EXTENDED TO NOVEMBER 15, 2018

Form **990** 

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

	A F	or the	2017 calendar year, or tax year beginning and en	ndıng		· <del></del>
	<b>B</b> C	heck if	C Name of organization		D Employer identi	fication number
	Γ	Addres	ROCKY MOUNTAIN HEALTH FOUNDATION			
	Ī	Name change	Doing business as		84-	1424932
		]Initial  return		loom/suite	E Telephone numb	
		Final return/		09	970	-644-8188
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	35,202,304
	<u>_</u>	Amend return Applica	GRAND DUNCTION, CO 81308		H(a) Is this a group	
		Tion pendin	F Name and address of principal officer MICHAELLE SMITH	aa 4 a	for subordinate	
			g 2768 COMPASS DR. #109, GRAND JUNCTION, ampt status X 501(c)(3) 501(c)( )	7-1-1	1 ' '	
			mpt status X 501(c)(3) 501(c)( ) (insert no ) 4947(a)(1) or e: ► N/A	<del>1139</del>		a list (see instructions)
			organization X Corporation Trust Association Other	I Vear	H(c) Group exempt	M State of legal domicile: CO
			Summary	<u> </u>	or torribation 1990	W State of legal doffliche CV
	4)	1 1	Briefly describe the organization's mission or most significant activities IMPRO	VE TH	E HEALTH O	F WESTERN
	Governance		SLOPE COLORADANS BY BEING A CATALYST AND			
-	Stu	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net	așsets
2019	Š	3	Number of voting members of the governing body (Part VI, line 1a)		_3	
	o.ಗ		Number of independent voting members of the governing body (Part VI, line 1b)		4	<del></del>
9 0	ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	
~	Activities		Total number of volunteers (estimate if necessary)		<u>-</u>	
MAR	Ac		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990·T, line 34		7:	
		В	ver difference business taxable income from Form 990-1, life 34		Prior Year	Current Year
SCANNED		8	Contributions and grants (Part VIII, line 1h)		685,312	
<b>Z</b>	enne		Program service revenue (Part VIII, line 2g)		0	
<u>₹</u>	eve		investment income (Part VIII, column (A), lines 3, 4, and 7d)		86	
တ္တ	α		Other revenue (Part VIII, column (A), lines 5, 6 <u>d, 8c, 9c, 10c, and 11e)</u>		0	. 0.
•••		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		685,398	
			Grants and similar amounts paid (Part IX, column (A), lines 1:3)		95,470	<u>583,300</u>
		14	Benefits paid to or for members (Part IX, column (A), line 4) 1 6 2013		0	. 0
	Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)		113,805	
-	ğ		Professional fundraising fees (Part IX, column (A), line-Fie)	<u></u>	0	. 0.
Calledon	Z W			0.	597,245	905,697
्टे	ξ		Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<del> </del>	806,520	
	3		Revenue less expenses Subtract line 18 from line 12		<121,122	
105	≩્ક	,,,		Bei	ginning of Current Year	
CE V	alan sets	20	Total assets (Part X, line 16)		209,389	. 37,044,754.
40.5	Z 5	21	Total liabilities (Part X, line 26)		102,198	
<u></u>	25		Net assets or fund balances Subtract line 21 from line 20		107,191	. 30,422,320
<u> </u>	<u> </u>	rt II	Signature Block			
2018			Ities of perjury, I declare that I have examined this return, including accompanying schedules			my knowleage and belief, it is
	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whice	cii preparer	lias ariy knowledge,	- 18
1 0	Sıgı	,	Signature of officer		Date	· 0
	Her		MICHAELLE SMITH, EXECUTIVE DIRECTOR			
EC		·	Type or print name and title			
			Print/Type preparer's name Preparer's signature	C	Oate Check	PTIN
1 11	Paid	ļ	SABRINA J. HOYT, CPA Jahung Llyt		11 12 18 self-empl	
· 0		arer	Firm's name DALBY, WENDLAND & CO., P.C.		Firm's EIN	84-0795096
r.	Use	Only	Firm's address P O BOX 430		,	070\ 242 1001
29			GRAND JUNCTION, CO 81502		Phone no (	
			RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form <b>990</b> (2017
<u>(*)</u>	7320	01 11-21 S	B-17 LHA For Paperwork Reduction Act Notice, see the separate instruction EE SCHEDULE O FOR ORGANIZATION MISSION ST		NT CONTINI	
		S	DE SCHEDOLE O FOR ORGANIZATION MISSION SI	نللاللبد حدم	1,1 001,111,0	ATION 657

