9

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. \ \$06 ► Go to www.irs.gov/Form990 for instructions and the latest information. TTT 1 2017 and ending JUIN 30 2018

Inspection

<u> </u>	ror ule	2017 calendar year, or tax year beginning 0	on 1, 2017 and	ending o	ON 30, 2010	
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres	UCHEALTH NORTHERN COLORADO FOUNDA	TION]	
X	Name chang	Doing business as			74-18	394581
	Initial	Number and street (or P.O. box if mail is not de	' 1	Room/suite	1	
L	Final return/	2315 E. HARMONY RD.		200	970-23	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	5,970,620.
	Ameno	PORT CODDING, CO 00320			H(a) Is this a group re	
	Application .	I F Name and address of principal officer 5124	E SCHWARTZ		for subordinates	? Yes X No
	pendir	g 2315 E. HARMONY RD., FORT COLLINS,	CO 80528		H(b) Are all subordinates in	icluded? Yes No
1	Tax-exe	empt status X 501(c)(3) 501(c) ()		or 527	If "No," attach a	list (see instructions)
J	Websit	e: WWW.UCHEALTH.ORG		1	H(c) Group exemptio	n number
Κ	Form of	organization: X Corporation Trust As	ssociation Other	L Year	of formation: 1976	A State of legal domicile; CO
Pi	art I	Summary	-	1		
	1	Briefly describe the organization's mission or most	significant activities SUPPORT	r & PROMO	OTE ACTIVITIES	
Governance		THAT BEST SERVE THE HEALTH INTERESTS	OF THE HOSPITALS.			
ī	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net ass	sets
Ver	3	Number of voting members of the governing body			3	12
යි	4	Number of independent voting members of the go			4	11
•ජ	5	Total number of individuals employed in calendar y			5	14
Ę	6	Total number of volunteers (estimate if necessary)	, , , , , , , , , , , , , , , , , , , ,		6	0
Activities &	7 2	Total unrelated business revenue from Part VIII, co	lumn (C) line 12		7a	0.
¥	, L	Net unrelated business taxable income from Form			7b	0.
	<u>-</u>	NOT STITULED DUBLICOS TUXADO INCOMO NOM Y STI	KEUEIVED	7	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1-	301 F	5,837,635.	5,536,392.
Revenue	9	Program service revenue (Part VIII, line 2g)	E MAY 23 7010	181	0.	0.
Ver	10	Investment income (Part VIII, column (A), lines 3, 4	2019 ZO19	191	261,547.	349,035.
æ	(C)	Other revenue (Part VIII, column (A), lines 5, 6d, 8q		121 H	-107,902.	-87,219.
	_	Total revenue - add lines 8 through 11 (must equal		'三 一	5,991,280.	5,798,208.
_	-	Grants and similar amounts paid (Part IX, column (2,727,743.	3,316,806.
	4	• • • • • • • • • • • • • • • • • • • •			0.	0.
	1.5	Benefits paid to or for members (Part IX, column (A		<u> </u>	1,021,532.	1,205,149.
nses	<u>.1</u> 5	Salaries, other compensation, employee benefits (I			0.	0.
ē	Z°	Professional fundraising fees (Part IX, column (A), I		636 H		<u> </u>
Exper		Total fundraising expenses (Part IX, column (D), lin			1,224,837.	1,092,846.
	ш	Other expenses (Part IX, column (A), lines 11a-11d			4,974,112.	5,614,801.
	=	Total expenses Add lines 13-17 (must equal Part I		<u> </u>	1,017,168.	183,407.
		Revenue less expenses Subtract line 18 from line	12	- -		
ls o	1 5	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from		Be	eginning of Current Year 16,173,882.	End of Year 16,851,692.
SSe	97,20	Total assets (Part X, line 16)		<u> </u>	1,387,103.	1,527,970.
et A	21	Total liabilities (Part X, line 26)		<u> </u>	14,786,779.	15,323,722.
즙	art II	Net assets or fund balances Subtract line 21 from Signature Block	line 20		14,700,773.	15,325,722.
_			unally disas and a management of the distance	and statem	anto and to the heat of my	knowledge and heliof it is
		Ities of perjury, I declare that I have examined this return,				Knowledge and belief, it is
truc	, correc	t, and complete. Occlaration of preparer (other than office	er) is based on all information of wr	non preparer	nas any knowledge.	1/5/0
		Signature of officer	.		Date	7 / 9
Sig		ļ [*]			Date	
He	re	STEVE SCHWARTZ, INTERIM CFO Type or print name and title				
_			D		Date Check	PTIN
		Print/Type preparer's name	Preparer's signature		- 11 11 L	
Pai	_	DORI J. EGGETT	DORI J. EGGETT	<u> </u>	5/14/19 self-employ	
	parer	Firm's name PLANTE & MORAN, PLLC			Firm's EIN ▶	38-1357951
Use	Only	Firm's address 8181 E TUFTS AVE, SUITE	600			740 0400
_		DENVER, CO 80237			Phone no. 303	
Ma	y the If	RS discuss this return with the preparer shown abo				X Yes No
7320	001 11-2	2-17 LHA For Paperwork Reduction Act Notice	ce, see the separate instruction	ns.		Form 990 (2017)

Form	990 (2017) UCHEALTH NORTHERN COLORADO FOUNDATION	74-1894581	Page 2
	t IIII Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission SEE SCHEDULE O		
	SEE SCHEDOLE O		
			
			·····
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		es X No
	If "Yes," describe these new services on Schedule O		cs110
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es X No
3		· · ·	es110
	If "Yes," describe these changes on Schedule O.	actived by expens	oe.
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
		the total expenses	s, and
4-	revenue, if any, for each program service reported (Code) (Expenses \$3,809,557. Including grants of \$3,282,130.) (Revenue)		
4a	(Code) (Expenses \$3,809,557. including grants of \$3,282,130.) (Revenue: RESTRICTED FUND - PROVIDES FUNDING FOR EDUCATION MATERIALS, MEDICAL	<u> </u>	,
	EQUIPMENT AND SERVICES. THE BREADTH OF SUPPORT INCLUDES EMPLOYEE		
	SCHOLARSHIPS CONTINUING EDUCATION PATIENT EDUCATION PROGRAMS		
	EQUIPMENT, BASIC NEEDS FOR PERSONS WITH CANCER, OBESITY PREVENTION		
	PROGRAMS, AFTERSCHOOL HEALTH AND WELLNESS PROGRAMS, PRESCRIPTION		
	ASSISTANCE, RESEARCH, NEWBORN HOME VISITATION, CHILDREN'S PROSTHETICS		
	AND ORTHOTICS, CANCER CENTER BUILDING CAPITAL CAMPAIGN, AND MANY		
	OTHERS.		
	OTREAS.		
		•	
	(Code) (Expenses \$ 56,515. Including grants of \$ 34,676.) (Revenue		
4b	(Code) (Expenses \$56,515. including grants of \$34,676.) (Revenue UNRESTRICTED FUND - PROVIDES FUNDING FOR HOSPITAL PROGRAM SERVICES AND	s	,
	CAPITAL EQUIPMENT	· · · · · · · · · · · · · · · · · · ·	
	CAFITAL EQUIFMENT		
			
