

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

**A** For the **2015** calendar year, or tax year beginning , **2015**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HEALTHONE			<b>D</b> Employer identification number 74-2568941
	Doing Business As THE COLORADO HEALTH FOUNDATION			<b>E</b> Telephone number (303) 953-3600
	Number and street (or P.O. box if mail is not delivered to street address) 501 S CHERRY STREET		Room/suite 1100	<b>G</b> Gross receipts \$ 383,466,022.
	City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80246-1325			
<b>F</b> Name and address of principal officer: KAREN MCNEIL-MILLER SAME AS C ABOVE			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: WWW.COLORADOHEALTH.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1980	<b>M</b> State of legal domicile: CO

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH AND HEALTH CARE OF COLORADANS BY INCREASING ACCESS TO QUALITY HEALTH CARE AND ENCOURAGING HEALTHY LIFE STYLES. THIS IS ACCOMPLISHED THROUGH GRANTMAKING.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20.		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	140.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	32.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-125,118.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	635,389.	Current Year	638,135.
	<b>9</b> Program service revenue (Part VIII, line 2g)		12,574,237.		13,058,500.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		164,936,619.		146,598,356.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		114,244.		103,486.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		178,260,489.		160,398,477.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		76,248,823.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			12,538,790.		13,073,068.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶			0.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			16,269,836.		19,792,995.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		105,057,449.		97,771,824.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		73,203,040.		62,626,653.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	2,398,765,712.	End of Year	2,310,256,039.
	<b>21</b> Total liabilities (Part X, line 26)		49,844,709.		39,143,806.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		2,348,921,003.		2,271,112,233.

**COPY FOR PUBLIC INSPECTION**

## Part II Signature Block

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ RAHN PORTER CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name STEVEN T RUTTI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00775456
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-656596			
	Firm's address ▶ TWO NORTH CENTRAL AVE, STE 2300 PHOENIX, AZ 85004	Phone no. 602-322-3000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

TO IMPROVE THE HEALTH AND HEALTH CARE OF COLORADANS BY INCREASING ACCESS TO QUALITY HEALTH CARE AND ENCOURAGING HEALTHY LIFE STYLES. THIS IS ACCOMPLISHED THROUGH GRANTMAKING.

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 69,620,047. including grants of \$ 64,899,671. ) (Revenue \$ 0. )  
GRANTS AND CONTRIBUTIONS TO NONPROFIT ORGANIZATIONS, GOVERNMENT AGENCIES AND OTHER GROUPS THAT WORK TO IMPROVE HEALTH AND HEALTH CARE IN COLORADO. THERE WERE 209 GRANTS AWARDED TO GRANTEEES WITHIN COLORADO.

**4b** (Code: ) (Expenses \$ 14,161,452. including grants of \$ 6,090. ) (Revenue \$ 13,058,500. )  
THE FOUNDATION SPONSORS FIVE GRADUATE MEDICAL RESIDENT PROGRAMS. DURING 2015, 72 RESIDENTS RECEIVED TRAINING.

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

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

**4e** Total program service expenses ▶ 83,781,499.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (governing body/committees), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 15a-15b (CEO/officers), 16a-16b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

ANDREW RITZ 501 S CHERRY, SUITE 1100 DENVER, CO 80246-1325 303-953-3600

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD MURPHY BOARD CHAIR	4.00 0.	X		X				0.	0.	0.
(2) CEDRIC BUCHANNON DIRECTOR	2.00 0.	X						0.	0.	0.
(3) JEROME BUCKLEY, MD DIRECTOR	2.00 0.	X						0.	0.	0.
(4) EILEEN BYRNE DIRECTOR	2.00 0.	X						0.	0.	0.
(5) TOTI CADAVID DIRECTOR	2.00 0.	X						0.	0.	0.
(6) JEROME DAVIS DIRECTOR	2.00 0.	X						0.	0.	0.
(7) RUSS DISPENSE DIRECTOR	2.00 0.	X						0.	0.	0.
(8) JANET L HOUSER, PHD DIRECTOR	2.00 0.	X						0.	0.	0.
(9) JOHN HUGHES JR, CPA DIRECTOR	2.00 0.	X						0.	0.	0.
(10) GRANT JONES DIRECTOR	2.00 0.	X						0.	0.	0.
(11) VIRGILIO LICONA, MD DIRECTOR	2.00 0.	X						0.	0.	0.
(12) VIRGINIA MALONEY, PHD DIRECTOR	2.00 0.	X						0.	0.	0.
(13) RUTH NAUTS, MD DIRECTOR	2.00 0.	X						0.	0.	0.
(14) DIANE PADALINO DIRECTOR	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MARY A SCHAEFER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
16) STEPHEN H SHOGAN, MD ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
17) SARA C STRATTON ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
18) MARK E WALLACE, MD, MPH ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
19) JOHN M WESTFALL, MD, MPH ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
20) JESSICA YATES ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
21) ANNE WARHOVER ----- PRESIDENT & CEO (THRU 1/15)	40.00 ----- 0.			X				84,180.	0.	4,034.
22) KAREN MCNEIL-MILLER ----- PRESIDENT & CEO (AS OF 10/15)	40.00 ----- 0.			X				356,327.	0.	11,721.
23) RAHN PORTER ----- INTERIM CEO (THRU 10/15), CFO	40.00 ----- 0.			X				527,028.	0.	18,550.
24) J STANFORD WILLIE ----- CHIEF INVESTMENT OFFICER	40.00 ----- 0.				X			368,839.	0.	20,000.
25) VICTORIA CAVANAUGH ----- VP OF OPERATIONS (THRU 5/15)	40.00 ----- 0.				X			217,671.	0.	18,405.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								3,046,735.	0.	294,567.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,046,735.	0.	294,567.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 45

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 17



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) AMY LATHAM INTERIM VP OF PHILANTHROPY	40.00 0.				X			219,160.	0.	37,392.
( 27) BRIAN DWINNELL, MD PROGRAM DIRECTOR	40.00 0.					X		245,149.	0.	40,339.
( 28) SCOTT JOY FACULTY	40.00 0.					X		239,016.	0.	24,589.
( 29) JONATHAN MANHEIM, MD HOSPITALIST DIRECTOR	40.00 0.					X		231,049.	0.	44,806.
( 30) JEFFREY PICKARD, MD DIR. TRANSITIONAL INTERN PROGR	40.00 0.					X		212,927.	0.	29,054.
( 31) MICHELLE REEVES FACULTY - HOSPITALIST DOCTOR	40.00 0.					X		208,928.	0.	29,705.
( 32) KELLY DUNKIN VP OF PHILANTHROPY (THRU 6/15)	40.00 0.						X	136,461.	0.	15,972.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 45

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	592,769.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	45,366.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			638,135.			
<b>Program Service Revenue</b>	<b>2a</b> <u>GRADUATE MEDICAL EDUCATION</u>	<b>Business Code</b>					
		813212		13,058,500.	13,058,500.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			13,058,500.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			43,491,375.			43,491,375.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			0.			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . . ▶			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		326,174,526.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		223,067,545.			
		<b>c</b> Gain or (loss) . . . . .		103,106,981.			
	<b>d</b> Net gain or (loss) . . . . . ▶			103,106,981.			103,106,981.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
		<b>b</b> Less: direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>							
	<b>b</b> Less: direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.			
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b> <u>ALL OTHER REVENUE</u>	900099		103,486.	102,319.		1,167.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			103,486.				
<b>12 Total revenue.</b> See instructions. . . . . ▶			160,398,477.	13,160,819.		146,599,523.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	64,899,671.	64,899,671.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	6,090.	6,090.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,996,192.		1,996,192.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	8,732,274.	3,924,835.	4,807,439.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	430,372.	169,902.	260,470.	
<b>9</b> Other employee benefits . . . . .	1,252,251.	477,072.	775,179.	
<b>10</b> Payroll taxes . . . . .	661,979.	256,552.	405,427.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	13,180,774.	12,580,272.	600,502.	
<b>b</b> Legal . . . . .	102,210.	419.	101,791.	
<b>c</b> Accounting . . . . .	136,783.		136,783.	
<b>d</b> Lobbying . . . . .	13,577.	13,577.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	0.			
<b>f</b> Investment management fees . . . . .	2,245,438.		2,245,438.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	163,881.	62,036.	101,845.	
<b>12</b> Advertising and promotion . . . . .	43,209.	26,943.	16,266.	
<b>13</b> Office expenses . . . . .	270,123.	169,615.	100,508.	
<b>14</b> Information technology . . . . .	838,990.	6,522.	832,468.	
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	724,158.	24,285.	699,873.	
<b>17</b> Travel . . . . .	501,161.	207,151.	294,010.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	894,858.	771,470.	123,388.	
<b>20</b> Interest . . . . .	18,057.		18,057.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	299,771.	176,221.	123,550.	
<b>23</b> Insurance . . . . .	362,737.	138,033.	224,704.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEMBERSHIP DUES -----	217,080.	151,558.	65,522.	
<b>b</b> CATERING -----	48,044.	15,921.	32,123.	
<b>c</b> LICENSES -----	42,190.	33,542.	8,648.	
<b>d</b> PRESENT VALUE ADJUSTMENT -----	-354,395.	-354,395.		
<b>e</b> All other expenses -----	44,349.	24,207.	20,142.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	97,771,824.	83,781,499.	13,990,325.	
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X. |