Form 990 (2017)

Form	990	(2017)
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Form 990 (2017) ROCKY MOUNTAIN HEALTH FOUNDATION
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_1_	X	
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 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		Х
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
0	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		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	ļ	Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
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 167 If "Yes," complete Schedule D, Part VIII	11c		_X_
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_		<u>X</u> _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
2a	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_		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		X
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	l		7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b_		<u>X</u> _
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
0	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>  ''-</del>		41
8	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
3	complete Schedule G, Part III	19		х
	Complete Control of Factor		990	

Form 990 (2017) ROCKY MOUNTAIN HEALTH FOUNDATION

Part IV Checklist of Required Schedules (continued)

Od the organization operate one or more hospital facilities? if "Yes," complete Schedule H  b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b In 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 17 if "Yes," complete Schedule I, Parts I and II  21					
b If "Yes" to line 20s. did the organization attach a copy of its audided financial statements to this return?  20b Id the organization report mer than \$5,000 of grants or other assistance to any discretion organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and if  21		0.44		Yes	_
21 bild the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 2					<u>X</u>
Dot the organization expert more than \$5,000 of grains or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22			20b		
22 bit 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 2 bit the organization assers" Yes 1 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 Schedule II, Part IV and If the organization answer Yes 1 to Part VII, Section A, ine 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 II, If I and I are successed in the section of the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-evempt bonds?  24d	21		l	32	
Part X. column (A), line 2? If "Yes," complete Schedule I, Part I and III  22 X  23 Dd the organization answer "Yes" to Part IVI, Section A, Ine. 3, 4, or 3 book compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I V  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 2dd and complete Schedule IVI IVI's go to need 25e  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization and as an "on behalf of" issuer for bonds outstanding story with an outsign of the organization and as an "on behalf of" issuer for bonds outstanding story with a disqualified person of unity of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I I 25a X  Section SOI(D)3, 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the corganization's process process of the stransaction with a disqualified person of unity of the total stransaction with a disqualified person of unity of the organization provide a grant or other assistance to an officer, director, fustice, in the process of the	00		21	X	
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 I list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a.  24a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  25b Did the organization amantain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  25c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or tormer officers, director, instease, key employees, linghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV is the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV is Aministry of Aminis	22		]		٠,
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K I" No", or to time 25s  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24d brough 24d and complete Schedule Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year of the decase any tax-exempt bonds?  Did the organization and call as in "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization as any time during the year?  Did the organization has not been reported on any of the organization spore forms 990 or 990-E2? If "Yes," complete Schedule L, Part II  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, frustees, every employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable lining thresholds, conditions, and exceptions?  A current or former officer, director, furstee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable ining thresholds, conditions, and exceptions?  A carried of the organization receive mo	22		22		
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Is School of 10(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that it has reported that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that it has reported that the transaction has not been reported on any of 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, or disqualified persons? If "Yes," complete Schedule L, Part II Is any of these persons? If "Yes," complete Schedule L, Part II Is any of these persons? If "Yes," complete Schedule L, Part IV Is a family of these persons? If "Yes," complete Schedule L, Part IV Is an activate or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Is A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Is A family of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule Is part Is Is A Is A Is Did the organization with a controlled entity within the meaning of section 512(b)(13)? If "Y	h	-			^
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If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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  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  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		contributions? If "Yes," complete Schedule M	30		<u> X</u>
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Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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, Iine 2  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, Iine 2  36 X  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  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X			31		<u> X</u>
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Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  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			33		<u> </u>
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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  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		·	-	X	- <del></del>
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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  X  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  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  X	b		054		
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Note. All Form 990 filers are required to complete Schedule O			3/		
	38	<del>-</del>	20	y	
		Note. Air Form 990 mers are required to complete Schedule O			20171