			-
			
		.	
_			
4c	(Code) (Expenses \$) (Revenue	\$,
			
			- random r
			
	<u> </u>		
			····
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 3,866,072.		000 :
		For	m 990 (2017)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_ X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			•
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
ь	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 167 /f "Yes," complete Schedule D, Part VII	11b		х
С	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 169 If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	[1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV -	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G. Part III	19		х
		Form	990	(2017

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ł	Par	t IV Checklist of Required Schedules _(continued)			
•				Yes	No
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	x	
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		Schedule J	23	х	l
	242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		· · · · · · · · · · · · · · · · · · ·	24a		x
	h	Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	C		24c		
	_	any tax-exempt bonds?	24d		
		Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	 	
	25a	Section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25.	i	x
		Schedule L, Part I	25b		_
	26	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? If "Yes,"			x
		complete Schedule L, Part II	26		┝┷
	27	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	l		
		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ŀ		
		instructions for applicable filing thresholds, conditions, and exceptions)			
		A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
		contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
	31	Did the organization liquidate, terminate, or dissolve and cease operations?	İ		
		If "Yes," complete Schedule N, Part I	31	ļ	X
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
		Schedule N, Part II	32	ļ	х
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
		sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		х
	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	İ		
		Part V, line 1	34	х	
	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	х
		If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
		If "Yes," complete Schedule R, Part V, line 2	36	L	х
	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	х	
					

Form **990** (2017)

-orm	990 (2017) UCHEALTH NORTHERN COLORADO FOUNDATION .	74-1894581	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	146		***
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming		
C	(gambling) winnings to prize winners?	1 1c	X 33333334	See
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10 100	£ *8****	2888
Zā		14		
	filed for the calendar year ending with or within the year covered by this return [2a]		2 3333333 X	200000000000000000000000000000000000000
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		¥ \$783984	******
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 1	S 31886888	X
		3a	+	-
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>	+	\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	'4a	X 849XXX	A 25 25 25 25
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (·		
5a		_ <u>5a</u>	╁	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	+-	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>	┼—	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz	ation solicit	1	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	 -	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi	fts		
	were not tax deductible?	_6b	X 100 20 20 20 20 20 20 20 20 20 20 20 20 2	2001000000
7	Organizations that may receive deductible contributions under section 170(c).	38.2		
. а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided the organization receives a payment of the organization of the organization receives a payment of the organization receives a payment of the organization of the	nded to the payor? 7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	х	L
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed .		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required? 7g		
- h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	• • • • • • • • • • • • • • • • • • •		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	_amounts_due_or_received_from.them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	· 12a	OK DESCRIBER	100000000000000000000000000000000000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122		7660
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1 0 0 m (100)	range st
4		13a	2 03.200	3883
L	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand [13c] Did the exceptation receive any payments for indeed taxages during the tax year?	779888	x 1200000000	X
	Did the organization receive any payments for indoor tanning services during the tax year?	146	+	

Form **990** (2017)

Form 990 (2017) UCHEALTH NORTHERN COLORADO FOUNDATION 74-1894581 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below to lines 2 through 7b below to lines 2 through 7b below to lines 2 through 7b below to lines 2 throu

. 7	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
Sec	tion A. Governing Body and Management	•		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12]		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	x	
7a				
	more members of the governing body?	7a	х	
~ b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	700		279,692/39) 4 (4) (4) (4) 4) (4) (4) (4) (4) 4) (4) (4) (4) (4) (4) (4)
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1000	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	**********
	Wore officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12և	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			-
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		****	3300
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	.mananaan	X
ь	Other officers or key employees of the organization	15b		х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	** \$	****	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	280000000	X
ь	_if_Yes, did_the_organization_follow_a_written_policy_or_procedure_requiring_the_organization_to_evaluate_its participation		2.8	347.65
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	-	3.3000.2
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable		
.5	for public inspection Indicate how you made these available Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
19	statements available to the public during the tax year		141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	STEVE SCHWARTZ - 970-237-7400			
	2315 E. HARMONY RD., SUITE 200, FORT COLLINS, CO 80528			_
72000		Form	990	(2017)
/32000	5 11-28-17	1 (1)	,	(2011)

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.

(A) Name and Title	(B) Average hours per		not c	Pos heck	more	l than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			recto	Highest compensated 4	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other or other compensation from the organization and related organizations
(1) MIKE DELLENBACH	1,00	=.	Ē	10	×	± 5	8			
BOARD CHAIR	2.00	x		х				0.	0.	0.
(2) CHRIS OSBORN	1.00						\vdash			······································
BOARD MEMBER	2,00	x		ŀ				0.	0.	0.
(3) CHRISTINE CHIN	1.00									
BOARD MEMBER	2.00	х		ŀ				0.	0.	0.
(4) LISA CLAY	1.00					1				
BOARD MEMBER	2.00	х		ŀ				0.	0.	0.
(5) DOUG ERION	1.00									
BOARD MEMBER	2.00	x		1				0.	0.	0.
(6) TESS HEFFERNAN	1.00									
BOARD MEMBER	2.00	x						0.	0.	0.
(7) DENNIS HOUSKA	1.00									
VICE CHAIR	2.00	x		х				0.	0.	0.
(8) JIM PARKE	1.00									
BOARD MEMBER	2.00	x	l					0.	0.	0.
(9) DR. JAMES SPROWELL	1.00									
BOARD MEMBER	2.00	х			<u> </u>			0.	0.	0.
(10) DAN STROH	1.00									
BOARD MEMBER	2.00	х						0.	0.	0.
(11) KEVIN UNGER	1.00									
PRESIDENT CEO	50.00	х		х				0.	856,044.	102,725
(12) ERICA SIEMERS	45.50									
SENIOR DIRECTOR	1.00	х		Х			L	130,138.	12,872.	21,908
(13) RICH LOWE	1.00									
BOARD MEMBER	2.00	х						0.	0.	0.
(14) STEPHANIE DOUGHTY	1.00									
PVHS CFO	50.00			х				0.	616,586.	62,179.
						_				
		\vdash								
		Ц	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L_	.L		Farm 990 (2017

732007 11-28-17

Form **990** (2017)

