATION TO REVIEW FORM 990	A COPY OF THE 990 WAS REVIEWED BY THE FOUNDATION'S FINANCE AND AUDIT COMMITTEE AND POSTED ON THE FOUNDATION'S DEDICATED BOARD OF DIRECTOR'S WEB PAGE FOR REVIEW AND COMMENTS PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, LINE 12C	PROCESS USED TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY	THE FOUNDATION HAS ADOPTED A CONFLICT OF INTEREST POLICY THE BOARD OF DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE CONFLICT OF INTEREST QUESTIONNAIRES ON AN ANNUAL BASIS THESE ARE REVIEWED AND SUMMARIZED BY EXECUTIVE STAFF DIRECTORS RECUSE THEMSELVES FROM VOTING ON ISSUES AS APPROPRIATE
FORM 990, PART VI, LINE 15A&B	PROCESS TO DETERMINE COMPENSATION OF CEO, OTHER OFFICERS AND KEY EMPLOYEES	THE COMPENSATION COMMITTEE DETERMINES THE CEO, OTHER OFFICERS AND KEY EMPOLOYEES COMPENSATION WITH APPROVAL BY THE BOARD IN ADDITION, A REVIEW OF ALL COMPENSATION WAS PERFORMED BY HUMAN RESOURCES UTILIZING DATA FROM OUTSIDE COMPENSATION CONSULTANTS DOCUMENTATION OF THE PROCESS IS RECORDED IN THE MINUTES OF THE COMPENSATION COMMITTEE. THIS PROCESS WAS LAST COMPLETED IN 2011
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,	AND FINANCIAL STATEMENTS TO THE PUBLIC THE FOUNDATION'S ANNUAL FORM 990 TAX RETURNS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE DUE TO CONFIDENTIALITY CONSIDERATIONS RELATIVE TO FINANCIAL INFORMATION OF THE HEALTHONE, LLC JOINT VENTURE, THE FOUNDATION'S ANNUAL AUDIT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC OTHER GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION AT THE OFFICE OF THE FOUNDATION
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	NET UNREALIZED GAINS ON INVESTMENTS \$ 4,544,055 ROUNDING DIFFERENCE (1)

SCHEDULE R
(Form 990)

Related Organization and the complete if the agranization and the complete if the agrangization and the complete if the complete if the agrangization and the complete if the complet

Department of the Treasury

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493296000102

2011

Open to Public Inspection

Name of the organization HEALTHONE  Part I Identification of Disregarded Entities (Complete if the organization answered (a)  Name, address, and EIN of disregarded entity  Name, address, and EIN of disregarded entity	(d) le (state Total income E	74-256894: rt IV, line 33.)	entification number		
	(d) le (state Total income E	rt IV, line 33.)	1		
(a) (b) (c)  Name address and ETN of disregarded entity Primary activity Legal domin	(d) le (state Total income E	(e)			
or foreign of	Sunity)	( <b>e</b> ) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations (Complete if the organ or more related tax-exempt organizations during the tax year.)	zation answered "Yes"	on Form 990, Pa	rt IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization  (b) Primary activity Legal domicile or foreign coul	state Exempt Code section try)	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 cont	<b>g)</b> 12(b)(1 rolled uzation
				Yes	No
For Drivery Act and Danomyork Deduction Act Notice and the Instructions for Form 900	No. 50125V		Schodulo B (		

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(6)

Pa	art V	Transactions With Related Organizations (Complete if the organization answered "Yes'	' on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 0	ouring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organi:	zations listed in Parts	s II-IV?			
а	Recei	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		
b	Gift, g	ant, or capital contribution to related organization(s)			1b		
c	Gıft, g	ant, or capital contribution from related organization(s)			1c		
d	Loans	or loan guarantees to or for related organization(s)			1d		
е	Loans	or loan guarantees by related organization(s)			1e		
f	Sale	assets to related organization(s)			1f		
g	Purch	se of assets from related organization(s)			<b>1</b> g		
h	Excha	nge of assets with related organization(s)			1h		
i	Lease	of facilities, equipment, or other assets to related organization(s)			<b>1</b> i		
j	Lease	of facilities, equipment, or other assets from related organization(s)			<b>1</b> j		
k	Perfor	nance of services or membership or fundraising solicitations for related organization(s)			1k		
I	Perfor	nance of services or membership or fundraising solicitations by related organization(s)			11		
n	<b>n</b> Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		
n	Sharıı	g of paid employees with related organization(s)			1n		
О	Reimb	ursement paid to related organization(s) for expenses			10		
р	Reimb	ursement paid by related organization(s) for expenses			1p		
q	O ther	transfer of cash or property to related organization(s)			<u>1q</u>		
r	Other	ransfer of cash or property from related organization(s)			1r		
_2	If the	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	luding covered relati	onships and transact	ion thresholds		
		(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determin involved		ount
(1)			type(a-r)		liivoived	ı	
(2)							
(3)							
(4)							
(5)							
\- <i>)</i>							

