Form 990-T	6	Exempt Orga					ax Returr	۱	OMB No 1545-0687	_r\x
		(a	nd proxy tax und	er se	ection 60	33(e))			2040	0
	For ca	llendar year 2018 or other tax ye			, and	·		1	ZU 18	න ා මක
Department of the Treasury Internal Revenue Service		Go to www Do not enter SSN number	r.irs.gov/Form990T for in ers on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only	or cos
A Check box if address changed		Name of organization (HEALTHONE	Check box if name of	hange	d and see ins	structions)		Emp	loyer identification number ployees' trust, see uctions)	ے رین این
B Exempt under section	Print	DBA THE COL	ORADO HEALT	H F	OUNDAT	NOI			4-2568941	
X 501(c)(3.)	Type	Number, street, and room		x, see i	nstructions			E Unre (See	lated business activity code instructions)	- 0
408(e) 220(e)	',,,,	1780 PENNSY						4		ÇO
408A 530(a) 529(a)		City or town, state or pro	80203	r forei	n postal cod			900	000	- 0
C Book value of all assets at end of year		F Group exemption num G Check organization typ	ber (See instructions.)	<u> </u>						- , <u>.</u>
					<u> </u>	501(c) trust	····) trust	Other trust	-40
H Enter the number of the	-			1		_	he only (or first) ur			
		RTNERSHIP IN		rte Lar	d II. samala	•	complete Parts I-V		•	
business, then complete		· ·	us sentence, complete ra	1115 1 41	ia ii, compie	te a ocheune	IVI TOT CACIT AUUITION	iai tiaut	; ()	
		oration a subsidiary in an	affiliated group or a parer	nt-subs	idiary contro	olled group?		Y	es X No	-
		lifying number of the parer				g. oap		•		
J The books are in care of		CAO/CCO ANDR				Telepho	ne number 🕨 3	03-	953-3614	_
Part I Unrelate	d Trac	de or Business Inc	ome		(A) I	ncome	(B) Expense:	S	(C) Net	_
1a Gross receipts or sale	es						•]
b Less returns and allo	wances		c Balance	1c					` •	4
2 Cost of goods sold (S	Schedule	A, line 7)	ŀΛΛ	2_			•		,	_
3 Gross profit. Subtract			141	3	ļ- 	7 520	···		77 520	-
4 a Capital gain net incon	•	•	4707)	4a		7,539.		_	77,539.	-
	-	art II, line 17) (attach Form	1 4/9/)	4b	ļ. —					-
c Capital loss deduction 5 Income (loss) from a		sts ship or an S corporation (a	Hach ctatement)	4c 5	-2 14	4,607.	ATCH 1		-2,144,607.	-
6 Rent income (Schedu		silp of all 3 corporation (a	itacii staternent)	6	2,11	2,007.	AICH I		2,144,007.	-
7 Unrelated debt-finance		ne (Schedule E)		7	<u> </u>					-
		nd rents from a controlled	organization (Schedule F)	8				_		-
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9						_
10 Exploited exempt acti	vity inco	me (Schedule I)		10_						_
11 Advertising income (S		,		11						_
12 Other income (See in				12	0 06	1 0 6 0			0.065.060	-
Part II Deductio	3 throu	gh 12 * Takan Elegyuhan	0 /0	13		7,068.			-2,067,068.	-
		utions, deductions must					ncome)		,	_
	icers, dii	rectors, and trustees (Sche	dule K)					14		_
15 Salaries and wages			REC	FI	/ED	1		15		_
16 Repairs and mainten	ance					ပ္က		16_		-
17 Bad debts	dulo) (o	na inateriationa)	4 NUA	1 2	2019	SO-S		17		-
18 Interest (attach sche19 Taxes and licenses	uuie) (Si	se mstractions)	25 NOA	10	בועצ	<u>ဗွ</u>		18	· · · · · · · · · · · · · · · · · · ·	-
	ons (See	instructions for limitation	rules)			TTACHM	ENT 3	20		-
21 Depreciation (attach	•		OGL	ノトル	۱, UT [*]	121		1		-
22 Less depreciation cla	simed or	Schedule A and elsewhere	e on return			22a	-	22b		
23 Depletion								23		_
24 Contributions to defe	erred cor	mpensation plans						24		_
25 Employee benefit pro	grams							25		_
26 Excess exempt expe	•	•						26		_
27 Excess readership co		•				3 mm 3	45375 C	27	F00 001	-
28 Other deductions (at		•				ATTACHI	MENT 2	28	592,291.	-
29 Total deductions. A			Llong daduation Cubinosi	lina Of) from line 1	3		29	592,291. -2,659,359.	-
		icome before net operating oss arising in tax years beg						30 31	4,000,000.	1
		oss ansing in tax years beg scome. Subtract line 31 fro	-	y 1, 20	10 (366 111311	uctions)			-2,659,359.	j