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

Form 990 (2017)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated Revenue excluded from tax under Total revenue business exempt function sections 512 - 514 revenue revenue Federated campaigns Grants **b** Membership dues 1b 391,307 c Fundraising events 1c 2,100,393 d Related organizations 270,826 e Government grants (contributions) All other contributions, gifts, grants, and 2,773,866. similar amounts not included above 5,895 g Noncash contributions included in lines 1a-1f \$ 5,536,392 Total. Add lines 1a-1f Business Code Program Service All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 349,035 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 19,243 6 a Gross rents 858 **b** Less rental expenses 18,385. c Rental income or (loss) 18 385 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 391,307. of including \$ contributions reported on line 1c) See 65,950 Part IV, line 18 171,554 b Less direct expenses -105,604 -105 604 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _b__Less _direct_expenses_ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 5,798,208. Total revenue. See instructions. 12 Form 990 (2017) 732009 11-28-17

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII <u>expenses</u> general expenses expenses Grants and other assistance to domestic organizations 1,753,451 1,753,451 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,563,355 1,563,355 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 ' Benefits paid to or for members Compensation of current officers, directors, 159,608. 63,843 95,765. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 748,945. 16,862 362,712. 369,371. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 296,596 4.976 154,357. 137,263. Other employee benefits Payroll taxes Fees for services (non-employees) Management 450 450. Legal 4,600. 4,600. Accounting Lobbying Professional fundraising services. See Part IV, line 17 30,011. 30,011. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 107,435 107,435 column (A) amount, list line 11g expenses on Sch O.) 115,908. 115,908. 12 Advertising and promotion - 21,473 21,473. 13 Office expenses 31,620. 2,101. 29,519, Information technology 14 15 Royalties 9,444. 9,444 Occupancy 16 10,408 10,408. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 29,943. 15,133. 14,810. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 insurance _Other_expenses__ltemize_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.) 361,818 HOSPITAL INITIATIVES 361,818 195,694 CORPORATE ALLOCATION 195,694 OTHER HEALTH PROG 165,610. 165,610 8,432 8,432. All other expenses 986,093. 5,614,801 3,866,072 762,636. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

إلى	.ť \ \	Check if Schedule O contains a response or not	e to an	/ line in this Part Y			
		Crieck if Schedule O contains a response of not	e to any	y line in this Part A	(A)	<u> </u>	(B)
					Beginning of year		End of year
	· 1	Cash - non-interest-bearing			28,674.	1	12,455.
	2	Savings and temporary cash investments			5,647,713.	2	5,875,414.
	3	Pledges and grants receivable, net			1,251,513.	3	1,096,551.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
ı	6	Loans and other receivables from other disqualif	fied per	sons (as defined under			
ļ		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of secti					
, ا		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net	,			7	
As	8	Inventories for sale or use				8	
Ì	9	Prepaid expenses and deferred charges			15,367.	9	13,047.
	10a	Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	,			
	ь	Less accumulated depreciation	10b		- Market Programmer Street Control of Contro	10c	20000000000000000000000000000000000000
	11	Investments - publicly traded securities			9,213,356.	11	9,827,093.
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line		•	- // -	13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			17,259.	15	27,132.
1	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	16,173,882.	16	16,851,692.
	17	Accounts payable and accrued expenses		•	236,593.	17	183,331.
- 1	18	Grants payable				18	
	19	Deferred revenue			1,065,219.	19	1,101,950.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
۰	22	Loans and other payables to current and former			7.6 (1.6 (1.6 (1.6 (1.6 (1.6 (1.6 (1.6 (1.6		
		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
֡֡֡֞֜֞֜֞֜֞֡֡֡֞֜֞֜֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	١ ١			24	
	25	Other liabilities (including federal income tax, pay	yables 1	to related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D	85,291.	25	242,689.		
	26	Total liabilities. Add lines 17 through 25			1,387,103.	26	1,527,970.
		Organizations that follow SFAS 117 (ASC 958), checl	k here 🕨 🗓 and		X X	
s		complete lines 27 through 29, and lines 33 and					
Net Assets or Fund Balances	27	Unrestricted net assets			2,123,165.	27	2,441,207.
<u>a</u>	28	Temporarily restricted net assets			6,208,642.	28	6,393,148.
Ř	29	Permanently_restricted net assets			6,454,972.	29	6,489,367.
Š		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
֡֡֡֡֞֡֡֡֡֡֡֡֡֜֜֡֡֡֡֡֡֜֜֜֡֡֡֡֡֡֡֡֡֡֡		and complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
;	31	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		31	
וַ אַ	32	Retained earnings, endowment, accumulated inc				32	
2	33	Total net assets or fund balances			14,786,779.	33	15,323,722.
	34	Total liabilities and net assets/fund balances			16,173,882.	34	16,851,692.

Form	990 (2017) UCHEALTH NORTHERN COLORADO FOUNDATION	74	4-1894581	Pa	ige 12
:Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_		5,798	,208.
2	Total expenses (must equal Part IX, column (A), line 25)	2	L	5,614	,801.
3	Revenue less expenses Subtract line 2 from line 1	3		183	,407.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	. 1	4,786	,779.
5	Net unrealized gains (losses) on investments	5		353	,536.
6	Donated services and use of facilities .	6	l		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			٥.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	1	15,323	,722.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	22		1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	. 🔯		
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X.	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C). 🔯		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		16,00		
	Act and OMB Circular A-133?	. '	3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•	3	<u> </u>	
	•		Fo	rm 990	(2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

UCHEALTH NORTHERN COLORADO FOUNDATION

Employer identification number 74-1894581

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 12, check only one box) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g _____ 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. 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. 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. 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. 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 Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (i) Name of supported (n) EIN (iii) Type of organization (vi) Amount of other VOUL GOVE ino document (described on lines 1-10 support (see instructions) organization support (see instructions) No above (see instructions))

Total

Schedule A'(Form 990 or 990-EZ) 2017 UCHEALTH NORTHERN COLORADO FOUNDATION 74-189458

Partill 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.)