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	į	(e) Are all partners section 501(c)(3) ganizations?	(f) Share of total Income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allo	cations?	(i) Code V—UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gene man	j) ral or aging ner?	<b>(k)</b> Percentage ownership
			52.,	Yes	No			Yes	No		Yes	No	
(1) HCA-HEALTHONE LLC	HOCDITALC	СО	RELATED		No				No			No	40 600 %
4900 S MONACO ST STE 380DENVER, CO 80237 84-1321373	HOSPITALS	CO	RELATED		No				No			INO	40 600 %
-													

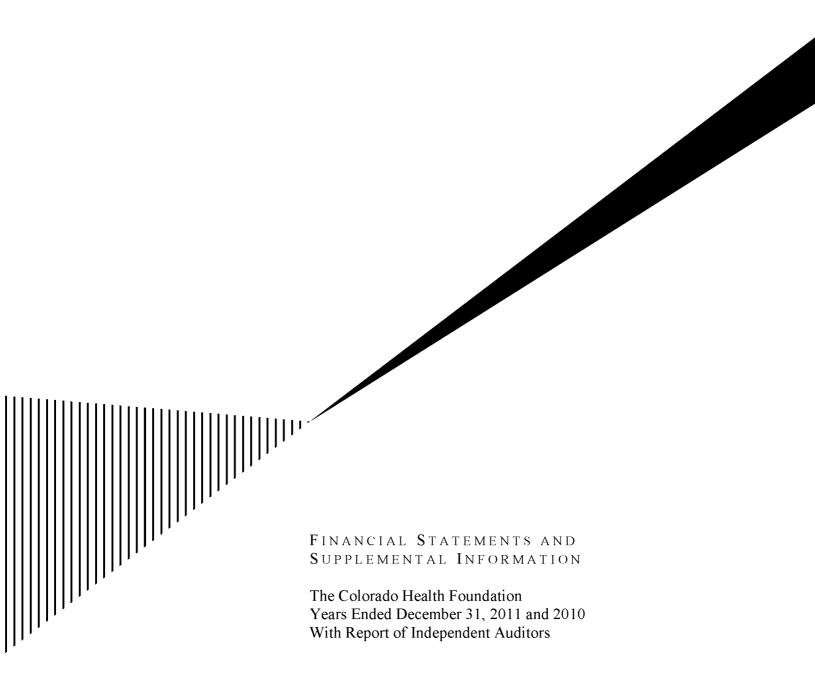
Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011



Ernst & Young LLP



# Financial Statements and Supplemental Information

Years Ended December 31, 2011 and 2010

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## Report of Independent Auditors

The Board of Directors
HealthONE d b a The Colorado Health Foundation

We have audited the accompanying statements of financial position of HealthONE (d b a The Colorado Health Foundation) (the Foundation) as of December 31, 2011 and 2010, and the related statements of activities and changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Foundation's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation at December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole The supplemental information included on pages 17-20 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

Ernst + Young LLP

June 22, 2012

# Statements of Financial Position (In Thousands)

	December 31				
		2011		2010	
Assets					
Cash and cash equivalents	\$	10,884	\$	52,135	
Prepaid expenses and other receivables		4,562		2,881	
Property and equipment, net		1,578		1,282	
Long-term investments		2,216,045		717,544	
Investment in Joint Venture		_		482,518	
Total assets	-\$	2,233,069	\$	1,256,360	
Liabilities and net assets					
Liabilities					
Accounts payable, accrued expenses,					
and deferred revenue	\$	2,635	\$	2,031	
Grants payable		75,745		77,814	
Total liabilities		78,380		79,845	
Net assets					
Unrestricted, including Board-designated of					
\$0 in 2011 and \$482,518 in 2010		2,154,315		1,176,142	
Temporarily restricted		374		373	
Total net assets		2,154,689		1,176,515	
Total liabilities and net assets	\$	2,233,069	\$	1,256,360	

See accompanying notes.

