

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Section A: Name of organization (HEALTHONE), DBA THE COLORADO HEALTH FOUNDATION, 1780 PENNSYLVANIA ST., DENVER, CO 80203. Section D: Employer identification number 74-2568941. Section E: Unrelated business activity code 900000.

Section C: Book value of all assets at end of year 2,455,808,701. Section F: Group exemption number. Section G: Check organization type (501(c) corporation).

Section H: Enter the number of the organization's unrelated trades or businesses (1). Describe the only (or first) unrelated trade or business here (PARTNERSHIP INVESTMENTS).

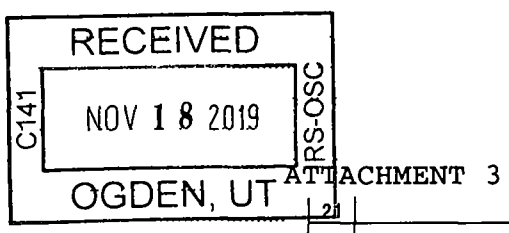
Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Section J: The books are in care of (CAO/CCO ANDREW RITZ), Telephone number (303-953-3614).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, Net gain (loss), and Total combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Charitable contributions; and Total deductions.



ATTACHMENT 2

SCANNED JAN 06 2020

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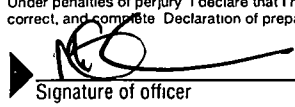
Part III Total Unrelated Business Taxable Income	
33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 -2,659,359.
34 Amounts paid for disallowed fringes	34 151,843.
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) ATCH 4	35
36 Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	36 -2,507,516.
37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38 Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38 -2,507,516.

Part IV Tax Computation	
39 Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39 0.
40 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 38 from 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.

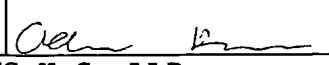
Part V Tax and Payments	
45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a
b Other credits (see instructions)	45b
c General business credit. Attach Form 3800	45c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	45d
e Total credits. Add lines 45a through 45d	45e
46 Subtract line 45e from line 44	46 0.
47 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> 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	49 0.
50a Payments: A 2017 overpayment credited to 2018	50a
b 2018 estimated tax payments	50b
c Tax deposited with Form 8868	50c
d Foreign organizations: Tax paid or withheld at source (see instructions)	50d
e Backup withholding (see instructions)	50e
f Credit for small employer health insurance premiums (attach Form 8941)	50f
g Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total ▶	50g
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	54
55 Enter the amount of line 54 you want. Credited to 2019 estimated tax Refunded	55

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
		X
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes	No
		X
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 statements and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here  11/14/19 **Date** CEO **Title**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ADAM K BROWN		11-8-19		P01866266
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596	Firm's address ▶ TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004		
				Phone no. 602-322-3192	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10 col (B)			Enter here and on page 1 Part II, line 26
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. 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 (carry to Part II, line (5))		0.	0.			0.

HEALTHONE

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

74-2568941

Page 5

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	4. 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.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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.

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.

2018

Name HEALTHONE DBA THE COLORADO HEALTH FOUNDATION	Employer identification number 74-2568941
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Part I Short-Term Capital Gains and Losses (See instructions.)				
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 gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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 sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 17,220.

Part II Long-Term Capital Gains and Losses (See instructions.)				
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 gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				
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	60,319.			60,319.
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 60,319.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16 17,220.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 60,319.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.				18 77,539.

Note: If losses exceed gains, see **Capital losses** in the instructions.

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

74-2568941

FORM 990T, LINE 20, CHARITABLE CONTRIBUTION DEDUCTION

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

CHARITABLE CONTRIBUTION DEDUCTION ALLOWED 2018 FORM 990T, LINE 20	<u><u>-</u></u>
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	GENERATED	UTILIZED	CONVERTED 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			<u><u>514,783,535</u></u>

HEALTHONE DBA THE COLORADO HEALTH FOUNDATION
NET OPERATING LOSS CARRYFORWARDS TO 2018
FORM 990T
YE: 12/31/2018

74-2568941

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

	<u>NOL CARRYOVER</u>		<u>CONVERTED</u>		<u>NOL CARRYOVER</u>
	<u>FROM PREVIOUS YEAR</u>	<u>GENERATED</u>	<u>CONTRIBUTIONS</u>	<u>UTILIZED</u>	<u>TO FOLLOWING YEAR</u>
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		-			-
<u>NOL CARRYOVER AS OF 12/31/2018</u>				-	<u>(2,396,301)</u>

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

	<u>NOL CARRYOVER</u>		<u>CONVERTED</u>		<u>NOL CARRYOVER</u>
	<u>FROM PREVIOUS YEAR</u>	<u>GENERATED</u>	<u>CONTRIBUTIONS</u>	<u>UTILIZED</u>	<u>TO FOLLOWING YEAR</u>
2018	-	(2,507,516)			(2,507,516)
<u>NOL CARRYOVER AS OF 12/31/2018</u>					<u>(2,507,516)</u>

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)
	<hr/>
INCOME (LOSS) FROM PARTNERSHIPS	<u>(2,144,607)</u>