1 Gifts, grants, contributions, and membership fees received (ID not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtreatine 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 Gross receipts from related activities, etc (see instructions) 15 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 spo here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 8, column (f) divided by line 11, column (f)) 14 Public support percentage for 2017 (line 8, column (f) divided by line 11, column (f))	1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 Figure 1 Total Add lines 1 through 3 5 Figure 2 Figure 2 Figure 2 Figure 3 Figure	<u>Sec</u>	ction A. Public Support					,		_
membership fees received (Do not include any 'unusual grants.') 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Schneit be 5 from line 4 8 Gross income from minest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc (see instructions) 3 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 4 A 437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 6 Public support. Schneit be 5 from line 4 5,903,297, 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 7 Amounts from line 4 5,903,297, 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 7 Amounts from line 4 5,903,297, 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 7 Amounts from line 4 5,903,297, 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 7 Amounts from line 4 5,903,297, 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 7 Amounts from line 4 5,903,297, 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 7 Amounts from line 4 5,903,297, 4,437,555, 4,492,998, 5,837,635, 5,536,392, 26,207,4 7 Amounts from line 4 8 Gross income from unrelated business activities, which is a final line line line line line line lin	membership fees received (Do not include any "unusual grants.") 2	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	_
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14 Tubile Support percentage for 2517 (line 5, column ()) divided by line 11, column ())	ection C. Computation of Public Support Percentage	Sec	ction C. Computation of Publi	ic Support Per	centage					_
						olumn (f))				_
15 Public support percentage from 2016 Schedule A. Part II. line 14	4 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (fi) 14 93.71 %					.,,		15	94.47	<u>~</u>
10 1 date deposit personage non-zero de transporte de la constanta de la const	4 Tubic support percentage for 2017 (line 6; column (r) divided by line 17; column (r))									<u>%</u>
10 1 date deposit personage non-zero de transporte de la constanta de la const	Table support percentage to 2017 (inc. o, column (), divided by inc. (1), column ())					a line 13 and line 1	A is 33 1/3% or m			=
	Table support percentage to 2017 (inc. o, column (), divided by inc. (1), column ())	16a	33 1/3% support test - 2017. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box		_
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Schedule A'(Form 990 or 990-EZ) 2017 UCHEALTH NORTHERN COLORADO FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed b	elow, please comp	lete Part II)			/	
Sec	ction A. Public Support					/	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	12/22	1-7	·····	,,		
•	membership fees received (Do not	\ <u>\</u>				/	
	include any "unusual grants ")	7	\			/	
_			\			 / 	
2	Gross receipts from admissions, merchandise sold or services per-		\			,/	
	formed, or facilities furnished in		\		/		
	any activity that is related to the		\				
	organization's tax-exempt purpose				//_		
3	Gross receipts from activities that		\		/		
	are not an unrelated trade or bus-		\		/		
	iness under section 513						
4	Tax revenues levied for the organ-		\	,	ľ		
	ization's benefit and either paid to	<u> </u>	\	/			
	or expended on its behalf		\				
5	The value of services or facilities		Ŷ.				
Ŭ	furnished by a governmental unit to	1					
	the organization without charge]				[
^	•			- X			
	Total. Add lines 1 through 5	——		/ \ 		 	
7 a	Amounts included on lines 1, 2, and		,	/ \			
	3 received from disqualified persons					·	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that	1		\			
	exceed the greater of \$5,000 or 1% of the	!		\ \			
	amount on line 13 for the year			\			
c	: Add lines 7a and 7b		/				<u>.</u>
8	Public support. (Subtract line 7c from line 6)			*			
Sed	ction B. Total Support		/				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		1-1	, , , , , , , , , , , , , , , , , , ,	1		
-	Gross income from interest,				1	· · · · · ·	
	dividends, payments received on	/			l \		
	securities loans, rents, royalties,	/			l \		
	and income from similar sources	/ / 			 	+	
	Unrelated business taxable income	/			l \		
	(less section 511 taxes) from businesses	/			\	ļ	
	acquired after June 30, 1975	/			\		
	Add lines 10a and 10b	<u>/</u>			\\		
11	Net income from unrelated business activities not included in line 10b.				l \		
	whether or not the business is				·	۱, I	
	regularly carried on					<u> </u>	
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI∕)				L		
13	Total support. (Add lines 9/10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x vear as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here	 . 3	,, ,	.,	,	() (▶□
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2017 (olumn (fi)		15	%
	Public support percentage from 2016	• • • • • • • • • • • • • • • • • • • •	•	J. J. J. J. J. J. J. J. J. J. J. J. J. J		16	%
	ction D. Computation of Inves					1 101	
	Investment income percentage for 20	· · · ·		o 13 column (f)		17	%
	•	·	• •	ie 13, column (i))			
	Investment income percentage from				45	18	<u>%</u>
19a	33 1/3% support tests - 2017. If the						IS/NOT
	more than 33 1/3%, check this box as	•	=				. \ ▶□
b	33 1/3% support tests - 2016. If the	_					ıq / ` —
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	∖► ⊟
20	Private foundation. If the organization	on did not check a l	oox on line 14, 19a	a, or 19b, check th			
73202	23 10-06-17				Sch	edule A (Form 990	or 990-EZ) 2017

Partily Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	---------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If
 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part-I-of-Schedule-L-(Form-990 or-990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No_	
		200	******	
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	10b	L		

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Sche	dule A'(Form 990 or 990-EZ) 2017 UCHEALTH NORTHERN COLORADO FOUNDATION	74-189458	81 P	age 5
	Supporting Organizations (continued)		•	-
	·		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?	***		*****
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		.3288		1
	below, the governing body of a supported organization?		11a	┼
b	A family member of a person described in (a) above?	_	1b	┿
	'A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		1c	Ц,
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	28		
•	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 Part VI 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	. 286		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year		1	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	. 💥		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<i>'</i>		
			2	0000000000
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		<u>- </u>	
360	tion 6. Type if Supporting Organizations	•		Ι
		580	Yes	No No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors-			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		1	
Sec	tion D. All Type III Supporting Organizations	•		•
			Yes	No
	Dut the account of the country of the country of the	1968	SSSS 33253	100000
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	· ' 💥		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	222		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1	ļ
2 ·	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s)		2	- RRICKALKK
3	By reason of the relationship described in (2), did the organization's supported organizations have a	- A		133334
3	•	' (
	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 Part VI the role the organization's			
	supported organizations played in this regard.		3	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ii	nstructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
٠ بُ	The organization is the parent of each of its supported organizations. Complete line 3 below			
		atiti /000 i======	tions!	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government er	nny (see instruct		T
2	Activities Test Answer (a) and (b) below.	ভিক্	Yes	No No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<i>9</i>		
	_the.supported.organization(s).to.which.the.organization.was responsive?— <i>lf-</i> "Yes," then-in- Part-VI-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	1	2a	3822344
.	·		200	2888
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 Part VI the	**		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	<u> </u>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	l 🎇		
a		The state of	access and and and and and and and and and and	: 20052664C.SC
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.		3a	**************************************
b		6888	******	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b	<u> </u>
732025	5 10-06-17 . Schedul	le A (Form 990 o	or 990-EZ) 2017

ns , 1970 (explain in Pa) through E) Prior Year	(B) Current Year (optional)
through E	(B) Current Year (optional)
) Prior Year	(optional)
	(optional)
s) Prior Year	, ,
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III supporting organ	ization (see
5 5	•
	Ill supporting organ

Schedule A (Form 990 or 990-EZ) 2017

b Applied to 2017 distributable amount
 c Remainder. Subtract lines 4a and 4b from 4

Part VI See instructions

Breakdown of line 7
a Excess from 2013
b Excess from 2014

c Excess from 2015d Excess from 2016e Excess from 2017

Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater

Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

than zero, explain in Part VI. See instructions.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UCHEALTH NORTHERN COLORADO FOUNDATION