# Statements of Activities and Changes in Net Assets (In Thousands)

	Year Ended December 31 2011					Year Ended December 31 2010						
			Temp	porarily				Temporarily				
	Unrestricte	estricted		Restricted		Total	Unrestricted		Restricted		Total	
Revenues, support, and gains												
Contributions and grants	\$ 42	7	\$	_	\$	<b>42</b> 7	\$	586	\$	_	\$	586
Graduate medical education	11,86	5				11,865		12,140		_		12,140
Investment (loss) meome	(3,638	8)		2		(3,636)		81,875		5		81,880
Gain on sale of interest in Joint Venture	956,79	7		_		956,797		_		_		_
Equity in earnings of Joint Venture	120,45	4		_		120,454		153,572		_		153.572
Other	1,12	1		_		1,121		401		_		401
Net assets released from restrictions and transfers		1		(1)		_		67		(67)		_
Total revenues, support, and gains	1,087,02	7		1		1,087,028		248.641		(62)		248.579
Expenses												
Philanthropy, including grant-making expenses of \$1,627 in 2011												
and \$1.513 m 2010	82,63	3		_		82,633		97.920		_		97,920
Graduate medical education program	13,42	2		_		13,422		12,801		_		12,801
Other community benefit programs, including expenses related to												
net assets released from restrictions of \$1 in 2011 and \$67 in 2010	1,14	7		_		1,147		841		_		841
Management, general, and Board-designated	11,65	2		_		11,652		7,198		_		7.198
Total expenses	108,85	4		_		108,854		118,760		-		118,760
Change in net assets	978,17	3		1		978,174		129,881		(62)		129.819
Net assets at beginning of vear	1,176,14	2		373		1,176,515	1.	046,261		435	1.0	046,696
Net assets at end of vear	\$ 2,154,31	5	\$	374	\$	2,154,689	\$ 1,	176,142	\$	373	\$ 1,	176,515

See accompanying notes

# Statements of Cash Flows

	Year Ended December 31 2011 2010			
		(In Tho	usar	ids)
Operating activities				
Change in net assets	\$	978,174	\$	129,819
Adjustments to reconcile change in net assets to net cash used in operating activities				
Loss on disposal of assets		_		214
Depreciation and amortization		221		262
Equity in undistributed earnings of Joint Venture		(120,454)		(153,572)
Gain on sale of interest in Joint Venture		(956,797)		_
Net unrealized gains on investments		(2,050)		(25,171)
Equity in undistributed earnings of alternative investments		(2,494)		(43,896)
Changes in assets and liabilities		,		
Prepaid expenses and other receivables		(1,681)		398
Accounts payable and accrued expenses		604		(1,157)
Grants payable		(2,069)		14,919
Net cash used in operating activities		(106,546)		(78,184)
Investing activities				
Sale of interest in Joint Venture		1,450,000		_
Distribution from Joint Venture		109,769		119,500
Purchases of long-term investments	(	(2,283,510)		(218,806)
Sales of long-term investments		789,553		176,796
Purchases of property and equipment		(517)		(264)
Net cash provided by investing activities		65,295		77,226
Net decrease in cash and cash equivalents		(41,251)		(958)
Cash and cash equivalents at beginning of year		52,135		53,093
Cash and cash equivalents at end of year	\$	10,884	\$	52,135

See accompanying notes.

#### Notes to Financial Statements

December 31, 2011

#### 1. Organization

HealthONE began doing business as The Colorado Health Foundation (the Foundation) on April 1, 2006 The Foundation is a not-for-profit corporation organized to improve the health and health care of Coloradans through leadership, philanthropy, and education Also, as further discussed in Note 5, the Foundation owned 50% of the voting interest (Class B units) in HCA-HealthONE LLC (the Joint Venture) through October 14, 2011, at which time the interest was sold to HealthONE of Denver, Inc The Foundation's operations are conducted within the state of Colorado

#### 2. Summary of Significant Accounting Policies

#### **Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

#### Cash and Cash Equivalents

The Foundation routinely invests its funds not needed immediately for operations in money market mutual funds which are considered cash equivalents. The money market funds generally invest in high quality, short-term, U.S. dollar-denominated money market instruments of domestic and foreign issuers

#### **Long-Term Investments**

The Foundation's long-term investments (managed investment portfolio) include U S government and government agency securities, mutual funds, and alternative investments The Foundation's managed investment assets are dedicated to providing the financial resources needed to meet its grant-making and other charitable objectives The Foundation's annual

## Notes to Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

funding is determined each year in February for the next fiscal year As such, the Foundation's spending formula provides annual funding equal to 5% of the market value of its managed investment assets as of year-end two years prior to the current year, plus 25–100% of distributions received from the Joint Venture in that same year

In order to ensure sufficient cash liquidity to meet spending requirements, at no time may the managed investment assets be invested in non-liquid assets (including future cash calls) that exceed 40% of the aggregate total fair market value of such assets. The Foundation defines liquidity as the ability to redeem in less than 91 days. As of December 31, 2011, approximately \$2.0 billion, or 90% of the Foundation's managed investment assets were deemed to be liquid.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the statement of financial position based on quoted market prices for identical or similar securities. The fair values for alternative investments represent the Foundation's pro rata interest in the net assets of each investment and are based on financial information determined and reported by investment managers or on the basis of other information evaluated periodically by the Foundation As of December 31, 2011, the Foundation has committed \$42.6 million for additional investment in its existing private equity and real asset funds. Investment income or loss (including realized and unrealized gains and losses, interest, and dividends) is included in the change in unrestricted net assets, unless the income or loss is restricted by donor or law.