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

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Form 990-1	(2018) DBA THE COLORADO HEALTH FOUNDATION		74-256	58941	L		Page 2
Part I			-				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instructions)		33	-2,659	, 3	<u>59.</u>
34	Amounts paid for disallowed fringes	,		34			43.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions) A'	TCH 4	35		•	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	•		- " -			
30	lines 33 and 34	outil of		36	-2,507	. 5	16.
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1	. 0	00.
37	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line	. 36		 '		70	<u> </u>
38	enter the smaller of zero or line 36	. 30,		38	-2,507	5	16.
Dart I	V Tax Computation			1 30 1	2,307	, 5	
				39		-	0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	line 20 from		39			<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 36 Hom	_	40			
	Tax rate schedule or Schedule D (Form 1041)			40			
41	Proxy tax. See instructions			41			
42	Alternative minimum tax (trusts only)			42			
43	Tax on Noncompliant Facility Income. See instructions			43			_
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44			0.
Part \		T T					
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		-			
b	Other credits (see instructions)	45b		- -			
C	General business credit. Attach Form 3800	45c		-			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d					
е	Total credits. Add lines 45a through 45d			45e			
46	Subtract line 45e from line 44			46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 Other	(attach schedule)	47			
48	Total tax Add lines 46 and 47 (see instructions)			48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		49			0.
50 a	Payments: A 2017 overpayment credited to 2018	50a		-			
þ	2018 estimated tax payments	50b		-l 1			
C	Tax deposited with Form 8868	50c		- I			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		4.			
е	Backup withholding (see instructions)	50e		- I			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		4 1			
g	Other credits, adjustments, and payments: Form 2439						
	Form 4136 Other Total >	50g		4			
51	Total payments Add lines 50a through 50g			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		>	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	ì	>	54			
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		efunded 📂	55			
Part \	I Statements Regarding Certain Activities and Other Informatio	on (see instru	ictions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $\frac{1}{2}$		-			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have to fil	le				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country					
	here						_X_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransferor to, a fo	reign trust?		_		X
	If "Yes," see instructions for other forms the organization may have to file.						
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$						
	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and size correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	atements and to the	e best of my knowle	edge and be	elief, it is true,		
Sign	Constitution of prepare former man taxpayor, is based an an information of which prepare	arry milowidul		lay the IRS	discuss this re	eturn w	uth 1
Here	11/14/9 6 (60			-	shown below		
	Signature of officer Date Title		ır	nstructions)	[₹] X Yes		No
	Print/Type preparer's name Preparer's signature Da	ate	Check	ıf PTIN			
Paid			self- employed				
Prepa	rer ADAM K BROWN Our Day	11-8-19		PO	18662		
Use C	EDNOW C VOING II G II D		Fırm's EIN ▶	3 4	1-6565	59	6
J36 C	TWO NORTH CENTRAL AVENUE, STE	2300					
	Firm's address ► PHOENIX, AZ 85004		Phone no. 6	<u> 502-</u> 3	<u> 322-3</u> 1	92	
823711 01	09-19				Form 99	0-T ((2018)

HEALTHONE

Form 990-T (2018) DBA THE COLORADO HEALTH FOUNDATION

Schodulo A - Cost of Goods	Sold Fare		Annualization N N / N					
Schedule A - Cost of Goods	Solu. Enter	method of inven	· · · · · · · · · · · · · · · · · · ·			_		
1 Inventory at beginning of year			6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold. S					
3 Cost of labor	3		from line 5. Enter here	and in i	Part I,			
4a Additional section 263A costs			line 2			7	1.0	T :-
(attach schedule)	4a		8 Do the rules of section	,	•		Yes	No
b Other costs (attach schedule)	4b	,	property produced or a	acquired	for resale) apply to		1	
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (From Real	Property and	Personal Property L	_ease	d With Real Prop	erty)		
(see instructions)					· 			
1. Description of property								
(1)								
(2)							_	
(3)								
(4)								
	2. Rent receive	ed or accrued			04.10-4-4-4-4			_
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for p	nd personal property (if the percental ersonal property exceeds 50% or if it is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	ted with the income in	1
(1)								
(2)								
(3)							-	
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see	instructions)					
		· -	2. Gross income from		3. Deductions directly control to debt-finance	nected v	vith or allocable erty	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)				 		+		
<u>(1)</u> (2)			-	 		+-		
(3)				<u> </u>		+		
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(4	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			%	 	_	+-		
(2)			% %	<u> </u>		+		
(3)						+		
		· · · ·	%	<u> </u>		+		
(4)				 - -	nter here and on page 1,	+-	inter here and an ar-	. 1
					nter here and on page 1, Part I, line 7, column (A)		inter here and on pag Part I, line 7, column (
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	1.8	·					0.