Employer identification number 74-1894581

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			•
		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
•	are the organization's property, subject to the organization's	•	ca idiloo	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	used only	
Ü	for charitable purposes and not for the benefit of the donor o	<u> </u>	•	
	impermissible private benefit?	donor advisor, or for any other purpose	comening	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990.	Part IV. line 7	103 140
1	Purpose(s) of conservation easements held by the organization			·····
•	Preservation of land for public use (e.g., recreation or e		orically importa	nt land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space	i reservation of a cer	inica mistorio sti	uotuic
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conseniatio	n essement on the last
-	day of the tax year	ned conservation contribution in the form		eld at the End of the Tax Year
а	Total number of conservation easements		2a ''	eld at the thu of the Tax Teal
_	Total acreage restricted by conservation easements		2b	
b	Number of conservation easements on a certified historic str	icture included in (a)	2c	
c d		` '		-, ·, · · · · · · · · · · · · · · · · ·
u		arter 7723700, and not on a historic structu	"e 2d	
2	listed in the National Register Number of conservation easements modified, transferred, rel	assed autinguished or terminated by the		urna tha tay
3	· · · · · · · · · · · · · · · · · · ·	eased, extinguished, or terminated by the	Organization do	ining trie tax
4	year Number of states where property subject to conservation eas	noment is legated		
4 5	Does the organization have a written policy regarding the per			
3	violations, and enforcement of the conservation easements it	- · ·		Yes No
6			constitute accom	
•	Staff and volunteer hours devoted to monitoring, inspecting,	rialiding of violations, and emorcing cons	servation easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of welstions, and enforcing concents	tion essements	during the year
•	\$\\$\$\$ \$\$\$	illing of violations, and emorcing conserva	don easements	during the year
8	Does each conservation easement reported on line 2(d) abov	e eatisfy the requirements of section 170/	h)(4)(B)(i)	
0	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(11)(4)(1)(1)	Yes No
9	In Part XIII, describe how the organization reports conservation	on accompate in its revenue and evacance	atatament and	
9	•	· ·	•	·
	include, if applicable, the text of the footnote to the organizat	ion's illiancial statements that describes	ine organization	s accounting for
Pa	conservation easements rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar /	Assets.
تت	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under SFAS 116 (AS		ont and balance	a chapt works of art
ıa		•		
	historical treasures, or other similar assets held for public ext		ice or public sea	rvice, provide, in Fart Alli,
	the text of the footnote to its financial statements that described as a secretary of the company			
ь	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, prov	ride the following amounts
	relating to these items		. .	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$.	
_	(ii) Assets included in Form 990, Part X			——————————————————————————————————————
2	If the organization received or held works of art, historical treations for the fall of the control of the cont		gain, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. .	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	

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

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b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2017 UCHEALTH NO	ORTHERN COLORADO	FOUNDATION			74-1894	581	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(continued	0
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a s	ignificant u	se of its co	llection item	ns
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations		·					
4	Provide a description of the organization's co	flections and explain	how they further th	e organization's exe	mpt purpos	se in Part X	III	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	untained as part of th	ne organization's col	lection?			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes" o	n Form 990	, Part IV, Iir	ie 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets not	ıncluded			
	on Form 990, Part X?						Yes [No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ılıty?		Yes [No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been j	provided on Part XII				
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four year	rs back
1a	Beginning of year balance	7,098,243.	6,872,466.	7,151,577.	7,0	79,697.	6,455	719.
þ	Contributions	34,394.	76,668.	39,217.		46,722.	409	384.
С	Net investment earnings, gains, and losses	536,004.	163,048.	55,040.	ļ	95,036.	261	L,997.
đ	Grants or scholarships	4,257.	-6,188.	19,049.		22,644.	4	1,960.
е	Other expenditures for facilities							
	and programs 100,18312,899. 317,893. 14,222.						9	813.
f	Administrative expenses	35,255.	33,026.	36,426.		33,012.	32	2,630.
g	End of year balance	7,528,946.	7,098,243.	6,872,466.	7,1	51,577.	7,079	697.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as				
a	5.07							
b	Permanent endowment > 86.19	<u></u> %						
С	Temporarily restricted endowment ▶	7.74 %						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	id administered for t	he organiza	ation		
	by						Yes	s No
	(i) unrelated organizations						3a(i) X	\bot
	(ii) related organizations						3a(ii)	X
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	Ш
4	Describe in Part XIII the intended uses of the		wment funds					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990			, line 10			
	Description of property	(a) Cost or of basis (investment)		' '	Accumulate epreciation	1 '	d) Book val	iue
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
e	Other							
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X. column (B), line 1	0c.)		ightharpoonup		0.

Schedule D (Form 990) 2017

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.

Schedule D (Form 990) 2017

242,689

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

Sche	dule D (Form 990) 2017 UCHEALTH NORTHERN COLORADO FOUNDA	TION	74-1894581	Page 4
Par	t∛XI∰ Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ıne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
. 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	<u> </u>	4c ,	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
	TXII: Reconciliation of Expenses per Audited Financial St	atements With Expenses		
(J.)	Complete if the organization answered "Yes" on Form 990, Part IV, I			
_	Total expenses and losses per audited financial statements		1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25			
2	, , ,	ا موا		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d]		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a -		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	t'XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		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 a	any additional information		_
· <u>·</u>		•		
חמגם	V TIME A.			
PARI	V, LINE 4:			
ENDO	WMENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SO	HOLARSHIPS		
ENDC	WHENT FORDS ARE COED FOR THE INTERDED FORFORD TO FORD SC	- Industrial in the second sec		
FDUC	ATION PROGRAMS AND COMMUNITY BENEFIT. TEMPORARILY REST	RICTED NET		
	ATTON, TROOLERS, AND COMMONTED BENEFIT. TERROGRAPHIC RESI	KICIDO KDI		
ACCE	TS ARE THOSE WHOSE USE BY THE FOUNDATION HAVE BEEN LIMIT	FD BY THE		
ABBE	TO ARE THOSE WHOSE OSE BY THE TOURDATION HAVE BEEN BINTE	20 01 1110		
DONO	R TO A SPECIFIC TIME PERIOD OR PURPOSE. THESE NET ASSETS	ARE AVAILABLE		
DOM	K TO A SPECIFIC TIME PERIOD ON PORPOSE, THESE REL ASSESS	AKE AVAILABLE		
FOR	VARIOUS_HEALTH_CARE_PURPOSES_AS_DEFINED_BY_DONORS			
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(•	•		
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			. 4	
732054	10-09-17		Schedule D (Form	990) 2017

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2017

No

Yes

Open to Public Department of the Treasury ► Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ➤ Go to www.irs.gov/Form990 for the latest instructions. Name of the organization Employer identification number 74-1894581 UCHEALTH NORTHERN COLORADO FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser have custody or control of contributions (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No