In general, investment securities are exposed to various risks, such as interest rates, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near term and that those changes could materially affect the amounts reported in the accompanying financial statements. The market risk inherent in certain of the Foundation's investments is primarily the potential loss arising from adverse changes in quoted market prices on equity securities and in interest rates on fixed income securities. In an effort to mitigate the market risk, the Foundation has adopted a policy of maintaining a diverse investment portfolio through the use of target asset allocation guidelines. These guidelines require that the Foundation's investment portfolio include a mix of publically traded fixed income and equity securities and alternative investments.

## Notes to Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

#### **Contributions**

Cash contributions are recognized as revenue on the date received Contributions of noncash assets are recorded at fair value at the date of donation Contributions are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted other revenues, support, and gains in the statement of activities and changes in net assets. In the absence of donor specifications that income and gains on donated funds are restricted, such income and gains are reported as increases in unrestricted net assets.

#### **Board-Designated Net Assets**

Board-designated net assets represent unrestricted resources of the Foundation that have been set aside by the Board of Directors (the Board) to be supervised by a committee of the Board (the Joint Venture committee) Since these net assets are not donor-restricted, they are included in unrestricted net assets Board-designated net assets were eliminated and transferred to unrestricted net assets when the Foundation sold its interest in the Joint Venture in 2011 Temporarily restricted net assets are those whose use by the Foundation has been limited by donors to a specific time period or purpose

#### Management, General, and Board-Designated Expenses

Management, general, and Board-designated expenses include administrative and oversight expenses related to the management of the Foundation's Board-designated assets, as well as management and other administrative expenses that are not directly identifiable with individual Foundation programs

#### Tax Status

The Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code

## Notes to Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

#### **Fair Value of Financial Instruments**

The following methods and assumptions were used by the Foundation in estimating the fair value of its financial instruments

Cash and Cash Equivalents – Cash is reported at carrying value Cash equivalents are reported in the accompanying statements of financial position at fair value based on quoted market prices for identical or similar securities

Investments in Marketable Securities – The carrying amount reported in the accompanying statements of financial position is fair value, based on quoted market prices for identical or similar securities

Alternative Investments – The carrying amount reported in the accompanying statements of financial position is fair value based on net asset values reported by limited partnerships and/or hedge fund managers

Other Receivables and Accounts Payable – The carrying amount reported in the accompanying statements of financial position approximates fair value, due to the short-term nature of these assets

Grants Payable – The carrying amount reported in the accompanying statements of financial position is initially recognized at fair value, discounted at 5%, which is the Foundation's anticipated rate of return Discounts are amortized over the grant payout period

Different assumptions and/or estimation methods may have a material effect on the estimated fair value amounts Judgment is required to develop estimates of fair value Accordingly, the estimates are not necessarily indicative of the amounts the Foundation could have realized in a current market exchange

#### **Recently Issued Accounting Pronouncement**

In May 2011, the Financial Accounting Standards Board issued a further update to the authoritative guidance on fair value measurements Accounting Standards Update No 2011-4, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. Generally Accepted Accounting Principles and International Financial Reporting Standards

## Notes to Financial Statements (continued)

#### 2. Summary of Significant Accounting Policies (continued)

(IFRS) This update includes common requirements for measurement of and disclosure about fair value between U S generally accepted accounting principles and IFRS and will require reporting entities to disclose the following information for fair value measurements categorized within Level III of the fair value hierarchy quantitative information about the unobservable inputs used in the fair value measurement, the valuation processes used by the reporting entity, and a narrative description of the sensitivity of the fair value measurement to changes in unobservable inputs and the interrelationships between those unobservable inputs In addition, the update will require reporting entities to make disclosures about amounts and reasons for all transfers in and out of Level I and Level II fair value measurements The new and revised disclosures are effective for annual reporting periods beginning after December 15, 2011 At this time, the Foundation does not expect any material impact on the financial statements

#### 3. Long-Term Investments

Investments consist of the following as of December 31 (in thousands)

	2011		2010
Government and agency obligations	\$ 1,313,404	\$	102
Alternative investments	796,923	Ψ	369,828
Mutual funds	103,720		332,960
Money market funds	1,998		1,765
Corporate stocks	_		12,889
	\$ 2,216,045	\$	717,544