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	333,598.	<b>1</b>	4,146,874.
	<b>2</b> Savings and temporary cash investments	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net	1,473,590.	<b>4</b>	857,125.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	458,748.	<b>9</b>	460,009.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,538,436.		
	<b>b</b> Less: accumulated depreciation	1,705,812.		
		874,466.	<b>10c</b>	4,832,624.
	<b>11</b> Investments - publicly traded securities	357,308,642.	<b>11</b>	279,555,289.
	<b>12</b> Investments - other securities. See Part IV, line 11	2,031,178,428.	<b>12</b>	2,012,203,790.
	<b>13</b> Investments - program-related. See Part IV, line 11	7,138,240.	<b>13</b>	8,200,328.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11	0.	<b>15</b>	0.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,398,765,712.	<b>16</b>	2,310,256,039.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,986,689.	<b>17</b>	3,398,138.
	<b>18</b> Grants payable	47,858,020.	<b>18</b>	32,241,178.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	3,504,490.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25	49,844,709.	<b>26</b>	39,143,806.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,348,904,829.	<b>27</b>	2,271,112,233.
	<b>28</b> Temporarily restricted net assets	16,174.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	2,348,921,003.	<b>33</b>	2,271,112,233.
	<b>34</b> Total liabilities and net assets/fund balances	2,398,765,712.	<b>34</b>	2,310,256,039.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	160,398,477.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	97,771,824.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	62,626,653.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,348,921,003.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-140,435,423.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,271,112,233.

**Part XII Financial Statements and Reporting**

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

- 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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

HEALTHONE

Employer identification number

74-2568941

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I 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 in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	426,941.	529,524.	562,747.	635,389.	638,135.	2,792,736.
<b>2</b> 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 . . . . .	131,850,553.	12,198,044.	12,560,267.	12,685,617.	13,160,819.	182,455,300.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	94,147.	7,114,926.	182,724.	2,864.	1,167.	7,395,828.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5 . . . . .	132,371,641.	19,842,494.	13,305,738.	13,323,870.	13,800,121.	192,643,864.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .					19,854.	19,854.
<b>c</b> Add lines 7a and 7b. . . . .					19,854.	19,854.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						192,624,010.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .	132,371,641.	19,842,494.	13,305,738.	13,323,870.	13,800,121.	192,643,864.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	7,344,863.	36,508,250.	43,706,572.	47,557,662.	43,491,375.	178,608,722.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	871,151.					871,151.
<b>c</b> Add lines 10a and 10b . . . . .	8,216,014.	36,508,250.	43,706,572.	47,557,662.	43,491,375.	179,479,873.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .					0.	0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	140,587,655.	56,350,744.	57,012,310.	60,881,532.	57,291,496.	372,123,737.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	51.76 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	70.67 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	48.23 %
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	29.33 %

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.	Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 . . . . .			
<b>e</b> From 2014 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 . . . . .			
<b>d</b> Excess from 2014 . . . . .			
<b>e</b> Excess from 2015 . . . . .			

**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
 HEALTHONE

Employer identification number  
 74-2568941

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> HEALTHONE	<b>Employer identification number</b> 74-2568941
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 45,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 592,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **HEALTHONE**

Employer identification number

74-2568941

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **HEALTHONE**

Employer identification number

74-2568941

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HEALTHONE	Employer identification number 74-2568941
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 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? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.	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.		
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.													
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		5,000,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		13,577.
<b>j</b> Total. Add lines 1c through 1i			5,013,577.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B LINE 1F, 1I

LINE 1F: THE FOUNDATION MADE A GRANT OF \$5,000,000 TO HEALTHIER COLORADO,  
A 501(C)(4) SOCIAL WELFARE ORGANIZATION.

LINE 1I: THE AMOUNT REPORTED ON THIS LINE IS RELATED TO DUES PAID TO  
VARIOUS ORGANIZATIONS IN WHICH THE FOUNDATION HOLDS MEMBERSHIP. THESE  
ASSOCIATIONS HAVE MADE A DETERMINATION THAT \$13,577 OF THE DUES PAID WERE  
USED FOR LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

HEALTHONE

74-2568941

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		2,391,515.		2,391,515.
<b>b</b> Buildings . . . . .		1,856,113.		1,856,113.
<b>c</b> Leasehold improvements . . . . .		484,895.	292,566.	192,419.
<b>d</b> Equipment . . . . .		1,805,823.	1,413,246.	392,577.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				4,832,624.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other ATTACHMENT 1		
(A) MULTI STRATEGY	2,941,375.	FMV
(B) HEDGED EQUITY	360,317,644.	FMV
(C) ALTERNATIVE CREDIT	219,411,736.	FMV
(D) INTERNATIONAL EQUITY	701,941,607.	FMV
(E) EMERGING MARKET	180,847,662.	FMV
(F) REAL ASSETS	157,559,121.	FMV
(G) PRIVATE EQUITY	206,224,172.	FMV
(H) REINSURANCE	132,616,785.	FMV
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,012,203,790.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with columns for line numbers, descriptions, sub-items (2a-2d, 3, 4a-4b, 4c, 5), and numerical values. Total revenue per audited statements is 17,717,616. After adjustments, total revenue is 160,398,477.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with columns for line numbers, descriptions, sub-items (2a-2d, 3, 4a-4b, 4c, 5), and numerical values. Total expenses per audited statements is 95,526,386. After adjustments, total expenses are 97,771,824.

**Part XIII Supplemental Information.**

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

SEE PAGE 5



**Part XIII** Supplemental Information (continued)

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 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. 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 2012 THROUGH 2015 TAX YEARS, AND 2011 THROUGH 2015 FOR COLORADO STATE TAX AUTHORITIES.

<u>ATTACHMENT 1</u>		
<u>SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
DESCRIPTION		
ACTIVIST EQUITY	50,343,688.	FMV
TOTALS	<u>2,012,203,790.</u>	

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

HEALTHONE

74-2568941

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		757,257,759.
(2) EUROPE			INVESTMENTS		121,086,519.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					878,344,278.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					878,344,278.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 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)* . . . . .  Yes  No
  
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 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)* . . . . .  Yes  No
  
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

Employer identification number

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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ACADEMY 360 12505 ELMENDORF PL DENVER, CO 80239	46-2124543	501(C)3	34,811.				PROMOTE HEALTHY LIVING
<b>(2)</b> ALLHEALTH NETWORK 155 INVERNESS DR W, ENGLEWOOD, CO 80110	84-0472982	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(3)</b> ALZHEIMER'S ASSOCIATION - COLORADO CHAPTER 455 SHERMAN ST, STE 500 DENVER, CO 80203	84-0908354	501(C)3	10,000.				DONATION SPONSORSHIP
<b>(4)</b> AMERICA SCORES DENVER 4900 W 29TH AVE DENVER, CO 80212	84-1524095	501(C)3	120,000.				PROMOTE HEALTHY LIVING
<b>(5)</b> AMERICAN LUNG ASSOCIATION OF COLORADO 5600 GREENWOOD BLVD, GREENWOOD VIL CO 80111	86-0111676	501(C)3	70,000.				DONATION SPONSORSHIP
<b>(6)</b> ARAPAHOE COUNTY EARLY CHILDHOOD COUNCIL 6436 S RACINE CIR CENTENNIAL, CO 80111	84-1607162	501(C)3	205,263.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(7)</b> ARCHULETA SCHOOL DISTRICT 50 JT. PO BOX 1498 PAGOSA SPRINGS, CO 81147	84-6002725	GOVERNMENT	182,000.				PROMOTE HEALTHY LIVING
<b>(8)</b> ARRUPE JESUIT HIGH SCHOOL 4343 UTICA ST DENVER, CO 80212	20-6288720	501(C)3	10,000.				DONATION SPONSORSHIP
<b>(9)</b> ASSOCIATION OF BLACK FOUNDATION EXECUTIVES 333 7TH AVE, FLR 13 NEW YORK CITY, NY 10001	23-7156531	501(C)3	15,000.				DONATION SPONSORSHIP
<b>(10)</b> AURORA MENTAL HEALTH CENTER 11059 E BETHANY DR AURORA, CO 80014	84-0683346	501(C)3	25,000.				DONATION SPONSORSHIP
<b>(11)</b> AURORA PUBLIC SCHOOLS 15701 E 1ST AVE AURORA, CO 80011	84-6000870	GOVERNMENT	200,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(12)</b> BABY BEAR HUGS 201 SOUTH MAIN ST YUMA, CO 80759	84-1311396	501(C)3	7,500.				IMPROVE ACCESS TO HEALTH CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