101		_
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing	
		_

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Schedule G'(Form 990 or 990-EZ) 2017 UCHEALTH NORTHERN COLORADO FOUNDATION	74-1894581 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo	rmed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a 9
b An outside facility	13b 9
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	
THE ETHER WILL HAVE AND ADDRESS OF THE PERSON WITH PROPERTY AND SIGNIFICATION S GLITTING OPENIA OF THE SOCIAL AND	2.000,00
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue.	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information	
Name ▶	
Name P	
Garning manager compensation > \$	
Description of services provided	
_	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	r spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (iii)	v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	-
/	
723092 00.12.17	chedule G (Form 990 or 990-EZ) 201
732083 09-13-17 S	Sincodic a (i Sini 990 Of 990-LL) 20 I

Schedule G (Form 990 or 990-EZ) UCHEALTH NORTHERN COLORADO FOUNDATION	/4-1894581	Page 4
Part IV Supplemental Information (continued)		
[CONTINUED]		
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Schedule G (Form 990 or 990-EZ)

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number 74-1894581

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 UCHEALTH NORTHERN COLORADO FOUNDATION General Information on Grants and Assistance Part I

2 [] X Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance? Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if addition	onal space is neede	P			
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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
POUDRE VALLEY HEALTH CARE INC. 2315 E. HARMONY RD., SUITE 200 FORT COLLINS CO 80528	84-1262971 501 (C)	501 (C)(3)	158 785	897 843.	£SOO	MEDICAL EQUIPMENT	VARIOUS PROGRAM SUPPORT
MEDICAL CENTER OF THE ROCKIES 2315 E. HARMONY RD., SUITE 200 FORT COLLINS. CO 80528	04-3730045 501 (C)					MEDICAL EQUIPMENT	VARIOUS PROGRAM SUPPORT
UNIVERSITY OF COLORADO HEALTH MEDICAL GROUP - 2315 E. HARMONY RD., SUITE 200 - FORT COLLINS, CO 80528	80-0348943	501 (C)(3)	464.	2,624.	COST	MEDICAL EQUIPMENT	VARIOUS PROGRAM SUPPORT
THOMPSON SCHOOL DISTRICT 800 S TAFT AVE LOVELAND, CO 80537	84-1158256	501 (C)(3)	19,016.	.0			CHILDHOOD OBESITY
CITY OF LOVELAND 2525 W 1ST STREET LOVELAND, CO 80537	84-6000609 GOVERNMENT	GOVERNMENT	15,500.	0			CHILDHOOD OBESITY
-							
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	nd government org	ganizations listed in the table	e line 1 table				\$ A

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

732101 11-01-17

Schedule ! (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 74-1894581 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed 0 0 (d) Amount of non-cash assistance 0 。 。 152,222, 36,042 72,000 33,452 (c) Amount of cash grant 102,981 35 THE FOUNDATION REQUESTS GRANT RECIPIENTS TO REPORT BACK TO THE FOUNDATION UCHEALTH NORTHERN COLORADO FOUNDATION (b) Number of recipients 136 110 3460 45 42 (a) Type of grant or assistance BREAST CANCER PATIENT TREATMENT ON USE AND OUTCOME OF FUNDING CANCER PATIENT ASSISTANCE Schedule I (Form 990) (2017) EMPLOYEE ASSISTANCE MEDICARE COUNSELING PART I, LINE 2 SCHOLARSHIPS 732102 11-01-17 Part III

Schedule I (Form 990)	UCHEALTH NORTHERN COLORADO	RADO FOUNDATION	NO			74-1894581 Page 2
Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)	er Assistance to Individu	als in the United	States (Schedule	1 (Form 990), Part III		
(a) Type of grant or assistance	stance	(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 .
NEWBORN FAMILY VISITS		208	1 298	0	•	
CHILDREN'S CAR SEATS		106.	7,680.	0		
DIABETES EDUCATION		144.	6,717.	.0		
HOMECARE SUPPLIES/EQUIPMENT		2.	. 290.	°°		
BREAST PUMP RENTALS		21.	1,196.	°		
GIVING TREE		261.	7,086.	0.		
ACCESS TO HEALTHCARE		798.	1,119,643.	0		
ENHANCE WELLNESS		349.	19,357.	0.		
IANCE		10.	537.	0.		
732242 04-01-17			, ,		-	Schedule I (Form 990)

74-1894581 Page 2	od of (f) Description of non-cash assistance ok, FMV, other)							Schedule I (Form 990)
Î	(e) Method of valuation (book, FMV, appraisal, other)							
e i (Form 990), Part	(d) Amount of non- cash assistance	0		·		,		
ON J States (Schedule	(c) Amount of cash grant	2,854.						37
RADO FOUNDATION	(b) Number of recipients	33.						
UCHEALTH NORTHERN COLORADO	stance		 	 			 	
Schedule I (Form 990) UCHEALTH NORTHERN COLORADO FOUNDATION Francisity Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	(a) Type of grant or assistance	CLINIC PATIENT ASSISTANCE			•			732242 04-01-17

SOHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

Employer identification number 74-1894581

Internal Revenue Service Name of the organization

UCHEALTH NORTHERN COLORADO FOUNDATION

Pa	Questions Regarding Compensation		
		Ye	s No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	First-class or charter travel Housing allowance or residence for personal use		
	Travel for companions Payments for business use of personal residence		
•	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3	Indicate which, if any, of the following the 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	1	
	establish compensation of the CEO/Executive Director, but explain in Part III		
	Compensation committee Written employment contract		
	Independent compensation consultant Compensation survey or study		
	Form 990 of other organizations Approval by the board or compensation committee		
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		
а	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	a distribution of the control of the		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
	contingent on the revenues of		
а	The organization?	5a	X
b	Any related organization?	5b	X
	If "Yes" on 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	288 88	
а	The organization?	6a	X
b	Any related organization?	6b	X
	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-nonfixed-payments	- 222 22	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X
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	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		
	Regulations section 53 4958-6(c)?	9	