2011

2010

# Notes to Financial Statements (continued)

#### 3. Long-Term Investments (continued)

Investment income in the statements of activities and changes in net assets includes the following for the years ended December 31 (in thousands)

2011							
			•		T-4-1		
<u>UII</u>	restricted	Resti	rictea		<u>Total</u>		
\$	7,252	\$	2	\$	7,254		
	2,494		_		2,494		
	(15,434)		_		(15,434)		
	2,050		_		2,050		
	(3,638)	\$	2	\$	(3,636)		
		20	10				
		-	·				
<u>Un</u>	restricted	Rest	ricted		<u>Total</u>		
\$	6,667	\$	5	\$	6,672		
	43,896		_		43,896		
	6,141		_		6,141		
	25,171				25,171		
\$	81,875	\$	5	\$	81,880		
	\$ 	2,494 (15,434) 2,050 \$ (3,638) Unrestricted \$ 6,667 43,896 6,141 25,171	Unrestricted Restricted  Temporarily Restricted	Temporarily Restricted			

#### 4. Fair Value Measurement

The Foundation applies Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, for recording financial assets and liabilities and any other assets and liabilities carried at fair value This pronouncement defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements

## Notes to Financial Statements (continued)

#### 4. Fair Value Measurement (continued)

In order to increase consistency and comparability in fair value measurements, ASC 820 establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below

Level 1 Quoted prices (unadjusted) for identical assets in active markets that are accessible at the measurement date. The fair value hierarchy gives the highest priority to Level 1 inputs

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets, quoted prices in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets

Level 3 Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs

In determining fair value, the Foundation utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Foundation also considers counterparty credit risk in its assessment of fair value.

Financial assets recorded at fair value on a recurring basis as of December 31, are classified in the table below in one of the three categories described above (in thousands)

		2011										
	]	Level 1		Level 2		Level 3		Total				
Assets												
Cash and cash equivalents	\$	10,884	\$	_	\$	_	\$	10,884				
Alternative investments		_		666,284		130,639		796,923				
Mutual funds		103,720		_		_		103,720				
Money market investments		1,998		_		_		1,998				
Government and agency												
obligations		_		1,313,404		_		1,313,404				
Total assets at fair value	\$	116,602	\$	1,979,688	\$	130,639	\$ 2	2,226,929				
•												

# Notes to Financial Statements (continued)

#### 4. Fair Value Measurement (continued)

	2010								
	]	Level 1		Level 2		Level 3		Total	
Assets									
Cash and cash equivalents	\$	52,135	\$	_	\$	_	\$	52,135	
Alternative investments		_		196,394		173,434		369,828	
Mutual funds		332,960		_		_		332,960	
Money market investments		1,765		_		_		1,765	
Corporate stocks		12,889		_		_		12,889	
Government and agency									
obligations		102		_		_		102	
Total assets at fair value	\$	399,851	\$	196,394	\$	173,434	\$	769,679	

Multi-year grant commitments made in 2011 and 2010 of \$55,460 and \$62,168, respectively, were measured at fair value, on a nonrecurring basis

The following table provides a summary of changes in fair value of the Foundation's Level 3 financial assets and liabilities for the year ended December 31, 2011 (in thousands)

	Alte	evel 3 ernative estments
Beginning balance Net realized and unrealized gains Purchases	\$	173,434 3,922 10,883
Sales Ending balance	\$	(57,600) 130,639

# Notes to Financial Statements (continued)

#### 4. Fair Value Measurement (continued)

The following table summarizes the redemption characteristics of the Foundation's investments in entities that calculate fair market value based on net asset value per share at December 31, 2011 (in thousands)

	Fair Value	Unfunded Commitments		Redemption Frequency	Redemption Notice Period
				Quarterly and	
Hedged equity funds(a)	\$ 75,609	\$	_	annually	30-60 days
Multi-strategy hedge				Quarterly and	45-100 days
funds <sup>(b)</sup>	65,095		_	annually	
Global equity funds <sup>(c)</sup>	382,521		_	Semi-monthly	6-60 days
Domestic equity funds (d)	14,147		_	Monthly	30-90 days
• •				Quarterly and	•
Real assets <sup>(e)</sup>	28,314		219	annually	60-90 days
Private equity funds <sup>(f)</sup>	15,388		36,898	N/A	N/A
				Daily and	
Emerging market <sup>(g)</sup>	111,673		_	monthly	1-30 days
				Monthly and	ř
Alternative credit <sup>(h)</sup>	94,489		5,451	quarterly	30-90 days
Commodities <sup>(1)</sup>	9,687		_	Daily	1-2 days
	\$ 796,923	\$	42,568	Ž	•