Form 990-T (2018)

Form 990-T (2018) DBA THE COLORADO HEALTH FOUNDATION

74-2568941

Page 4

Schedule F - Interest,	uitiG	.,yan	, uii		Controlled O				(306 1113	struction	-1
Name of controlled organiza	ation	2. Emp identific numi	cation	3. Net unre (loss) (see	elated income instructions)		at of specified ments made	ınclud	rt of column 4 led in the contr cation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)								L			
(3)											
(4)											
Nonexempt Controlled Organ	izations										
7. Taxable Income		nrelated incom see instructions		9. Total o	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)	_										
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0
Schedule G - Investme	ent Incon tructions)	ne of a S	ection	501(c)(7)), (9), or (17) Org	anization				
1 . Des	cription of inco	me			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				▶		0.					0
Schedule I - Exploited (see instr	-	Activity	Income	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2 G unrelated incom trade or t	business e from	directly o with pro of uni	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus column gain compute through	trade or tumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter her page 1			re and on I Part I,					_		Enter here and on page 1
Totals •	line 10,	col (A)	line 10	col (B)							Part II, line 26
Schedule J - Advertis											
Part I Income From	Periodic	als Repo	orted o	n a Cons	olidated	Basis					
1 Name of periodical		2 Gross advertising income		3. Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, comput	5. Circula income		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)					-						
(3)					1	_					
(4)					7				_		
Totals (carry to Part II, line (5))	•	().	0		•					0
	- [`									Form 990-T (201

Form 990-T (2018) DBA THE COLORADO HEALTH FOUNDATION 74-25689

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)		,	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		ا . ۱	0.	`	•		1 0.

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
otal, Enter here and on page 1, Part II, line 14		>	(

Form 990-T (2018)

FORM 990-T OTHER DEDUCTIONS	ATTACHMENT 2
DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	592,291.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	592,291.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

■ Go to www irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2018

Name

HEALTHONE

DBA THE COLORADO HEALTH FOUNDATION

Employer identification number

74-2568941

	ins and Losses (See	instructions.)	,		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 19.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g) .	combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			,		
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	17,220.				17,220.
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu	•			6	(
7 Net short-term capital gain or (loss) Combin	,	h		7	17,220.
Part II Long-Term Capital Ga			· · · · · · · · · · · · · · · · · · ·		
See instructions for how to figure the amounts					
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on					
9 Totals for all transactions reported on					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	60,319.				60,319.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on	60,319.			11_	60,319.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked	·	7		11 12	60,319.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	s from Form 6252, line 26 or 3	7			60,319.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale	s from Form 6252, line 26 or 3	7		12	60,319.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-kin 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 ne lines 8a through 14 in colum			12 13	
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-king 14 Capital gain distributions	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 ne lines 8a through 14 in colum			12 13 14	60,319.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-king 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combined	s from Form 6252, line 26 or 3 nd exchanges from Form 8824 le lines 8a through 14 in colum d II	n h		12 13 14	60,319.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-kir 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an	s from Form 6252, line 26 or 33 nd exchanges from Form 8824 ne lines 8a through 14 in columi d II	n h I loss (line 15)	7)	12 13 14 15	60,319. 60,319. 17,220. 60,319. 77,539.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

JWA

Form **8949**

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

2018 Attachment 484

Attachment Sequence No 12A

Name(s) shown on return

HEALTHONE

DBA THE COLORADO HEALTH FOUNDATION

Social security number or taxpayer identification no.

74-2568941

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box if you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (A) Short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions no	t reported to yo	u on Form 1099 I	B				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If you	et, if any, to gain or ou enter an amount (g), enter a code in See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
	VADTOUC	VARIOUC	939.	<u> </u>		adjustment	939.
ARROWGRASS PARTNERSHIP	VARIOUS	VARIOUS					
BRIGADE STR CREDIT FUND	VARIOUS	VARIOUS	16,281.				16,281.
				<u> </u>			
		-					
				<u>.</u>			
2 Totals. Add the amounts in colui	nns (d), (e), (g), a	and (h) (subtract					
negative amounts) Enter each to	tal here and incl	ude on your					
Schedule D, line 1b (if Box A abo	•		17 000				17 000
above is checked), or line 3 (if B	lox C above is cl	necked)	17,220.	l	l		17,220.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1 . HEALTHONE

Social security number or taxpayer identification no.