NOTE: NOTE: 1017) ROCKY MOUNTAIN HEALTH FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check it Schedule O contains a response or note to any line in this Part V					
			1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			İ
	(gambling) winnings to prize winners?		•	1c	X	
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
þ	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit			
	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 contribut	tions o	r gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	l I		7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	_		37
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		17	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization for		00 00 100 110	7f		Λ.
9 h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		·	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
٠	sponsoring organization have excess business holdings at any time during the year?	i Qy ti it	*			
9	Sponsoring organizations maintaining donor advised funds.			. 8		
а	Did the sponsoring organization make any taxable distributions under section 4966?			00		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter			ĺ	l	
а	Gross income from members or shareholders	11a				
-	Gross income from other sources (Do not net amounts due or paid to other sources against	1.5				
	amounts due or received from them)	11b			l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ì			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·				
	Is the organization licensed to issue qualified health plans in more than one state?		ļ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
	* * ***			_		_

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

	to line da, ob, or rob below, describe the discumstances, processes, or changes in ourseaule of dee 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		T.,	·
4.	Enter the number of voting members of the source and holy at the and of the towns	Γ	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing	ł	ĺ	
			]	
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent 1b 13		•	
ь 2	Enter the number of voting members included in line 1a, above, who are independent  1b 1 13  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}		
2	officer, director, trustee, or key employee?			х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3	of officers, directors, or trustees, or key employees to a management company or other person?	_		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	X	
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		<u> </u>		
1 a	more members of the governing body?	70	X	
<b>.</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a_		<del> </del>
b	persons other than the governing body?	7.		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7b		^
	The governing body?		•	
a		_8a	X	
ь	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
9		9	1	х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9	L——	
<u> </u>	tion D. Fonotes (This Section & requests information about policies not required by the internal nevertile Code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		Λ
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a		х
	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			
.00	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
•	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		
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	vailab	le	
	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)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
19	statements available to the public during the tax year	(2.11		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	LISA FENTON-FREE - 970-697-1031			
	2768 COMPASS DRIVE #109, GRAND JUNCTION, CO 81506			
	2700 COM POD DIATED HILVY, GIVEN CONCILON, CO CLICK	Голга	000	/00171

Form	ggn	(201.7)	
1 01111	330	12017	

#### ROCKY MOUNTAIN HEALTH FOUNDATION

84-1424932

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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 V	<b>/</b> II
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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		nore more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	eek officer and a t any irs for atted izations licet			recto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEFFREY KUHR	1.00									_
CHAIR	1 00	X	_	Х				525.	0.	0
(2) SALLY SCHAEFER	1.00	l						450		
VICE CHAIR	1 00	X	-	X		-		450.	0.	0
(3) PATRICIA RIDDELL	1.00							275		_
SECRETARY	1 00	X		X		-	<u> </u>	375.	0.	0
(4) CHARLES BREAUX	1.00	x		   v				450	o.	0
TREASURER	1.00	^	-	Х	-	⊢		450.		0
(5) MICHAEL WEBER	1.00	X		х			ľ	1,942.	0.	0
PRESIDENT	1.00	^	-	Λ				1,342.		
(6) CORINNE JOHNSON	1.00	X		х				0.	0.	0
SECRETARY (7) NICOLE RUIZ	1.00	1		12			-		0.	
DIRECTOR	1.00	x						615.	0.	0
(8) THERESA CHASE	1.00					_				
DIRECTOR		x						375.	0.	0
(9) RUSSELL GEORGE	1.00									
FINANCE CHAIR		X						375.	0.	_ 0
(10) ERROL SNIDER	1.00									
DIRECTOR		X						450.	0.	0
(11) JOHN FEENEY-COYLE	1.00	]								
DIRECTOR		X	ļ				<u> </u>	0.	0.	0
(12) ELLEN ROBERTS	1.00									
DIRECTOR		X						375.	0.	0
(13) JENNIFER ROLLER	1.00							_	_	_
DIRECTOR		X				<u> </u>	<u>_</u>	0.	0.	0
(14) WAQQAR KHAN-FAROOQI	1.00									_
DIRECTOR		X					<u> </u>	225.	0.	0
(15) DAN GIBBS	1.00							205		_
DIRECTOR	1 00	X	ļ				<u>L</u>	225.	0.	0
(16) JANE BROCK POMMER	1.00	٠.,							,	^
DIRECTOR	1 00	X	<del> </del>				_	0.	0.	0
(17) JOHN SEATON	1.00	1,,				] ,			0.	•
DIRECTOR		X	L				Щ.	0.	<u> </u>	Form <b>990</b> (201