(a) This category includes investments in hedge funds that invest in both long and short positions, primarily in U S common stocks Fund management of the hedge funds has the ability to shift investments from value to growth strategies, from small to large capitalization stakes, and from a net long position to a net short position. The investment portfolio has dominant exposure in the U S market, but the Foundation will also take advantage of investment opportunities in Europe, Asia, and in emerging markets. As of December 31, 2011, 10% of the fair value of the investments in this category cannot be redeemed because the investments include restrictions that do not allow for redemption in the first 36 months due to the lockup period. The remaining restriction period for these investments is 12 months.

## Notes to Financial Statements (continued)

#### 4. Fair Value Measurement (continued)

- (b) This category includes multi-strategy absolute return investments focused on analyzing the risk-adjusted returns of individual securities and assets and capturing the alpha in mispriced assets/securities across conventional and alternative financial strategies. Fund management initiates long and short positions targeting solid, absolute risk-adjusted returns. As of December 31, 2011, all of the investments in this category can be redeemed with no restrictions.
- (c) This category includes investments in funds that focus on long-only positions in international and domestic equities. The underlying assets are liquid and the funds' managers provide details of those assets. As of December 31, 2011, all of the investments in this category can be redeemed with no restrictions.
- (d) This category includes investments in funds that focus on long-only positions in domestic equities. The underlying assets are liquid and the funds' managers provide details of those assets. As of December 31, 2011, all of the investments in this category can be redeemed with no restrictions.
- (e) This category includes one core U S real estate fund that makes direct investments in multiple markets and multiple property types. The category also includes two funds focused on investing in energy resources. As of December 31, 2011, 14% of the total fair value in this category is not redeemable and has an investment life of nine years. The balance of the fair value in this category can be redeemed with the appropriate notice
- (f) This category includes several private equity funds that focus on buyout, growth equity, and/or distressed debt. These investments are not redeemable. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets in the fund. The terms for these investments range from four to nine years.
- (g) This category includes public equity and fixed income investments in companies and/or governments based in emerging markets, which comprise Brazil, Chile, China, Columbia, Czech Republic, Egypt, Hungary, India, Indonesia, Korea, Malaysia, Mexico, Peru, Philippines, Poland, Russia, South Africa, Taiwan, Thailand, and Turkey This asset class/theme may also provide direct exposure to the currencies of the countries listed above As of December 31, 2011, 100% of the investments in this category can be redeemed with no restrictions and with the appropriate notice

## Notes to Financial Statements (continued)

#### 4. Fair Value Measurement (continued)

- (h) This category includes investments in credit strategies such as high yield, levered loans, non-agency securitized credit, and some "special situations" This asset class can provide exposure to both corporate and consumer credit and across capital structures. As of December 31, 2011, 59% of the investments in this category have a lockup restricting the redemption of the investments. The remaining 41% of the investments in this category can be redeemed with no restrictions and with the appropriate notice.
- (i) This category includes investments in commodities and commodity futures with the goal of offering a modest risk premium in excess of the risk-free rate. As of December 31, 2011, 100% of the investments in this category can be redeemed with no restrictions and with appropriate notice

#### 5. Investment in the Joint Venture

Effective November 1, 1995, the Foundation entered into certain agreements with wholly owned affiliates of HCA, Inc (HCA) whereby substantially all of the Foundation's assets were contributed to the Joint Venture and certain of its liabilities, commitments, and contingent liabilities were assumed by the Joint Venture The Foundation contributed its net assets in exchange for 50% of the voting interest (the Class B Units) in the Joint Venture By virtue of HCA's contribution of its leasehold interest in Rose Medical Center to the Joint Venture, HCA received contractual Class D distributions resulting in an ownership interest in the equity of the Joint Venture of approximately 60% and the Foundation holding approximately a 40% interest The Foundation recorded its investment in the Joint Venture at the historical cost of the net assets contributed and accounted for the investment using the equity method of accounting

On October 14, 2011, the Foundation sold its interest in the Joint Venture to HealthONE of Denver, Inc for \$1 45 billion, which resulted in a gain on sale of \$957 million. The Foundation, after a contractual distribution to HCA, shared in 50% of the net income of the Joint Venture through the sale date. The Foundation's share was \$120,454,000 in 2011 and \$153,572,000 in 2010. The Joint Venture had established guidelines for determining amounts available for distribution to Class B members. In accordance with this policy, the Joint Venture distributed \$109,769,000 and \$119,500,000 to each Class B member in 2011 and 2010, respectively, prior to the sale date.