HEALTHONE

Employer identification number

74-2568941

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BAYAUD ENTERPRISES INC. 333 W BAYAUD AVE DENVER, CO 80223	84-0616970	501(C)3	80,223.				PROMOTE HEALTHY LIVING
<b>(2)</b> BOULDER COUNTY AREA AGENCY ON AGING 3482 BROADWAY BOULDER, CO 80304	84-6000748	GOVERNMENT	35,363.				PROMOTE HEALTHY LIVING
<b>(3)</b> BOULDER COUNTY HOUSING AND HUMAN SERVICES 3460 N. BROADWAY ST BOULDER, CO 80304	84-6000748	GOVERNMENT	768,609.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(4)</b> BOULDER VALLEY SCHOOL DISTRICT RE-2 6500 E. ARAPAHOE RD. BOULDER, CO 80303	84-6014683	GOVERNMENT	272,620.				PROMOTE HEALTHY LIVING
<b>(5)</b> BOULDER VALLEY WOMEN'S HEALTH CENTER 2855 VALMONT RD BOULDER, CO 80301	84-0645786	501(C)3	40,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(6)</b> BOYS AND GIRLS CLUB OF LA PLATA COUNTY INC 2750 MAIN AVE LA PLATA, CO 81301	20-5112759	501(C)3	102,478.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(7)</b> BOYS AND GIRLS CLUBS IN COLORADO INC 2017 W 9TH AVE DENVER, CO 80204	47-1955928	501(C)3	519,169.				IMPROVE ACCESS TO HEALTH CARE
<b>(8)</b> CADY FOUNDATION 2758 WELTON ST DENVER, CO 80205	45-4251869	501(C)3	45,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(9)</b> CANON CITY SCHOOL DISTRICT FREMONT RE-1 101 N 14TH ST CANON CITY, CO 81212	84-6013945	GOVERNMENT	161,383.				PROMOTE HEALTHY LIVING
<b>(10)</b> CARING FOR COLORADO FOUNDATION 4100 E MISSISSIPPI AVE DENVER, CO 80246	84-1477197	501(C)4	1,200,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(11)</b> CATHOLIC CHARITIES OF DENVER 4045 PECOS ST DENVER, CO 80211	84-0686679	501(C)3	7,500.				DONATION SPONSORSHIP
<b>(12)</b> CENTER CONSOLIDATED SCHOOL DISTRICT 26JT 550 S. SYLVESTER AVE. CENTER, CO 81125	84-6001943	GOVERNMENT	57,000.				PROMOTE HEALTHY LIVING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

Employer identification number

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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CENTER FOR AFRICAN AMERICAN HEALTH 3601 MLK BLVD DENVER, CO 80205	84-1477546	501(C)3	32,500.				PROMOTE HEALTHY LIVING
<b>(2)</b> CENTER FOR EXCELLENCE IN HEALTH CARE JOURNA 10 NEFF HALL COLUMBIA, MO 65211	41-1908032	501(C)3	15,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(3)</b> CENTER FOR IMPROVING VALUE IN HEALTH CARE 950 S CHERRY ST DENVER, CO 80246	27-2884568	501(C)3	3,860,384.				IMPROVE ACCESS TO HEALTH CARE
<b>(4)</b> CENTRO DE LA FAMILIA 122 E LAS ANIMAS ST COLORADO SPR CO 80903	84-1435999	501(C)3	35,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(5)</b> CENTURA HEALTH - ST. ANTHONY HOSPITAL NORTH 1150 KELLY JOHNSON BLVD COL. SPR. CO 80920	84-0902211	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(6)</b> CHARTERCHOICE COLLABORATIVE 1869 W LITTLETON BLVD LITTLETON, CO 80120	46-3501466	501(C)3	85,000.				PROMOTE HEALTHY LIVING
<b>(7)</b> CHILDREN'S HOSPITAL COLORADO FOUNDATION 13123 E 16TH AVE AURORA, CO 80045	84-0813462	501(C)3	20,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(8)</b> CHILDREN'S MUSEUM OF DENVER, INC. 2121 CHILDREN'S MUSEUM DR DENVER, CO 80211	84-0658142	501(C)3	15,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(9)</b> CITY AND COUNTY OF DENVER - DEPARTMENT OF P 201 W COLFAX DENVER, CO 80202	84-6000580	GOVERNMENT	1,000,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(10)</b> CITY AND COUNTY OF DENVER-DEPARTMENT OF HUM 1200 FEDERAL BLVD DENVER, CO 80204	84-6000580	GOVERNMENT	295,200.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(11)</b> CITY PARKS ALLIANCE THE DUKE ELLINGTON BLDG WASHINGTON DC 20037	80-0015566	501(C)3	12,500.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(12)</b> CIVIC CANOPY 3532 FRANKLIN ST DENVER, CO 80203	26-2319042	501(C)3	310,000.				IMPROVE ACCESS TO HEALTH CARE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

**3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

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Name of the organization

HEALTHONE

Employer identification number

74-2568941

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CLINICA FAMILY HEALTH 1345 PLZ CT N LAFAYETTE, CO 80026	84-0743432	501(C)3	100,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(2)</b> CLINICA TEPEYAC 5075 LINCOLN ST DENVER, CO 80216	84-1285505	501(C)3	815,164.				IMPROVE ACCESS TO HEALTH CARE
<b>(3)</b> CLINICNET, INC 3033 S. PARKER RD AURORA, CO 80014	20-8702005	501(C)3	300,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(4)</b> COLORADO ASS'N FOR SCHOOL-BASED HEALTH CARE 1801 WILLIAMS ST DENVER, CO 80218	84-1376318	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(5)</b> COLORADO ASS'N FOR THE EDUCATION OF YOUNG C P.O. BOX 631326 HIGHLANDS RANCH CO 80163	84-0713812	501(C)3	10,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(6)</b> COLORADO BUSINESS GROUP ON HEALTH 12640 W CEDAR DR LAKEWOOD, CO 80228	84-1384777	501(C)3	528,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(7)</b> COLORADO CENTER FOR NURSING EXCELLENCE 5390 E YALE CIR DENVER, CO 80222	32-0022295	501(C)3	1,240,936.				IMPROVE ACCESS TO HEALTH CARE
<b>(8)</b> COLORADO CENTER ON LAW AND POLICY 789 SHERMAN ST DENVER, CO 80203	84-1264154	501(C)3	500,000.				PROMOTE HEALTHY LIVING
<b>(9)</b> COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN ST DENVER, CO 80203	74-2374672	501(C)3	752,500.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(10)</b> COLORADO CHILDREN'S IMMUNIZATION COALITION 13123 E 16TH AVE AURORA, CO 80045	84-1479975	501(C)3	200,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(11)</b> COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA ST DENVER, CO 80205-2529	84-0951575	501(C)3	122,976.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(12)</b> CO COALITION FOR THE MEDICALLY UNDERSERVED PO BOX 18877 DENVER, CO 80218	43-2007393	501(C)3	385,500.				IMPROVE ACCESS TO HEALTH CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