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

(A)

(B)

(C)

Compensation

Compensation

Compensation

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

		Check if Schedule O cont	ains a re	sponse	or note to any lini				X
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts str	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b			ļ		
S, C	С	Fundraising events		1c					ļ
를	d	Related organizations		1d	31,423,049.				
IS,	е	Government grants (contribut	ions)	1e	532,377.				
rior S	f	All other contributions, gifts, gran	ts, and						
호		similar amounts not included above	ve	1f	16,389.				
a d	g	Noncash contributions included in lines	1a-1f \$				1		Ì
ತಿ ಬ	h	Total. Add lines 1a-1f			<b>•</b>	31,971,815,			
ł					Business Code				
e	2 a								
e ₹	b		. <del>.</del>						
Program Service Revenue	С								
ev	d								
<u>6</u>	е								
ا تە	f	All other program service reve	nue						
	g	Total. Add lines 2a-2f			▶				
	3	Investment income (including	dividend	ds, intere	est, and				
		other similar amounts)			▶	184,569.			184,569.
	4	Income from investment of tax	k-exemp	t bond p	roceeds 🕨				
Ì	5	Royalties			<b>•</b>			· ·	
			(i) F	Real	(II) Personal				
Į	6 a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)	L						
	đ	Net rental income or (loss)							
	7 a	Gross amount from sales of	(ı) Sec	urities	(II) Other				
		assets other than inventory	3,04	5,920.					
1	b	Less cost or other basis	1						
		and sales expenses	3.04	5,920.					
	С	Gain or (loss)	L	0.					
	d	Net gain or (loss)			<u> </u>				
ğ	8 a	Gross income from fundraising	g events	(not					
e l		including \$		of	1				
Other Reve		contributions reported on line	1c) See	•					
ē		Part IV, line 18		а					
듄		Less direct expenses		b	L				
_		Net income or (loss) from fund	-						
-	9 a	Gross income from gaming ac	tivities	See					
İ		Part IV, line 19		а					
		Less direct expenses		b	L				
		Net income or (loss) from gam		vities				· · · · · · · · · · · · · · · · · · ·	
	10 a	Gross sales of inventory, less	returns						
		and allowances		а					
		Less' cost of goods sold		b	L		]		}
]	С	Net income or (loss) from sale			<b>&gt;</b> _				
		Miscellaneous Revenu	e		Business Code				
	11 a				ļ		ļ		
	b				ļ				<del></del>
}	С		_					<del></del>	<del></del>
1		All other revenue							<del></del>
	е	Total. Add lines 11a-11d							<del> </del>
]	12	Total revenue See instructions	_		<u> </u>	32 156 384.	0.1	0	
73200	9 11-28	R_17							Form <b>990</b> (2017)