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Raca	S annua Kiil	(iii)	other deferred		(B)(I)-(D)	ın column (B)
(A) Name and Title		(I) base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		,	reported as deferred on prior Form 990
(1) KEVIN UNGER	Ε	.0	0.	0	0.	0	0.	0.
PRESIDENT CEO	Ξ	567,778.	271,696.	16,570.	95,150.	7,575.	958,769.	0.
(2) ERICA SIEMERS	Ξ	116,790.	13,261.	87.	12,580.	. 356. 7	150,074.	0.
SENIOR DIRECTOR	⊞	11,551.	1,312.	6	1,244.	128.	14,844.	0
(3) STEPHANIE DOUGHTY	Θ	0.]	0	.0	0	0	0	0.
PVHS CPO	Ξ	479,504.	129,948.	7,134.	49,916.	12,263.	678,765.	0.
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Schedule J (Form 990) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** 74-1894581 UCHEALTH NORTHERN COLORADO FOUNDATION FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF THE POUDRE VALLEY HOSPITAL AND MEDICAL CENTER OF THE ROCKIES FOUNDATION IS TO SUPPORT ITS AFFILIATED HOSPITALS AND CLINICS IN THE DELIVERY AND ADVANCEMENT OF WORLD-CLASS HEALTH CARE IN NORTHERN COLORADO. THE FOUNDATION REALIZES ITS MISSION THROUGH THE DEVELOPMENT AND STEWARDSHIP OF PHILANTHROPIC RESOURCES IN SUPPORT OF THE HOSPITALS MISSION AND STRATEGIC GOALS. FORM 990, PART VI, SECTION A, LINE 6: POUDRE VALLEY HEALTH CARE, INC., DBA THE POUDRE VALLEY HEALTH SYSTEM, A 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF POUDRE VALLEY HEALTH SYSTEM FOUNDATION AND APPOINTS ALL BOARD MEMBERS. A UNANIMOUS VOTE OF THE MEMBERS IS REQUIRED FOR AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYAWS ACTION REGARDING DISSOLUTION, MERGER OR CONSOLIDATION, ACTION REGARDING SALE, LEASE, MORTGAGE, OR OTHER TRANSFER OF SUBSTANTIALLY ALL ASSETS. OR ADMITTING A NEW MEMBER OR TRANSFER OF A MEMBER'S INTEREST. FORM 990, PART VI, SECTION A, LINE 7A: SEE LINE 6 EXPLANATION FORM 990, PART VI, SECTION A, LINE 7B: SEE LINE 6 EXPLANATION FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY A THIRD PARTY. A PRELIMINARY DRAFT IS REVIEWED BY THE INTERNAL FINANCE DEPARTMENT. THE FINAL COPY OF THE FORM 990 IS Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization UCHEALTH NORTHERN COLORADO FOUNDATION	Employer identification number 74-1894581
PROVIDED IN AN ELECTRONIC FORMAT TO ALL BOARD OF DIRECTOR MEMBERS PRIOR TO	
FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE COVERED UNDER THIS POLICY. CONFLICTS ARE REVIEWED AT	
MANAGEMENT LEVEL. BOARD MEMBERS RESCIND ON VOTING IF A CONFLICT EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15:	_
POUDRE VALLEY HEALTH SYSTEM FOUNDATION DOES NOT HAVE EMPLOYEES FOR FORM 990	
REPORTING PURPOSES, AS ALL EMPLOYEES OF POUDRE VALLEY HEALTH SYSTEM	
FOUNDATION ARE REPORTED ON THE PAYROLL OF UNIVERSITY OF COLORADO HOSPITAL	
AUTHORITY THROUGH 6/30/2018. EMPLOYEES ARE LEASED TO POUDRE VALLEY HEALTH	
SYSTEM FOUNDATION. THE EXPENSES THAT ARE REPORTED FOR SALARIES AND BENEFITS	
ON THE STATEMENT OF FUNCTIONAL EXPENSES REPRESENT THE EMPLOYEE LEASE	
EXPENSE FOR THE YEAR ENDED 6/30/2018.	
	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST	
POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST WITH A LEGITIMATE	
BUSINESS PURPOSE.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ■ Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

UCHEALTH NORTHERN COLORADO FOUNDATION

OMB No 1545-0047 2017

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

Open to Public

Employer identification number 74-1894581

entity

Direct controlling Identrification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) Š × × controlled entity? Yes Direct controlling entity N/A A/N status (if section Public charity 501(c)(3)) CINE 3 LINE 3 Exempt Code section 501(C)(3) 501(C)(3) 9 Legal domicile (state or foreign country) COLORADO COLORADO Primary activity 9 HOSPITAL HOSPITAL INC. ,- 84-1262971 MEDICAL CENTER OF THE ROCKIES - 04-3730045 Name, address, and EIN of related organization 2315 E. HARMONY RD., SUITE 200 2315 E. HARMONY RD., SUITE 200 POUDRE VALLEY HEALTH CARE, <u>a</u> FORT COLLINS, CO 80528 COLLINS, CO 80528 FORT

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

732161 09-11-17 LHA

Schedule R (Form 990) 2017

74-1894581

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Schedule R (Form 990) 2017 UCHEALTH NORTHERN COLORADO FOUNDATION

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

l	ego l						ı							
3	ceneral or Percentage x managing ownership le pariner? 5) Yes No													
	owr Owr						_							
3	General or managing partner? Yes No				 		L				ļ			_
_	2 F B B B						-				H			
	UBI 1065													
Ξ	de V. Sch													
	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)													
	ortionate strons?										_			
Ξ	Disproportionate allocations? Yes No						\vdash				\vdash			
_	Dispropo allocat Yes				 									
	a -													
<u>6</u>	are o of-ye ssets													
	Share of end-of-year assets													
<u> </u>				 			_				_			
	Share of total income													
ε	re of													
	Sha													
	der													_
	elated tax un !-514)													
e	nant I, unri rom 1 s 5 12													
	elated selated rded f													
	Predominant income (related, unrelated, excluded from tax under sections 512-514)						L							
	Direct controlling entity e:													
9	ontro tity													
٦	act co													
	Dire													
<u></u>	Legal domicile (state or foreign country)													
٣	Leg dom (stat fore													
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	Primary activity													
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(e)	ress, orga													
	add ated													
	Name, address, and EIN of related organization													
	Z -													

[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related programment in the form of this during the tax year

sections treated as a corporation or trust during the tax year	iring the tax year								
(a)	(q)	(၁)	(p)	(0)	(4)	(6)	(F)	(1)	١.
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp	Share of total income	Share of end-of-year	Percentage 512(b)(13) Ownership controlled entity?	512(b)(1: controlle	<u>. 6</u> 6 2 ~
		country)		or trust)		assers		Yes	No
INNOVATION ENTERPRISES - 20-2036774									
2315 E. HARMONY RD., SUITE 200									
FORT COLLINS, CO 80528	IT CONSULTING	00	РУНС	c corp			-		×
	T								
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Schedule R (Form 990) 2017

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

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

(b) (c) (d) (e)	(H)	(3)	(b)		.	(5)	3	9	3	(4)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income		Share of	Share of	Dispropor-	Code V-UBI	General o	Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514) Yes No		total income	end-of-year assets	altocations?	librations? of Schedule K-1 pariner? ownership	managing partner?	ownership
			-							
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								Schedule	R (For	Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017 UCHEALTH NORTHERN COLORADO FOUNDATION	74-1894581	Page 5
Part VII	(Form 990) 2017 UCHEALTH NORTHERN COLORADO FOUNDATION Supplemental Information.		•
2750 077	Provide additional information for responses to questions on Schedule R. See instructions		
	Frovide additional information for responses to questions on schedule in see instructions		
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Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 01/09/2019 10:55 AM

ID Number: 19871308146

Document number: 20191025369

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

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filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

	med pursuant to 37 70 501, et si	oq. una 3, 150 10	of the colone	100 100 11500	Summers (0.11.0.)	
1.	For the entity, its ID number and enti	ty name are					
	ID number	19871308140 (Colorado Secretary		,			
	Entity name	POUDRE VA	LLEY HEAL	TH SYSTE	M FOU	NDATIO	<u>NC</u> .
2.	The new entity name (if applicable) i	s UCHealth No	orthern Colora	ado Found	lation		
3.	(If the following statement applies, adopt if				chment)		
4.	(Caution <u>Leave blank</u> if the document doe significant legal consequences Read instru			ztıng a delaye	d effective a	late has	
	(If the following statement applies, adopt the format)	ne statement by enter	ring a date and, if	`applicable, tu	me using the	e requirea	i
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A mended	and	Restated	Articles	Λf I	ncorporation
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filed pursuant to §7-90-301, et seq. and §7-130-106 and §7-90-304.5 of the Colorado Revised Statutes (C.R.S.)