Employer identification number

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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COLORADO COMMUNITY HEALTH NETWORK 600 GRANT ST DENVER, CO 80203	84-0910590	501(C)3	30,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(2) COLORADO CONSUMER HEALTH INITIATIVE 1580 LOGAN ST DENVER, CO 80203	84-1145452	501(C)3	425,000.				PROMOTE HEALTHY LIVING
(3) COLORADO CONSUMER HEALTH INITIATIVE 1580 LOGAN ST DENVER, CO 80203	84-1145452	501(C)3	240,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(4) COLORADO CRIMINAL JUSTICE REFORM COALITION 1212 MARIPOSA ST #6 DENVER, CO 80204	84-1449882	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(5) COLORADO CROSS-DISABILITY COALITION 1385 S COLORADO BLVD DENVER, CO 80222	74-2564419	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(6) CO DEPT OF HEALTH CARE POLICY AND FINANCING 1570 GRANT ST DENVER, CO 80203	98-0115900	GOVERNMENT	3,110,740.				IMPROVE ACCESS TO HEALTH CARE
(7) CO DEPT OF PUBLIC HEALTH AND ENVIRONMENT 4300 CHERRY CREEK DR S DENVER, CO 80246	84-0644739	GOVERNMENT	500,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(8) COLORADO DIGITAL HEALTH INC 3001 BRIGHTON BLVD DENVER, CO 80216	47-2330752	501(C)3	360,000.				IMPROVE ACCESS TO HEALTH CARE
(9) COLORADO EDUCATION INITIATIVE 1660 LINCOLN ST DENVER, CO 80264	26-1597530	501(C)3	807,258.				PROMOTE HEALTHY LIVING
(10) COLORADO FISCAL INSTITUTE 1905 SHERMAN ST DENVER, CO 80203	46-1281109	501(C)3	180,000.				IMPROVE ACCESS TO HEALTH CARE
(11) COLORADO GERONTOLOGICAL SOCIETY 1330 LEYDEN SR, #148 DENVER, CO 80220	74-2139782	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(12) COLORADO HEALTH INSTITUTE 303 E 17TH AVE DENVER, CO 80203	74-3082235	501(C)3	1,400,000.				IMPROVE ACCESS TO HEALTH COVERAGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

Employer identification number

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**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 the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> COLORADO HEALTH INSTITUTE 303 E 17TH AVE DENVER, CO 80203	74-3082235	501(C)3	69,550.				IMPROVE ACCESS TO HEALTH CARE
<b>(2)</b> CO LATINO LEADERSHIP, ADVOCACY & RESEARCH 4755 PARIS ST, STE 300 DENVER, CO 80239	84-0562952	501(C)3	25,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(3)</b> COLORADO LEGACY FOUNDATION 1660 LINCOLN ST DENVER, CO 80264	26-1597530	501(C)3	51,287.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(4)</b> COLORADO LEGAL SERVICES 1905 SHERMAN ST DENVER, CO 80203	84-0402702	501(C)3	350,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(5)</b> COLORADO MENTAL WELLNESS NETWORK 1031 33RD ST DENVER, CO 80205	46-0547882	501(C)3	20,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(6)</b> COLORADO NONPROFIT DEVELOPMENT CENTER 789 SHERMAN ST DENVER, CO 80203	84-1493585	501(C)3	150,000.				OTHER
<b>(7)</b> COLORADO PREVENTION ALLIANCE 1385 S COLORADO BLVD DENVER, CO 80222	84-1267213	501(C)3	254,880.				PROMOTE HEALTHY LIVING
<b>(8)</b> COLORADO PROGRESSIVE COALITION 700 KALAMATH ST DENVER, CO 80204	84-1338008	501(C)3	50,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(9)</b> COLORADO PUBLIC RADIO BRIDGES BROADCAST CTR CENTENNIAL, CO 80112	74-2324052	501(C)3	99,600.				PROMOTE HEALTHY LIVING
<b>(10)</b> COLORADO RAPIDS YOUTH SOCCER CLUB 1001 S MONACO PKWY DENVER, CO 80224	84-1230993	501(C)3	300,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(11)</b> COLORADO RURAL HEALTH CENTER 3033 S PARKER RD AURORA, CO 80014	84-1192031	501(C)3	602,500.				PROMOTE HEALTHY LIVING
<b>(12)</b> COLORADO SPRINGS SCHOOL DISTRICT 11 1115 N. EL PASO COLORADO SPRINGS, CO 80903	84-6001179	GOVERNMENT	150,000.				IMPROVE ACCESS TO HEALTH COVERAGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

HEALTHONE

Employer identification number

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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> COLORADO STATE UNIVERSITY FOUNDATION P. O. BOX 1870 FORT COLLINS, CO 80522-1870	23-7098397	501(C)3	7,500.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(2)</b> COLORADO SYMPHONY ASSOCIATION 1000 14TH ST, #15 DENVER, CO 80202-2333	84-0511458	501(C)3	17,500.				DONATION SPONSORSHIP
<b>(3)</b> COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS ARVADA, CO 80003	51-0157964	501(C)3	200,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(4)</b> COMMUNITY HEALTH ACTION COALITION P.O. BOX 2852 DURANGO, CO 81302	84-1474900	501(C)3	53,970.				PROMOTE HEALTHY LIVING
<b>(5)</b> CONNECT FOR HEALTH COLORADO 3773 CHERRY CREEK N DR DENVER, CO 80209	45-3733823	501(C)3	3,153,800.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(6)</b> CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	13-3600232	501(C)3	25,000.				PROMOTE HEALTHY LIVING
<b>(7)</b> DENVER DEPARTMENT OF ENVIRONMENTAL HEALTH 200 W 14TH AVE DENVER, CO 80204	98-0289000	GOVERNMENT	660,932.				PROMOTE HEALTHY LIVING
<b>(8)</b> DENVER HEALTH AND HOSPITALS FOUNDATION 655 BROADWAY, STE 750 DENVER, CO 80203	84-1085196	501(C)3	209,990.				IMPROVE ACCESS TO HEALTH CARE
<b>(9)</b> DENVER METRO CHAMBER LEADERSHIP FOUNDATION 1445 MARKET ST DENVER, CO 80202	74-2489854	501(C)3	7,500.				PROMOTE HEALTHY LIVING
<b>(10)</b> DENVER PUBLIC SCHOOLS FOUNDATION 1860 LINCOLN ST, 9TH FLR DENVER, CO 80203	84-1224325	501(C)3	370,000.				PROMOTE HEALTHY LIVING
<b>(11)</b> DENVER REGIONAL COUNCIL OF GOVERNMENTS 1290 BROADWAY, STE 700 DENVER, CO 80203	84-6008451	GOVERNMENT	49,930.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(12)</b> DOCTORS CARE 609 W. LITTLETON BLVD LITTLETON, CO 80120	84-1150815	501(C)3	227,740.				IMPROVE ACCESS TO HEALTH COVERAGE

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Department of the Treasury  
Internal Revenue Service

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<b>(1)</b> DURANGO SCHOOL DISTRICT 9-R 210 E 12TH ST. DURANGO, CO 81301	84-6012500	GOVERNMENT	234,765.				PROMOTE HEALTHY LIVING
<b>(2)</b> EAGLE COUNTY HOUSING & DEV. AUTHORITY 4923 LAKE CRK VLG DR EDWARDS, CO 81632	27-2338082	GOVERNMENT	150,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(3)</b> EARLY LEARNING VENTURES 18 INVERNESS PLACE E ENGLEWOOD, CO 80112	26-4053609	501(C)3	375,710.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(4)</b> EASTER SEALS COLORADO 5755 W ALAMEDA AVE LAKEWOOD, CO 80226	84-0412575	501(C)3	50,000.				PROMOTE HEALTHY LIVING
<b>(5)</b> EDUCATION NEWS NETWORK C/O CO NPT DEV CTR 789 DENVER, CO 80203	84-1493585	501(C)3	20,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(6)</b> ENGLEWOOD SCHOOLS 1 4101 S BANNOCK ST ENGLEWOOD, CO 80110	84-6000858	GOVERNMENT	213,564.				PROMOTE HEALTHY LIVING
<b>(7)</b> ENROLL AMERICA 1001 G ST, NW WASHINGTON, DC 20001	27-1661221	501(C)3	945,757.				PROMOTE HEALTHY LIVING
<b>(8)</b> FAMILY AND INTERCULTURAL RESOURCE CENTER 251 WEST 4TH SILVERTHORNE, CO 80498	84-1252900	501(C)3	219,774.				PROMOTE HEALTHY LIVING
<b>(9)</b> FAMILY RESOURCE CENTER 120 MAIN STREET STERLING, CO 80751	20-5089275	501(C)3	7,500.				IMPROVE ACCESS TO HEALTH CARE
<b>(10)</b> FAMILY RESOURCE CENTER ASSOCIATION 1888 SHERMAN ST #100 DENVER, CO 80203	31-1599581	501(C)3	529,926.				IMPROVE ACCESS TO HEALTH CARE
<b>(11)</b> FLORENCE CRITTENTON SERVICES OF COLORADO 96 S ZUNI ST DENVER, CO 80223	84-0429686	501(C)3	274,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(12)</b> FREEDOM SERVICE DOGS 2000 W UNION AVE ENGLEWOOD, CO 80110	84-1068936	501(C)3	10,000.				IMPROVE ACCESS TO HEALTH COVERAGE