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mpiete column (A)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	583,300.	583,300.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			İ	
	Individuals See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,148.	41,626.	70,522.	
6	Compensation not included above, to disqualified	112,140.	41,020.	70,522.	
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	118,202.		118,202.	
8	Pension plan accruals and contributions (include	110,202.		110,202.	
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<del> </del>
11	Fees for services (non-employees)		·		<del>-</del>
··	Management			j	
b	Legal		· · · · · · · · · · · · · · · · · · ·		<del></del>
c	Accounting	44,092.		44,092.	·
d	Lobbying				<del> </del>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,424.	-	17,424.	
g	Other (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O )	443,337.	411,633.	31,704.	
12	Advertising and promotion	5,003.		5,003.	
13	Office expenses	8,006.		8,006.	
14	Information technology	8,444.		8,444.	
15	Royalties				
16	Occupancy	13,042.		13,042.	
17	Travel	37,857.		37,857.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	13,344.		13,344.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HEALTH SUPPLIES	137,719.	137,719.		<del> </del>
a b	RE-ORGANIZATION COSTS	116,374.		116,374.	<del></del>
C	MEMBERSHIP DUES	8,761.		8,761.	
d	TELEPHONE	3,713.		3,713.	
	All other expenses	48,581.	43,600.	4,981.	
25	Total functional expenses Add lines 1 through 24e	1,719,347.	1,217,878.	501,469.	0.
<u>25</u> 26	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)				

1 4	Ιτ'Υ	Check if Schedule O contains a response or note to any line in this Part X			
		Choose in Controlled Controlling a response of flore to any line in this Fall A	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	65,241.	1	908,671.
	2	Savings and temporary cash investments	<b>-</b>	2	2,765,617.
	3	Pledges and grants receivable, net	144,148.	3	136,884.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	27,269,834.
	12	Investments other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	,
	15	Other assets See Part IV, line 11	0.	15	5,963,748.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	209,389.	16	37,044,754.
	17	Accounts payable and accrued expenses	77,198.	17	159,981.
	18	Grants payable	25,000.	18	500,000.
	19	Deferred revenue		19	5,962,453.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons			·
Liabilities		Complete Part II of Schedule L		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			,
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	102,198.	26	6,622,434.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
SE.	27	Unrestricted net assets	80,352.	27	30,398,527.
3ala	28	Temporarily restricted net assets	26,839.	28	23,793.
β	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	107,191.	33	30,422,320.
	34	Total liabilities and net assets/fund balances	209,389.	34	37,044,754.

	990 (2017) ROCKY MOUNTAIN HEALTH FOUNDATION	84-14	24932	Pag	je <b>12</b>
Pa	rt XI 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	32,15	6,3	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71	9,3	47.
3	Revenue less expenses Subtract line 2 from line 1	3	30,43	7,0	<del>37.</del>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	7,1	91.
5	Net unrealized gains (losses) on investments	5_	<12	1,9	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8_			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	30,42	2,3	20.
Pa	rt XIII 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		-	ļ	
	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?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		Ì	
	separate basis, consolidated basis, or both			İ	
	Separate basis Consolidated basis Both consolidated and separate basis			ľ	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	l l	1	
	consolidated basis, or both.				
	X Separate basis 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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A 133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	990 (	2017)

#### **SCHEDULE A**

**Total** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

► 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 Employer identification number ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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) 8 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 university 10 L 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported <u>in your governing document?</u> (described on lines 1 10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN HEALTH FOUNDATION 84-14249

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	350,368.	819,239.	951,274.	685.312.	596,431.	3,402,624,
2	Tax revenues levied for the organ-						3,102,024,
	ization'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	350,368.	819,239.	951,274.	685,312.	596,431.	3,402,624.
	The portion of total contributions	330/3001	015,255.	231,414.	003,312.	350,431.	3,402,624.
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		ı				
	amount shown on line 11,					ļ	
	column (f)						710 004
_	• •						719,984.
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>					2 682 640
		4 > 0040	# 1 004 4	4 > 0045	4 11 2042		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 4	350,368.	819,239.	951,274.	685,312.	596,431.	3,402,624.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 620		200	2.5	404 560	105 010
	and income from similar sources	1,630.	1,164.	370.	86.	184,569.	187,819.
9	Net income from unrelated business						
	activities, whether or not the	}			1		
	business is regularly carried on						<del></del>
10	Other income Do not include gain						
	or loss from the sale of capital	l					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						3,590,443.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here	<u></u>				<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6, column (f) di	ivided by line 11, o	column (f))		14	74.72 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	69.68 %
16a	33 1/3% support test - 2017. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2016. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3	▶□
<b>.</b>	10% -facts-and-circumstances tes					17a, and line 15 is 1	10% or
,	more, and if the organization meets the						
	organization meets the "facts-and-cire						
10	Private foundation. If the organization						
_10	Trivate roundation, it the organization	dia not offect a		<u>a, 100, 174, 01 171</u>		dule A (Form 990	