1	For the entity, its ID number and entit	ty name are
	ID number	19871308146 (Colorado Secretary of State ID number)
	Entity name	UCHealth Northern Colorado Foundation
2.	The new entity name (if applicable) is	3
3.	The amended and restated constituent	filed document is attached.
4 sele	The amendment to the articles of incoection)	orporation was in the manner indicated below: (make the applicable
	The amendment and restatement wa action and member action was not rec	as adopted by the board of directors or incorporators without member juired.
	<u></u> -	as adopted by the members AND the number of votes cast for the tled to vote separately on the amendment was sufficient for approval
		orporation include amendments adopted on a different date or in a different achment stating the date and manner of adoption)
5.	(Caution Leave blank if the document does not ke consequences Read instructions before entering	nave a delayed effective date Stating a delayed effective date has significant legal a date)
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the requirements of part 3 of article 90 of title 7, C.R.S and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes

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	(City)	United State	(Postal/Zip C	ode)
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ATTACHMENT TO AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

UCHEALTH NORTHERN COLORADO FOUNDATION

Article I.

The name of the corporation is UCHealth Northern Colorado Foundation (the "Foundation").

Article II. Purposes and Powers

Section 2.01 Purposes.

The Foundation is organized and will be operated exclusively for charitable, scientific, and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code. Subject to the foregoing, the specific purposes and objectives of the Foundation will include but not be limited to assisting in the development, improvement and expansion of the facilities and programs within the service area of the Poudre Valley Health Care, Inc., and a secondary purpose will be assisting in the development, improvement and expansion of facilities and programs within the service area of University of Colorado Health.

Section 2.02 Powers.

In furtherance of the foregoing purposes and subject to the restrictions set forth in Section 2.03, the Foundation will have and may exercise all of the powers conferred upon nonprofit corporations organized under the laws of Colorado and may do everything necessary or convenient for the accomplishment of such purposes, subject to any limitations prescribed by law.

Section 2.03 Restrictions On Powers.

(a) Private Inurement. No part of the net earnings of the Foundation will inure to the benefit of or be distributable to any member of the Foundation which is not then an. exempt organization described in section 501(c)(3) of the Internal Revenue Code, any director or officer of the Foundation or any other individual (except that reasonable compensation may be paid for services rendered to or for the benefit of the Foundation affecting one or more of its purposes), and no member of the Foundation which is not then an exempt organization

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described in section 501(c)(3) of the Internal Revenue Code, and no director or officer of the Foundation or any other individual, will be entitled to share in any distribution of any of the corporate assets on dissolution of the Foundation or otherwise.

- (b) Lobbying and Political Activity. No substantial part of the activities of the Foundation will consist of carrying on propaganda or otherwise attempting to influence legislation. However, if the Foundation is an organization to which section 501(h) of the Internal Revenue Code applies and the Foundation has effectively elected to have such section apply, the Foundation will have power to carry on the activities permitted by such section, but only to the extent such activities will not result in the denial of exemption under such section. The Foundation will not participate or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.
- (c) Nonqualifying Activities. The Foundation will not carry on any activities not permitted to be carried on by an organization described in section 501(c)(3) of the Internal Revenue Code, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code.
- (d) Internal Revenue Code. All references in these Articles of Incorporation to provisions of the Internal Revenue Code are to the provisions of the Internal Revenue Code of 1986, as amended, and to the corresponding provisions of any subsequent federal tax laws.

Article III. Members

Article IV. Board of Directors

Section 4.01 General.

The management of the affairs of the Foundation will be vested in the Board of Directors of the Foundation, except as otherwise provided in the Colorado Revised Nonprofit Corporation Act, these Articles of Incorporation or the Bylaws of the Foundation. The number of directors, their qualifications, their terms of office and the manner of their selection will be as provided in the Bylaws of the Foundation.

Section 4.02 Liability of Directors.

No director will be personally liable to the Foundation or its members for monetary damages for breach of fiduciary duty as a director, except for the following: (a) any breach of the director's duty of loyalty to the Foundation or its members, (b) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (c) acts specified in C.R.S. Section 7-128-403, as it now exists or may be amended, or (d) any transaction from which the director directly or indirectly derived an improper personal benefit. If the Colorado Revised Nonprofit Corporation Act is amended to authorize the further elimination or limitation of the liability of directors, then the liability of a director of the Foundation, in addition to the limitation on personal liability provided herein, will be further eliminated or limited to the fullest extent permitted by the Colorado Revised Nonprofit Corporation Act. Any repeal or modification of this Section 4.02 will be prospective only and will not adversely affect any right or protection of a director of the Foundation existing at the time of such repeal or modification.

Article V. Bylaws

The Bylaws of the Foundation may contain any provisions for the managing and regulating of the affairs of the Foundation that are not inconsistent with law or these Articles of Incorporation, as these Articles may be amended. However, no Bylaw will have the effect of giving any director or officer of the Foundation or any other individual any proprietary interest in the Foundation's property, whether during the term of the Foundation's existence or as an incident to its dissolution. The Bylaws of the Foundation may be amended or repealed and new Bylaws adopted in the manner provided in the Bylaws.

Article VI. Dissolution

The Foundation may be dissolved only by the two-thirds vote of the voting members; and in that event, the Board will, after paying or making provision for the payment of all liabilities of the Foundation, adopt a plan of distribution to effect distribution of the remaining assets of the Foundation to the voting members, so long as all of the voting members are then in existence and exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code; otherwise, to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes and recognized at the time as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code, or as the Board will determine, to an organization or organizations described under section 115 of the Internal Revenue Code for public purposes. Any such assets not so distributed by the Board will be disposed of by a court of competent jurisdiction in Larimer County, Colorado, to such organization or organizations as the court determines, which are organized and operated exclusively for public purposes. If upon dissolution of the Foundation and the winding up of its affairs, or other final liquidation of its assets, the voting members determine that the best interests of the Foundation are served by transferring and conveying its assets to an entity created or operated for profit, the consideration paid for such assets must be at least equal to the fair market value of the assets.

Article VII. Amendments

These Articles of Incorporation may be amended at any time by the voting members, or upon the approval and recommendation of the Board of Directors and approval of the voting members.