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(1) FRIENDS OF LAMAR HOPE CENTER INC 210 W PEARL LAMAR, CO 81052	30-0809223	501(C)3	20,000.				PROMOTE HEALTHY LIVING
(2) FRIENDS OF MANUAL HIGH SCHOOL, INC. 1700 E 28TH AVE DENVER, CO 80205	84-1520225	501(C)3	6,250.				IMPROVE ACCESS TO HEALTH CARE
(3) GENERAL COUNCIL ON FINANCE & ADMINISTRATION 11805 S PINE DR PARKER, CO 80134	31-1813333	501(C)3	10,000.				PROMOTE HEALTHY LIVING
(4) GOFARM 1301 ARAPAHOE ST GOLDEN, CO 80401	47-2823438	501(C)3	185,889.				IMPROVE ACCESS TO HEALTH COVERAGE
(5) GROWTH PHILANTHROPY NETWORK 122 EAST 42ND ST NEW YORK CITY, NY 10168	42-1625224	501(C)3	25,500.				IMPROVE ACCESS TO HEALTH COVERAGE
(6) HARRISON SCHOOL DISTRICT 2 1060 HARRISON RD COLORADO SPRINGS, CO 80905	98-0240100	GOVERNMENT	250,000.				IMPROVE ACCESS TO HEALTH CARE
(7) HEALTH DISTRICT OF NORTHERN LARIMER COUNTY 120 BRISTLECONE DR FORT COLLINS, CO 80524	84-0515919	501(C)3	102,967.				PROMOTE HEALTHY LIVING
(8) HEALTHIER COLORADO 1536 WYNKOOP ST DENVER, CO 80202	46-3981284	501C(4)	5,000,000.				OTHER
(9) HEALTHTEAMWORKS 14143 DENVER W PKWY GOLDEN, CO 80401	84-1456951	501(C)3	3,535,403.				IMPROVE ACCESS TO HEALTH CARE
(10) HEALTHY COMMUNITY FOOD SYSTEMS (HCFS) 2727 CR 134 HESPERUS, CO 81326	26-3647018	501(C)3	148,060.				PROMOTE HEALTHY LIVING
(11) HIGH PLAINS COMMUNITY HEALTH CENTER 201 KENDALL DR LAMAR, CO 81052	84-1244224	501(C)3	97,300.				IMPROVE ACCESS TO HEALTH CARE
(12) HILLTOP COMMUNITY RESOURCES, INC. 1331 HERMOSA AVE GRAND JUNCTION, CO 81506	74-2321009	501(C)3	119,034.				IMPROVE ACCESS TO HEALTH CARE

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(1) HUNGER FREE COLORADO 1801 WILLIAMS ST DENVER, CO 80218	68-0551464	501(C)3	400,000.				IMPROVE ACCESS TO HEALTH CARE
(2) INNER CITY HEALTH CENTER 3800 YORK ST DENVER, CO 80205	74-2426085	501(C)3	750,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(3) JUDI'S HOUSE 1741 GAYLORD ST DENVER, CO 80206	84-1600797	501(C)3	10,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(4) KABOOM INC 4301 CONNECTICUT AVE WASHINGTON, DC 20008	52-1970904	501(C)3	176,306.				IMPROVE ACCESS TO HEALTH CARE
(5) KAISER FOUNDATION HEALTH PLAN OF COLORADO 10350 E DAKOTA AVE DENVER, CO 80231	84-0591617	501(C)3	200,000.				IMPROVE ACCESS TO HEALTH CARE
(6) KEYSTONE POLICY CENTER 1800 GLENARM ST, STE 503 DENVER, CO 80202	84-0688506	501(C)3	35,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(7) KIDS FIRST HEALTH CARE 4675 E. 69TH AVE COMMERCE CITY, CO 80022	84-0799374	501(C)3	289,082.				IMPROVE ACCESS TO HEALTH CARE
(8) LA PLATA FAMILY CENTERS COALITION 129 EAST 32ND ST DURANGO, CO 81301	84-0988973	501(C)3	630,244.				PROMOTE HEALTHY LIVING
(9) LATINO COMMUNITY FOUNDATION OF COLORADO 600 S CHERRY ST, STE 1200 DENVER, CO 80246	84-0920862	GOVERNMENT	210,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(10) LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS 363 S HARLAN ST, STE 200 DENVER, CO 80226	84-0775550	501(C)3	50,000.				IMPROVE ACCESS TO HEALTH CARE
(11) MANAUS FUND 526 S 3RD ST, STE 9 CARBONDALE CO 81623	20-2710588	501(C)3	350,000.				PROMOTE HEALTHY LIVING
(12) MANCOS SCHOOL DISTRICT RE-6 395 GRAND AVE MANCOS, CO 81328	84-6001694	GOVERNMENT	70,430.				IMPROVE ACCESS TO HEALTH COVERAGE

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<b>(1)</b> MARILLAC CLINIC, INC. 2333 N 6TH ST GRAND JUNCTION, CO 81501	84-1085822	501(C)3	150,000.				PROMOTE HEALTHY LIVING
<b>(2)</b> MEND FOUNDATION 72-11 AUSTIN ST, #390 FOREST HILLS 11375	90-0425460	501(C)3	629,232.				PROMOTE HEALTHY LIVING
<b>(3)</b> MENTAL HEALTH AMERICA OF COLORADO 1120 LINCOLN ST DENVER, CO 80203	84-0446365	501(C)3	155,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(4)</b> MENTAL HEALTH CENTER OF DENVER 4141 E. DICKENSON PL DENVER, CO 80222	74-2499946	501(C)3	115,000.				PROMOTE HEALTHY LIVING
<b>(5)</b> MESA COUNTY RSVP, INC. 422 WHITE AVE, STE 090 GRAND JUNC CO 81501	84-1516029	501(C)3	55,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(6)</b> MESA COUNTY VALLEY SCHOOL DISTRICT 51 2115 GRAND AVENUE GRAND JUNCTION, CO 81503	84-6002839	GOVERNMENT	238,000.				PROMOTE HEALTHY LIVING
<b>(7)</b> METRO CARING 1100 E. 18TH AVE DENVER, CO 80203	84-6116951	501(C)3	143,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(8)</b> METRO COMMUNITY PROVIDER NETWORK 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501(C)3	129,470.				PROMOTE HEALTHY LIVING
<b>(9)</b> MI CASA RESOURCE CENTER 360 ACOMA ST. DENVER, CO 80223	84-0867773	501(C)3	110,000.				PROMOTE HEALTHY LIVING
<b>(10)</b> MILE HIGH UNITED WAY 711 PARK AVE W DENVER, CO 80205	84-0404235	501(C)3	25,000.				DONATION SPONSORSHIP
<b>(11)</b> MONTE VISTA SCHOOL DISTRICT C-8 345 E PROSPECT AVE MONTE VISTA, CO 81144	84-6001901	GOVERNMENT	51,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(12)</b> MONTEZUMA COUNTY HEALTH DEPARTMENT 106 WEST NORTH ST CORTEZ, CO 81321	84-6000786	GOVERNMENT	63,100.				IMPROVE ACCESS TO HEALTH CARE