(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 below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2013 (c) 2015 Calendar year (or fiscal year beginning in) (b) 2014 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) % 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) % 17 Investment income percentage from 2016 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more thap 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and ling/18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 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

- 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)
- 8 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
	•		ļ
	1		
	2		
	3a		<u> </u>
	_3b	<del> </del> -	
		ļ	
	_3c	-	<del></del>
	4-	Ì	
	4a	<del> </del>	<u> </u>
	4b		
	75		_
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į	8		
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j			
	_10a		
	10b		

Sche	dule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN HEALTH FOUNDATION 84	<u>-142493</u>	2 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		<u></u>
Sec	tion B. Type I Supporting Organizations			r
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	J		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		Į.
	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	ļ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_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 carned out the purposes of the supported organization(s) that operated,	1 1		1
	supervised, or controlled the supporting organization	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	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			ŀ
600	the supported organization(s)	1		<u> </u>
sec	tion D. All Type III Supporting Organizations			Γ
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
^	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	• • •			
	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		ĺ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			ļ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard	3	<b>'</b>	
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 yeatsee instruct	tions)		
· a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	:)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			İ
	that these activities constituted substantially all of its activities	2a		
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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		L

	dule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN HEALTH F			84-1424932 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust or	n Nov 20, 1970 (explair	ı ın Part VI ) See ınstructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	] ]		
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·	
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			_
a	Average monthly value of securities	_1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	cion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non functional	lly integra	ated Type III supporting	organization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 ROCKY MOUNTAI			34-1424932 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		-	
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required-explain in Part VI) See instructions	)		
3	Excess distributions carryover, if any, to 2017		·	
а				
_ b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<u> </u>		
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
	Evenes from 2016	<u> </u>		1

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 ROCKY MOUNTAIN HEALTH FOUNDATION	84-1424932	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	r 17b, Part III, line 12, 1 and 2, Part IV, Sectio V. Section B. line 1e, P:	n C.
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### **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

Employer identification number

Pai	ROCKY MOUNTAIN HEA		84-1424932
Fai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
		(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		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year.
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$

		<u>OUNTAIN HE</u>						<u>84-14</u>	<u>24932</u>	Pag	<sub>je</sub> 2
Par	·										
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following that are	a sign	ıfıcant	use of its	collection	items	
	(check all that apply)										
а	Public exhibition	c	, 🗀	Loan or exc	hange programs						
b	Scholarly research	e	, 🗀	Other							
С	Preservation for future generations						_				
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organization's e	xemp	t purpo	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other sim	ıılar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	<b>gements.</b> Compl	ete if the	e organizatio	n answered "Yes"	on Fo	rm 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other assets i	not inc	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	flowing 1	table							
									Amount		
C	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 F	orm 990, Part X, line	21, for	escrow or co	ustodial account lia	ability'	?		Yes		No
	If "Yes," explain the arrangement in Part XIII						_				
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	orm 990, Part IV, III	ne 10					
		(a) Current year	(b) F	rior year	(c) Two years back	<u>(d)</u>	Three	ears back	(e) Four	years b	<u>ack</u>
1a	Beginning of year balance	. <u> </u>									
b	Contributions					Д.					
С	Net investment earnings, gains, and losses					$\perp$					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur-	rent year end baland	e (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administered fo	or the	organiz	zation	_		
	by									Yes	No_
	(i) unrelated organizations 3a(i)										
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on S	Schedule R?					3b		
_4											
Par	Part VI Land, Buildings, and Equipment.										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 990, Part	X, lin	e 10				
	Description of property	(a) Cost or c		(b) Cost	or other (c	) Accı	ımulate	ed	(d) Book	value	
		basis (investr	ment)	basis	(other)	depre	ciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	(Oc)						0.