DBA THE COLORADO HEALTH FOUNDATION

74-2568941

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions) For short term transactions,

see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

If the liber one boy applies for your long-term transactions complete a separate Form 8949, page 2, for each applicable.

You must check Box D, E, or F below Check only one box. If more than one box applies for your long-term transactions complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not (a) Description of property (Example. 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If you in column	et, if any, to gain or ou enter an amount (g), enter a code in . See instructions (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) 8 combine the resul with column (g)
ARROWGRASS PARTNERSHIP	VARIOUS	VARIOUS	1,409.				1,409
VIVO CAPITAL FUND VIII	VARIOUS	VARIOUS	37,386.				37,386
VIVO CAPITAL SURPLUS FUND	VARIOUS	VARIOUS	21,524.				21,524
							
2 Totals. Add the amounts in colum							
negative amounts) Enter each to Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if B			60,319.				60,319.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

74-2568941

HEALTHONE DBA THE COLORADO HEALTH FOUNDATION CHARITABLE CONTRIBUTION DEDUCTION FORM 990T YE 12/31/2018

FORM 990T, LINE 20, CHARITABLE CONTRIBUTION DEDUCTION

TOTAL CONTRIBUTIONS IN 2018 83,961,068
CONTRIBUTIONS FROM K-1s 1,445
CHARITABLE CONTRIBUTIONS CARRYOVER FROM 2018 83,962,513

CHARITABLE CONTRIBUTION DEDUCTION ALLOWED 2018 FORM 990T, LINE 20

		CONVERTED			
	GENERATED	UTILIZED	CONTRIBUTIONS	REMAINING	
2013	97,434,787	-	-	97,434,787	
2014	76,243,252	-	-	76,243,252	
2015	64,899,671	-	-	64,899,671	
2016	107,955,310	-	-	107,955,310	
2017	84,288,002			84,288,002	
2018	83,962,513			83,962,513	
CONTRIBUTION CARRYOVER AS OF 12/31/2018	430,821,022		_	514,783,535	

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HEALTHONE DBA THE COLORADO HEALTH FOUNDATION NET OPERATING LOSS CARRYFORWARDS TO 2018 FORM 990T

YE: 12/31/2018

FORM 990T, LINE 31, NET OPERATION LOSS DEDUCTION - PRE 12/31/2017

	NOL CARRYOVER		CONVERTED		NOL CARRYOVER
	FROM PREVIOUS YEAR	GENERATED	CONTRIBUTIONS	UTILIZED	TO FOLLOWING YEAR
2013	-	(139,865)			(139,865)
2014	(139,865)	(85,302)			(225,167)
2015	(225,167)	(125,118)			(350,285)
2016	(350,285)	(326,582)			(676,867)
2017	(676,867)	(1,719,434)			(2,396,301)
2018		_			
NOL CARRYOVER A	S OF 12/31/2018			-	(2,396,301)

FORM 990T, LINE 31, NET OPERATION LOSS DEDUCTION - POST 12/31/2017

	NOL CARRYOVER		CONVERTED		NOL CARRYOVER
	FROM PREVIOUS YEAR	GENERATED	CONTRIBUTIONS	UTILIZED	TO FOLLOWING YEAR
2018	-	(2,507,516)			(2,507,516)
NOL CARRYOVER A	S OF 12/31/2018				(2,507,516)

HEALTHONE DBA THE COLORADO HEALTH FOUNDATION 74-2568941 12/31/2018	ATTACHMENT 1
FORM 990-T, LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS	
AEW SENIOR HOUSING INVESTORS III, L P	(2,129,322)
ARROWGRASS PARTNERSHIP L P.	61,234
BRIGADE STRUCTURED CREDIT FUND L P	1,756
KENNEDY WILSON REAL ESTATE FUND V, L P	59,893
STATE STREET MSCI WORLD INDEX NON-LENDING COMMON TRUST FUND	854
VIVO CAPITAL FUND VIII, L P.	(9,229)
VIVO CAPITAL SURPLUS FUND VIII, L P.	(6,460)
YORKTOWN ENERGY PARTNERS VIII, L P	(123,333)
INCOME (LOSS) FROM PARTNERSHIPS	(2,144,607)