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<b>(1)</b> MOUNT CARMEL HEALTH, WELLNESS AND COMMUNITY 911 ROBINSON AVE TRINIDAD, CO 81082	27-3546373	501(C)3	162,890.				IMPROVE ACCESS TO HEALTH CARE
<b>(2)</b> MOUNTAIN FAMILY HEALTH CENTERS 1905 BLAKE ST, GLENWOOD SPRINGS CO 81601	84-0742145	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(3)</b> MT. SAN RAFAEL HOSPITAL CLINIC 410 BENEDICTA TRINIDAD, CO 81082	84-0586742	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(4)</b> NAMI COLORADO 2280 S ALBION ST DENVER, CO 80222	74-2240544	501(C)3	50,000.				PROMOTE HEALTHY LIVING
<b>(5)</b> NORTH COLORADO HEALTH ALLIANCE 2930 11TH AVE EVANS, CO 80620	65-1189617	501(C)3	281,611.				IMPROVE ACCESS TO HEALTH CARE
<b>(6)</b> NORTHSIDE CHILD HEALTH CENTER 528 N. UNCOMPAHGRE MONTROSE, CO 81401	84-0517051	GOVERNMENT	150,000.				PROMOTE HEALTHY LIVING
<b>(7)</b> NW COLORADO COMMUNITY HEALTH PARTNERSHIP 940 CENTRAL PARK STEAMBOAT SPRINGS CO 80487	84-0564998	501(C)3	191,505.				IMPROVE ACCESS TO HEALTH CARE
<b>(8)</b> NORTHWEST COLORADO HEALTH 940 CENTRAL PARK STEAMBOAT SPRINGS CO 80487	84-0564998	501(C)3	250,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(9)</b> ONE COLORADO EDUCATION FUND 1490 LAFAYETTE ST. DENVER, CO 80218	27-1333378	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(10)</b> OPEN BOULDER FOUNDATION P.O. BOX 6003 BOULDER, CO 80306	47-1050564	501(C)3	20,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(11)</b> OPENWORLD LEARNING 2543 CALIFORNIA ST. DENVER, CO 80205	84-1538872	501(C)3	40,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(12)</b> ORAL HEALTH COLORADO PO BOX 150668 LAKEWOOD, CO 80215	90-0137772	501(C)3	30,000.				IMPROVE ACCESS TO HEALTH CARE

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

Employer identification number

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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PEAK VISTA COMMUNITY HEALTH CTR FOUNDATION 3205 N ACADEMY BLVD CO SPRINGS CO 80917	20-3640104	501(C)3	150,000.				PROMOTE HEALTHY LIVING
(2) PIKES PEAK AREA COUNCIL OF GOVERNMENTS 15 S. 7TH ST COLORADO SPRINGS, CO 80905	84-0610950	GOVERNMENT	704,000.				PROMOTE HEALTHY LIVING
(3) POUFRE SCHOOL DISTRICT 2407 LAPORTE AVE FORT COLLINS, CO 80521	84-6013733	GOVERNMENT	73,900.				IMPROVE ACCESS TO HEALTH CARE
(4) PROWERS MEDICAL CENTER FOUNDATION 401 KENDALL DR LAMAR, CO 81052	27-4096465	501(C)3	177,200.				PROMOTE HEALTHY LIVING
(5) PUEBLO STEPUP 1925 E. ORMAN AVE PUEBLO, CO 81004	84-0902211	501(C)3	495,694.				IMPROVE ACCESS TO HEALTH CARE
(6) QUALISTAR COLORADO 3607 MLK BLVD DENVER, CO 80205	84-0685056	501(C)3	481,710.				IMPROVE ACCESS TO HEALTH CARE
(7) REGIS JESUIT HIGH SCHOOL 6300 S LEWISTON WAY AURORA, CO 80016	84-0791593	501(C)3	15,000.				OTHER
(8) REGIS UNIVERSITY 3333 REGIS BLVD DENVER, CO 80221-1099	84-0402707	501(C)3	25,000.				DONATION SPONSORSHIP
(9) REVISION 4200 MORRISON RD DENVER, CO 80219	26-1204343	501(C)3	150,000.				PROMOTE HEALTHY LIVING
(10) RIO GRANDE HOSPITAL CLINIC 310 COUNTY RD 14 DEL NORTE, CO 81132	84-1276376	501(C)3	150,000.				IMPROVE ACCESS TO HEALTH CARE
(11) RISE COLORADO 1595 ELMIRA ST, #201 AURORA, CO 80010	47-3566342	501(C)3	16,250.				IMPROVE ACCESS TO HEALTH COVERAGE
(12) RIVER VALLEY FAMILY HEALTH CENTER 308 MAIN STREET OLATHE, CO 81425	27-3757444	501(C)3	275,324.				PROMOTE HEALTHY LIVING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

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

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Department of the Treasury  
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**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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ROCKY MOUNTAIN MUTUAL HOUSING ASSOCIATION 225 E 16TH AVE DENVER, CO 80203	84-1196155	501(C)3	125,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(2) ROCKY MOUNTAIN PREP 7808 CHERRY CREEK S DR DENVER, CO 80231	45-1203094	501(C)3	125,000.				PROMOTE HEALTHY LIVING
(3) ROCKY MOUNTAIN PUBLIC BROADCASTING NETWORK 1089 BANNOCK ST. DENVER, CO 80204	84-0510785	501(C)3	20,971.				IMPROVE ACCESS TO HEALTH COVERAGE
(4) ROCKY MOUNTAIN RURAL HEALTH 525 HATHAWAY ST FAIRPLAY, CO 80440	84-1106335	501(C)3	30,837.				IMPROVE ACCESS TO HEALTH CARE
(5) ROSE COMMUNITY FOUNDATION 600 SOUTH CHERRY ST DENVER, CO 80246-1712	84-0920862	501(C)3	2,027,000.				IMPROVE ACCESS TO HEALTH COVERAGE
(6) ROTARY CLUB OF DENVER SE FOUNDATION P.O. BOX 4484 PARKER, CO 80134	84-1267180	501(C)3	10,000.				PROMOTE HEALTHY LIVING
(7) SAFEHOUSE DENVER 1649 DOWNING ST DENVER, CO 80218	84-0745911	501(C)3	10,000.				IMPROVE ACCESS TO HEALTH CARE
(8) ST JOSEPH HOSPITAL BRUNER FAMILY MEDICINE 1375 E 19TH AVE DENVER, CO 80218	84-0417134	501(C)3	99,673.				IMPROVE ACCESS TO HEALTH CARE
(9) SALIDA CIRCUS OUTREACH FOUNDATION 314 CALDWELL AVE SALIDA, CO 81201	26-1082261	501(C)3	30,000.				PROMOTE HEALTHY LIVING
(10) SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FORT LUPTON, CO 80621	84-0613540	501(C)3	110,634.				IMPROVE ACCESS TO HEALTH CARE
(11) SAN LUIS VALLEY LOCAL FOODS COALITION 613A 4TH ST P.O. BOX 181 ALAMOSA, CO 81101	45-3837878	501(C)3	10,000.				IMPROVE ACCESS TO HEALTH CARE
(12) SAN LUIS VALLEY REGIONAL MEDICAL CENTER 106 BLANCA AVENUE ALAMOSA, CO 81101	84-0255530	501(C)3	150,000.				PROMOTE HEALTHY LIVING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

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

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Department of the Treasury  
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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SANGRE DE CRISTO CENTER FOR YOUTH 513 MAIN ST WALSENBURG, CO 81089	84-1487335	501(C)3	10,000.				DONATION SPONSORSHIP
<b>(2)</b> SENIORS' RESOURCE CENTER 3227 CHASE ST DENVER, CO 80212	84-0877538	501(C)3	50,000.				PROMOTE HEALTHY LIVING
<b>(3)</b> SERVICIOS DE LA RAZA 3131 W 14TH AVE DENVER, CO 80204	84-0625478	501(C)3	150,000.				PROMOTE HEALTHY LIVING
<b>(4)</b> SMALL BUSINESS MAJORITY FOUNDATION INC 4000 BRIDGEWAY, STE 101 SAUSALITO, CA 94965	03-0576666	501(C)3	200,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(5)</b> SOUTHWEST CENTER FOR INDEPENDENCE 3473 MAIN AVE #23 DURANGO, CO 81301	84-1144621	501(C)3	50,000.				PROMOTE HEALTHY LIVING
<b>(6)</b> SOUTHWEST IMPROVEMENT COUNCIL INC 1000 S LOWELL BLVD DENVER, CO 80219	74-2510477	501(C)3	50,000.				PROMOTE HEALTHY LIVING
<b>(7)</b> SPROUT CITY FARMS INC. PO BOX 181396 DENVER, CO 80218	35-2415295	501(C)3	25,000.				PROMOTE HEALTHY LIVING
<b>(8)</b> ST. JOSEPH PARISH 1145 S ASPEN RD PUEBLO, CO 81006	84-6012862	GOVERNMENT	150,000.				IMPROVE ACCESS TO HEALTH CARE
<b>(9)</b> ST. MARY'S FAMILY MEDICINE CENTER 2698 PATTERSON RD GRAND JUNCTION, CO 81506	84-0425720	501(C)3	66,250.				IMPROVE ACCESS TO HEALTH CARE
<b>(10)</b> ST. VRAIN VALLEY SCHOOL DISTRICT 2929 CLOVER BASIN DR LONGMONT, CO 80503	84-6014380	GOVERNMENT	153,223.				PROMOTE HEALTHY LIVING
<b>(11)</b> STRIVE 950 GRAND AVE GRAND JUNCTION, CO 81501	84-6044855	501(C)3	10,000.				PROMOTE HEALTHY LIVING
<b>(12)</b> SUMMIT COMMUNITY CARE CLINIC 360 PEAK ONE DR STE 100 FRISCO, CO 80443	20-1139635	501(C)3	250,000.				IMPROVE ACCESS TO HEALTH COVERAGE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