## Notes to Financial Statements (continued)

#### 6. Grants Payable

The scheduled payout of grant commitments as of December 31 is as follows (in thousands)

		2011		
Less than 1 year	\$	55,141	\$	54,655
1 to 2 years	•	20,427	•	20,319
2 to 3 years		2,227		5,174
Over 3 years		_		204
Grant commitments		77,795		80,352
Unamortized discount		(2,050)		(2,538)
Grants payable	\$	75,745	\$	77,814

#### 7. Related-Party Agreement

#### **Affiliation Agreement**

Under an Affiliation Agreement (the Agreement) with HCA HealthONE, LLC (the LLC), the Foundation has responsibility for certain accredited graduate medical education programs and medical technology education programs operating within the LLC hospitals Among other items, the Agreement provides for LLC support for the Foundation's medical education through use of certain hospital facilities, assistance of employees and medical staff, and a provision for annual funding. The term of the Agreement shall end on June 30, 2017, provided, however, that the Agreement shall stay in effect until each person who is a trainee on July 1, 2016, has been given the opportunity to complete his or her studies in the education program in which he or she is enrolled. For the years ended December 31, 2011 and 2010, the Joint Venture paid the Foundation approximately \$11,865,000 and \$12,140,000, respectively, for graduate medical education

#### 8. Commitments

#### Leases

The Foundation leases certain building space under operating leases, which extend into 2016 Rental expense was \$555,000 and \$514,000 for the years ended December 31, 2011 and 2010, respectively Minimum future annual lease payments under these noncancelable operating leases

## Notes to Financial Statements (continued)

#### 8. Commitments (continued)

are \$538,000 for 2012, \$556,000 for 2013, \$569,000 for 2014, \$584,000 for 2015, \$392,000 for 2016, and \$0 thereafter

### 9. 401(k) Plan

The Foundation sponsors a defined contribution plan (the Plan), which covers all full-time employees that have 6 months of service and are 21 years of age. The Plan provides every eligible employee a contribution based on a percentage of the employee's salary. The Plan also provides for discretionary employer matching contributions up to a specific percentage of the employees' salary. For the years ended December 31, 2011 and 2010, the Foundation recorded contribution expense of \$460,000 and \$462,000, respectively, related to the Plan.

#### 10. Income Taxes

ASC 740, *Income Taxes*, requires organizations to recognize the tax benefits of certain tax positions only when the position is "more likely than not" to be sustained, assuming examination by the tax authorities. The tax benefit recognized is the largest amount of benefit that is greater than 50% likely of being recognized upon ultimate settlement.

In accordance with ASC 740, the Foundation recognizes interest and penalties, if any, related to tax liabilities as income tax expense on the statement of activities and changes in net assets. The Foundation has concluded that there are no significant uncertain tax positions that would require recognition in the accompanying financial statements. The Foundation remains subject to examination by U.S. federal tax authorities for the 2008 through 2011 tax years, and 2007 through 2011 for Colorado state tax authorities.

#### 11. Subsequent Events

The Foundation's financial statements were available to be issued on June 22, 2012, and this is the date through which subsequent events were evaluated

Supplemental Information

# Supplemental Schedule of Net Assets

December 31, 2011 (In Thousands)

	_Uı	nrestricted	mporarily Restricted	Total
Assets				
Cash and cash equivalents	\$	10,884	\$ _	\$ 10,884
Other receivables		4,142	_	4,142
Prepaid expenses		420	_	420
Property and equipment, net		1,578	_	1,578
Long-term investments		2,215,671	374	2,216,045
Total assets	\$	2,232,695	\$ 374	\$ 2,233,069
Liabilities and net assets Liabilities Accounts payable, accrued expenses, and deferred				
revenue	\$	2,635	\$ _	\$ 2,635
Grants payable		75,745		75,745
Total liabilities		78,380	_	78,380
Net assets		2,154,315	374	2,154,689
Total liabilities and net assets	\$	2,232,695	\$ 374	\$ 2,233,069

# Supplemental Schedule of Net Assets

December 31, 2010 (In Thousands)

	Unrestricted							
	Excluding Board- Designated		Board- Designated		Temporarily Restricted			Total
Assets								
Cash and cash equivalents	\$	52,135	\$	_	\$	_	\$	52,135
Other receivables		2,466		_		_		2,466
Prepaid expenses		415		_		_		415
Property and equipment, net		1,282		_		_		1,282
Long-term investments		717,171		_		373		717,544
Investment in Joint Venture		_		482,518		_		482,518
Total assets	\$	773,469	\$	482,518	\$	373	\$	1,256,360
Liabilities and net assets								
Liabilities Accounts payable, accrued								
expenses, and deferred								
revenue	\$	2,031	\$	_	\$	_	\$	2,031
Grants payable	Ψ	77,814	Ψ		Ψ	_	Ψ	77,814
. 2								
Total liabilities		79,845		400.510		272		79,845
Net assets		693,624		482,518		373		1,176,515
Total liabilities and net assets	\$	773,469	\$	482,518	\$	373	\$	1,256,360