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**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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE BELL POLICY CENTER 1905 SHERMAN ST, STE 900 DENVER, CO 80203	84-1550841	501(C)3	180,000.				PROMOTE HEALTHY LIVING
<b>(2)</b> THE CENTER FOR EFFECTIVE PHILANTHROPY 675 MASSACHUSETTS AVE CAMBRIDGE MA 02139	04-3523528	501(C)3	10,000.				PROMOTE HEALTHY LIVING
<b>(3)</b> CITY OF PUEBLO CO, PARKS AND RECREATION 800 GOODNIGHT AVE PUEBLO, CO 81005	84-6000615	GOVERNMENT	100,000.				PROMOTE HEALTHY LIVING
<b>(4)</b> THE COMMUNICATIONS NETWORK 1717 N NAPER BLVD, NAPERVILLE, IL 60563	52-2114179	501(C)3	15,000.				PROMOTE HEALTHY LIVING
<b>(5)</b> THE DENVER FOUNDATION 55 MADISON ST, 8TH FL DENVER, CO 80206	84-6048381	501(C)3	5,700.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(6)</b> THE GLBT COMMUNITY CENTER OF COLORADO 1301 E COLFAX AVE DENVER, CO 80218	84-0738879	501(C)3	251,000.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(7)</b> THE GROWHAUS 4751 YORK ST DENVER, CO 80216	20-3533527	501(C)3	243,000.				PROMOTE HEALTHY LIVING
<b>(8)</b> THE INDEPENDENCE CENTER 729 S TEJON ST COLORADO SPRINGS, CO 80903	84-1052916	501(C)3	49,890.				PROMOTE HEALTHY LIVING
<b>(9)</b> THE NATURE CONSERVANCY 2424 SPRUCE ST BOULDER, CO 80302	53-0242652	501(C)3	19,000.				PROMOTE HEALTHY LIVING
<b>(10)</b> THE PINON PROJECT FAMILY RESOURCE CENTER PO BOX 1510 CORTEZ, CO 81321	84-1284735	501(C)3	227,068.				IMPROVE ACCESS TO HEALTH COVERAGE
<b>(11)</b> THE ROCKY MOUNTAIN YOUTH CLINICS 9197 GRANT ST THORNTON, CO 80229	84-1321485	501(C)3	250,894.				PROMOTE HEALTHY LIVING
<b>(12)</b> TOGETHER COLORADO 1980 DAHLIA ST DENVER, CO 80220	84-0753677	501(C)3	250,000.				PROMOTE HEALTHY LIVING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRINIDAD SCHOOL DISTRICT 1 PO BOX 760 TRINIDAD, CO 81082	84-6001501	GOVERNMENT	173,734.				IMPROVE ACCESS TO HEALTH COVERAGE
(2) ULI COLORADO 730 17TH ST, STE 750 DENVER, CO 80202	53-0159845	501(C)3	35,000.				PROMOTE HEALTHY LIVING
(3) UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT ST DENVER, CO 80203	84-6049811	501(C)3	5,500,696.				PROMOTE HEALTHY LIVING
(4) UNIVERSITY OF COLORADO SCHOOL OF MEDICINE 13001 E 17TH PL AURORA, CO 80045	84-6000555	501(C)3	30,000.				IMPROVE ACCESS TO HEALTH CARE
(5) URBAN LAND INSTITUTE 1025 TOM JEFFERSON ST WASHINGTON DC 20007	53-0159845	501(C)3	170,000.				PROMOTE HEALTHY LIVING
(6) VALLEY-WIDE HEALTH SYSTEMS INC 128 MARKET ST ALAMOSA, CO 81101	84-0706945	501(C)3	150,000.				PROMOTE HEALTHY LIVING
(7) VISITING NURSE CORPORATION OF COLORADO 390 GRANT ST DENVER, CO 80203	84-1043351	501(C)3	50,000.				PROMOTE HEALTHY LIVING
(8) WESTMINSTER PUBLIC SCHOOLS 6933 RALEIGH ST WESTMINSTER, CO 80030	84-6000839	GOVERNMENT	138,000.				PROMOTE HEALTHY LIVING
(9) WESTWOOD HEALTHY PLACES PROJECT 3735 MORRISON RD DENVER, CO 80219	26-1204343	501(C)3	15,000.				PROMOTE HEALTHY LIVING
(10) WILEY SCHOOL DISTRICT PO BOX 247 WILEY, CO 81092	98-0334900	GOVERNMENT	60,000.				PROMOTE HEALTHY LIVING
(11) WOMEN'S FOUNDATION OF COLORADO THE CHAMBERS CENTER DENVER, CO 80208	84-1039305	501(C)3	7,500.				PROMOTE HEALTHY LIVING
(12) YMCA OF BOULDER VALLEY 2800 DAGNY WAY LAFAYETTE, CO 80026	84-0459944	501(C)3	60,000.				PROMOTE HEALTHY LIVING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

Employer identification number

74-2568941

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD DENVER, CO 80222	84-0402696	501(C)3	126,165.				PROMOTE HEALTHY LIVING
(2) YOUTH ON RECORD 1301 W 10TH AVE DENVER, CO 80204	42-1724770	501(C)3	10,000.				IMPROVE ACCESS TO HEALTH CARE
(3) YOUTHPower365 PO BOX 309 VAIL, CO 81658	84-1442909	501(C)3	304,130.				IMPROVE ACCESS TO HEALTH COVERAGE
(4) YUMA SCHOOL DISTRICT 1 416 S ELM YUMA, CO 80759	98-0335700	501(C)3	150,000.				PROMOTE HEALTHY LIVING
(5)							
(6)							
(7)							
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(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 195.

3 Enter total number of other organizations listed in the line 1 table 4.

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Schedule I (Form 990) (2015)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MEDICAL, DENTAL, AND HOSPITAL COSTS	72.	54,250.			
2					
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART 1, LINE 2

WHEN AWARDING FUNDS, THE COLORADO HEALTH FOUNDATION ENTERS INTO A GRANT AGREEMENT WITH THE ELIGIBLE ORGANIZATION. THE GRANT AGREEMENT OUTLINES THE EXPECTED SCOPE OF THE FUNDED PROJECT 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



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FOUNDATION DEEMS NECESSARY OR APPROPRIATE CONCERNING THE GRANT.

GRANTS TO INDIVIDUALS:

IN GENERAL THE FOUNDATION DOES NOT AWARD GRANTS TO INDIVIDUALS. THE EXCEPTIONS IN 2015 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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

IN THE PROGRAM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

74-2568941

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	KAREN MCNEIL-MILLER PRESIDENT & CEO (AS OF 10/15)	(i)	205,523.	150,000.	804.	4,265.	7,456.	368,048.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	RAHN PORTER INTERIM CEO (THRU 10/15), CFO	(i)	363,077.	160,250.	3,701.	18,550.	0.	545,578.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	J STANFORD WILLIE CHIEF INVESTMENT OFFICER	(i)	329,417.	31,800.	7,622.	18,550.	1,450.	388,839.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	KELLY DUNKIN VP OF PHILANTHROPY (THRU 6/15)	(i)	101,252.	0.	35,209.	9,744.	6,228.	152,433.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	VICTORIA CAVANAUGH VP OF OPERATIONS (THRU 5/15)	(i)	84,227.	0.	133,444.	11,955.	6,450.	236,076.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	BRIAN DWINNELL, MD PROGRAM DIRECTOR	(i)	243,229.	0.	1,920.	17,540.	22,799.	285,488.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	SCOTT JOY FACULTY	(i)	237,699.	0.	1,317.	16,727.	7,862.	263,605.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	JONATHAN MANHEIM, MD HOSPITALIST DIRECTOR	(i)	223,435.	6,585.	1,029.	16,957.	27,849.	275,855.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	AMY LATHAM INTERIM VP OF PHILANTHROPY	(i)	203,141.	15,000.	1,019.	15,668.	21,724.	256,552.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	JEFFREY PICKARD, MD DIR. TRANSITIONAL INTERN PROGR	(i)	208,787.	0.	4,140.	14,891.	14,163.	241,981.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	MICHELLE REEVES FACULTY - HOSPITALIST DOCTOR	(i)	203,584.	4,708.	636.	14,841.	14,864.	238,633.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

VICTORIA CAVANAUGH RECEIVED A SEPARATION PAYMENT OF \$112,500 DURING  
2015.