# Supplemental Schedule of Changes in Net Assets

Year Ended December 31, 2011 (In Thousands)

		Other Community	Graduate Medical	Board-	Management		Temporarily	
	Philanthropy	Benefit *	Education	Designated	and General	Total	Restricted	Total
Revenues, support, and gains								
Contributions	\$ -	\$ 36	\$ -	\$ -	\$ -	\$ 36	\$ -	\$ 36
Grants	_	_	391	_	_	391	_	391
Investment income	_	9	_	_	(3,647)	(3,638)	2	(3,636)
Graduate medical education	_	_	11,865	_	_	11,865	_	11.865
Tuition income	_	_	169	_	_	169	_	169
Other	_	82	777	91	2	952	_	952
Gain on sale of interest in Joint Venture	_	_	_	956,797	_	956,797	_	956,797
Equity in earnings of Joint Venture	_	_	_	120,454	_	120,454	_	120,454
Net assets released from restrictions		1	_	_	_	1	(1)	
Total revenues, support, and gains	_	128	13,202	1.077.342	(3,645)	1,087,027	1	1.087.028
Expenses								
Salaries and wages	1,130	1	3,828	284	3,674	8,917	_	8,917
Employee benefits	291	_	944	50	959	2.244	_	2,244
Supplies	12	13	122	_	104	251	_	251
Purchased services	2	252	2,597	5	301	3,157	_	3,157
Professional fees	875	828	5,131	3,592	1.011	11,437	_	11,437
Insurance	_	10	224	_	195	429	_	429
Lease and rental	_	_	7	_	594	601	_	601
Depreciation and amortization	_	_	69	_	152	221	_	221
Grants to recipients	80,205	3	15	_	4	80,227	_	80,227
Other	118	40	485	388	339	1,370	_	1,370
Total expenses	82,633	1,147	13,422	4.319	7,333	108,854	_	108,854
Change in net assets	\$ (82,633)	\$ (1,019)	\$ (220)	\$ 1,073,023	\$ (10,978)	\$ 978,173	\$ 1	\$ 978,174

<sup>\*</sup> Includes Restricted Funds, Colorado Health Symposium, Health Elevations, and Colorado Health Report Card

# Supplemental Schedule of Changes in Net Assets

Year Ended December 31, 2010 (In Thousands)

	Philanthropy	Other Community Benefit *	Graduate Medical Education	Board- Designated	Management and General	Unrestricted Total	Temporarily Restricted	Total
Revenues, support, and gains								
Contributions	\$ -	\$ 22	\$ -	\$ -	\$ -	\$ 22	\$ -	\$ 22
Grants	134	_	430	_	_	564	_	564
Investment income	_	11	_	_	81,864	81.875	5	81.880
Graduate medical education	_	_	12,140	_	_	12,140	_	12,140
Tuition income	_	_	167	_	_	167	_	167
Participant income	_	69	_	_	_	69	_	69
Other	_	13	34	111	7	165	_	165
Equity in earnings of Joint Venture	_	_	_	153,572	_	153,572	_	153,572
Net assets released from restrictions		67	_	_	_	67	(67)	
Total revenues, support, and gains	134	182	12,771	153,683	81,871	248,641	(62)	248,579
Expenses								
Salaries and wages	1,101	_	3,890	156	3,181	8,328	_	8.328
Employee benefits	253	_	891	28	794	1.966	_	1.966
Supplies	15	9	108	_	105	237	_	237
Purchased services	13	257	2,396	_	267	2,933	_	2,933
Professional fees	1,186	454	4.894	467	902	7.903	_	7.903
Insurance	_	10	215	_	204	429	_	429
Lease and rental	_	1	15	_	553	569	_	569
Depreciation and amortization	_	_	84	1	177	262	_	262
Grants to recipients	95,239	61	18	_	7	95.325	_	95.325
Other	113	49	290	70	286	808	_	808
Total expenses	97.920	841	12,801	722	6,476	118,760	_	118,760
Change in net assets	\$ (97,786)	\$ (659)	\$ (30)	\$ 152,961	\$ 75,395	\$ 129,881	\$ (62)	\$ 129,819

<sup>\*</sup> Includes Restricted Funds, Colorado Health Symposium, Health Elevations, and Colorado Health Report Card

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