SCHEDULE J, PART I, LINE 7

THE FOUNDATION BELIEVES THAT PERFORMANCE-BASED COMPENSATION IS AN  
IMPORTANT ELEMENT IN TOTAL REWARDS. PAYOUTS PURSUANT TO THE FOUNDATION'S  
ANNUAL PERFORMANCE BONUS PROGRAM ARE BASED ON ORGANIZATION-LEVEL  
PERFORMANCE AGAINST SPECIFIC OBJECTIVES (DEFINED IN ANNUAL WORK PLAN) AND  
INDIVIDUAL PERFORMANCE AGAINST PERSONAL OBJECTIVES THAT SUPPORT THE  
FOUNDATION'S EXTERNAL AND INTERNAL OUTCOME AREAS. BONUS FUNDING IS AT THE  
DISCRETION OF THE BOARD, BASED ON INPUT FROM MANAGEMENT. BASED ON  
COMPETITIVE MARKET DATA, THE GUIDELINE FOR EXECUTIVE BONUSES (INCLUDING  
THE CEO) IS 10% OF SALARY. ACTUAL AMOUNTS MAY BE MORE OR LESS THAN THIS,  
BASED ON PERFORMANCE.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

HEALTHONE

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

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

OMB No. 1545-0047

**2015**

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FORM 990, PART VI, LINE 1A

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 2015.

FORM 990, PART VI, LINE 11B

A COPY OF THE 990 WAS REVIEWED BY THE FOUNDATION'S GOVERNANCE 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

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, LINES 15A AND 15B

THE FOUNDATION'S TOTAL REWARDS PHILOSOPHY IS TO PROVIDE TOP TALENT WITH AN OPPORTUNITY TO DO EXCELLENT WORK IN A FINANCIALLY STRONG, MISSION-DRIVEN ORGANIZATION. TOTAL REWARDS AT THE COLORADO HEALTH FOUNDATION (THE FOUNDATION) CONSIST OF BASE PAY, PERFORMANCE-BASED BONUS OPPORTUNITY, BENEFITS AND OTHER TANGIBLE REWARDS. THE REWARDS PROGRAM IS FOCUSED ON TOTAL REWARDS AND IS MARKET-COMPETITIVE. THE FOUNDATION'S



Name of the organization

HEALTHONE

Employer identification number

COMPARATIVE UNIVERSE IS DEFINED AS U.S.-BASED FOR-PROFIT AND NOT-FOR-PROFIT (INCLUDING HEALTHCARE AND FOUNDATIONS) ORGANIZATIONS OF COMPARABLE SIZE AND COMPLEXITY. FOR EXECUTIVES, THE COMPETITIVE UNIVERSE ALSO INCLUDES SIMILARLY-SIZED HEALTH AND WELFARE RELATED FOUNDATIONS.

THE FOUNDATION USES SURVEYS PRODUCED BY WELL-ESTABLISHED HUMAN RESOURCES AND/OR COMPENSATION CONSULTING FIRMS, AS WELL AS CUSTOM SURVEYS WHEN NECESSARY. THE MOUNTAIN STATES EMPLOYERS COUNCIL (MSEC) FRONT RANGE SURVEY IS THE PRIMARY LOCAL SURVEY. WILLIS TOWERS WATSON DATA SERVICES AND MERCER ARE THE PRIMARY NATIONAL FOR-PROFIT AND NOT-FOR-PROFIT SURVEYS USED FOR NON-MANAGEMENT POSITIONS. A CUSTOM PEER GROUP OF FOUNDATIONS THAT PARTICIPATE IN AN EXECUTIVE COMPENSATION SURVEY PRODUCED BY THE FOUNDATION FINANCIAL OFFICERS GROUP IS USED FOR MANAGEMENT AND EXECUTIVE POSITIONS. ECONOMIC RESEARCH INSTITUTE DATA ARE USED WHEN CONSIDERING FRONT RANGE COST OF LABOR ADJUSTMENTS FOR POSITIONS AT THE MANAGER LEVEL AND BELOW. THIS MARKET INFORMATION IS UPDATED AT LEAST BI-ANNUALLY.

THE FOUNDATION TARGETS MEDIAN SALARIES TO BALANCE THE FOUNDATION'S WILLINGNESS TO PAY ABOVE THE MARKET FOR TOP TALENT WITH THE FACT THAT THE FOUNDATION IS A MISSION-DRIVEN ORGANIZATION WITH FEWER ORGANIZATIONAL RISKS THAN OTHER ORGANIZATIONS. THE SIZE OF THE RANGE IS GENERALLY DETERMINED BY THE CONDITIONS IN THE MARKET AND IS SET TO ALLOW EMPLOYEES TO BE PAID 10-15% BELOW OR ABOVE THE MEDIAN, BASED ON EXPERIENCE AND DEMONSTRATED PERFORMANCE OVER TIME.

Name of the organization

HEALTHONE

Employer identification number

THE FOUNDATION BELIEVES THAT PERFORMANCE-BASED COMPENSATION IS AN IMPORTANT ELEMENT IN TOTAL REWARDS. PAYOUTS PURSUANT TO THE FOUNDATION'S ANNUAL PERFORMANCE BONUS PROGRAM ARE BASED ON ORGANIZATION-LEVEL PERFORMANCE AGAINST SPECIFIC OBJECTIVES (DEFINED IN ANNUAL WORK PLAN) AND INDIVIDUAL PERFORMANCE AGAINST PERSONAL OBJECTIVES THAT SUPPORT THE FOUNDATION'S EXTERNAL AND INTERNAL OUTCOME AREAS. BONUS FUNDING IS AT THE DISCRETION OF THE BOARD, BASED ON INPUT FROM MANAGEMENT. BASED ON COMPETITIVE MARKET DATA, THE GUIDELINE FOR EXECUTIVE BONUSSES (INCLUDING THE CEO) IS 10% OF SALARY. ACTUAL AMOUNTS MAY BE MORE OR LESS THAN THIS AMOUNT BASED ON PERFORMANCE.

ANNUALLY, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS (THE GOVERNANCE COMMITTEE) REVIEWS COMPETITIVE MARKET DATA, APPROVES SALARY AND BONUSSES FOR EXECUTIVES REPORTING TO THE CEO, AND RECOMMENDS CEO SALARY AND BONUS TO THE BOARD. THE BOARD APPROVES CEO SALARY AND BONUS WITH CONSIDERATION OF THE ANNUAL CEO PERFORMANCE EVALUATION.

THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN NOVEMBER OF 2015.

FORM 990, PART VI, LINE 19

THE FOUNDATION'S ANNUAL FORM 990 TAX RETURNS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION AT THE OFFICE OF THE FOUNDATION.

Name of the organization

Employer identification number

HEALTHONE

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WILLIS TOWERS WATSON 1079 SOLUTIONS CENTER CHICAGO, IL 60667-1000	FINANCIAL ADVISORY	1,481,465.
UCHSC GRADUATE MEDICAL EDUCATION PO BOX 910388 DENVER, CO 80291-0388	RESIDENCY	4,037,183.
UNIVERSITY PHYSICIANS INC PO BOX 725 AURORA, CO 80040-0725	RESIDENCY	2,133,338.
DAVIS PARTNERSHIP PC 2901 BLAKE ST, STE 100 DENVER, CO 80205-2108	CONSULTING	798,742.
UCD DIVISION OF INTERNAL MEDICINE 12631 E 17TH AVE, ACADEMIC OFFICE BLDG AURORA, CO 80045-0000	RESIDENCY	561,030.