Schedule D (Form 990) 2017

	Complete if the organization answered "Yes" on Form	990, Part IV	, line 11e or 11i	f See Form	990, Part X, III	ne 25	
1.	(a) Description of liability		(b) Book v	alue			· <u></u>
(1)	Federal income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (C	Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>&gt;</b>					

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

	dule D (Form 990) 2017 ROCKY MOUNTAIN HEALTH FOU	NDATION		<u>84 – </u>	1424932	Page 4
Pa	Reconciliation of Revenue per Audited Financial Staten		Revenue per R	eturr	٦.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a		<del>,</del>	<del>_</del>	
1	Total revenue, gains, and other support per audited financial statements			1_	32,017,	<u>052.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains (losses) on investments	2a	<121,908.	<b>&gt;</b>		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c	<u>.</u>			
d	Other (Describe in Part XIII )	2d				
е	Add lines 2a through 2d			2e	<121,	
3	Subtract line 2e from line 1			_3	32,138,	<u>960.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,424.			
b	Other (Describe in Part XIII )	4b				
С	Add lines 4a and 4b			4c		<u>424.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_ 5	<u>32,156,</u>	<u>384.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a				
1	Total expenses and losses per audited financial statements			1	1,701,	<u>923.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1		
С	Other losses	2c				
d	Other (Describe in Part XIII )	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1		•	3	1,701,	<u>923.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,424.	1		
b	Other (Describe in Part XIII )	4b				
¢	Add lines 4a and 4b			4c		<u>424.</u>
5_		···		5	1,719,	<u>347.</u>
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad			+, Part	A, illie 2, Part Al	·
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Schedule D (Form 990) 2017

732054 10-09-17

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public

Inspection

OMB No 1545-0047

	► Go to www.irs.gov/Form990 for the latest information.
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Name of the organization	4 ETT 181 4 ETT	Ç					Employer identification number
Part   General Information on Grants and Assistance	NIAIN DEA	TILL FOUNDALLON	TOIN				4
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for moni	toring the use of grant	of grant funds in the United States	d States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	ınızatıon answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated	55,000 Part II can		if additional space is needed	jed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WESTERN COLORADO CENTER FOR THE							
ARTS, INC 1803 N. 7TH STREET -							
GRAND JUNCTION, CO 81501	84-0579106	501(C)(3)	5,000.	0			THE ARTABILITY PROGRAM
BLACK CANYON BOYS & GIRLS CLUB,							
INC PO BOX 1907 - MONTROSE, CO							PURCHASE OF REPLACEMENT
81402	84-1508048	501(C)(3)	5,000.	.0			BUS
JOHN MCCONNELL MATH & SCIENCE							
CENTER OF WESTERN COLORADO INC.							
- 2660 UNAWEEP AVENUE - GRAND							CAPITAL IMPROVEMENT
JUNCTION, CO 81503	20-1641549	501(C)(3)	502,500.	.0			PROJECT
COLORADO PLATEAU MOUNTAIN-BIKE		<del></del>					
TRAIL ASSOCIATION (COPMOBA) - PO							
BOX 4602 - GRAND JUNCTION, CO							GRAND VALLEY CANYONS
81502	.84-1130981	501(C)(3)	5,000.	0			CHAPTER
MESA LAND TRUST							
	1			•			
GRAND JUNCTION CO 81501	74-2155358	501(C)(3)	20,000.	0			GENERAL SUPPORT
							•
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	e line 1 table	-    - 		] }	<b>•</b>
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) UNDERLYING MERIT OF AN ORGANIZATION'S REQUEST PRIOR TO GRANTING FUNDS. THE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE REVIEW THE BOARD, ITS COMMITTEES AND/OR MANAGEMENT ALSO MONITOR AND INQUIRE ON THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients UNDERLYING PROGRAM AS A WHOLE (a) Type of grant or assistance PART I, LINE 2:

Page 2

84-1424932

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

ROCKY MOUNTAIN HEALTH FOUNDATION

Schedule I (Form 990) (2017)

Part III

Schedule ! (Form 990) (2017)

## **SCHEDULE O**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 Open to Public Inspection

Name of the organization

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number 84-1424932

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTHCARE APPROACHES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VARIOUS OTHER MEDICAL AND WELLNESS PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 4:
THE BYLAWS WERE REVISED IN 2017.
FORM 990, PART VI, SECTION A, LINE 7A:
ROCKY MOUNTAIN HEALTH FOUNDATION (THE "FOUNDATION") (A 501(C)(3)
ORGANIZATION) ENTERED INTO A STOCK PURCHASE AGREEMENT (SPA) WITH UNITED
HEALTHCARE SERVICES INC. ("UHS") UPON CLOSING ON MARCH 1, 2017, ROCKY
MOUNTAIN HEALTH ORGANIZATION (RMHMO) CONVERTED TO A FOR-PROFIT CORPORATION
AND TRANSFERRED ITS CAPITAL STOCK TO THE FOUNDATION. UHS THEN ACQUIRED ALL
THE ISSUED AND OUTSTANDING STOCK OF RMHMO FROM THE FOUNDATION. THE
CONVERSION WAS APPROVED BY THE ATTORNEY GENERAL OF THE STATE OF COLORADO BY
AN ORDER DATED 2/9/17.
PRIOR TO CLOSING OF THE TRANSACTION, THE FOUNDATION WAS CONTROLLED BY
RMHMO, WHICH APPOINTED ALL ITS DIRECTORS.
AFTER CLOSING, THE FOUNDATION IS INDEPENDENT FROM UHS AND RMHMO.
FORM 990, PART VI, SECTION B, LINE 11B:

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Name, of the organization  ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932	
OPPORTUNITY TO ASK QUESTIONS AND/OR PROVIDE COMMENTS PRIOR TO FILING.		
FORM 990, PART VI, SECTION B, LINE 12C:		
THE BOARD OF DIRECTORS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO		
COMPLETE A CONFLICT OF INTEREST FORM EACH YEAR DISCLOSING ANY CONFLICTS OF		
INTEREST THAT EXIST. THESE ARE REVIEWED ANNUALLY.		
FORM 990, PART VI, SECTION B, LINE 15B:		
COMPENSATION WAS DETERMINED BY USING A MOUNTAIN STATES EMPLOYER COUNCIL		
STUDY.		
FORM 990, PART VI, SECTION C, LINE 19:		
COPIES OF THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE		
PROVIDED UPON REQUEST TO THE EXTENT REQUIRED BY APPLICABLE LAW.		
FORM 990, PART VII, SECTION A:		
THE SALARY AMOUNT SHOWN FOR LISA FENTON-FREE REPRESENTS G	ROSS SALARY.	
\$41,626 OF THE SALARY IS ALLOCATED TO THE FOUNDATION ACTIVITIES AND IS		
PAID FOR BY ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION FOR THE		
MONTHS OF JANUARY AND FEBRUARY. FOR THE REMAINING 10 MONT	HS OF 2017,	

REPORTABLE COMPENSATION FROM RELATED ORGANIZATION WAS PAID BY ROCKY
MOUNTAIN HEALTH MANAGEMENT CORPORATION.

EXECUTIVE ADMINISTRATIVE ASSISTANT, AND THE GRANT DIRECTOR.

THE FOUNDATION COVERED ALL SALARIES FOR THE EXECUTIVE DIRECTOR,

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Name of the organization  ROCKY MOUNTAIN HEALTH FOUNDATION	Employer identification number 84-1424932
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	411,633.
MANAGEMENT AND GENERAL EXPENSES	2,500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	414,133.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	29,204.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,204.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	443,337.
FORM 990, PART VI, SECTION A, LINE 4, REVISED BYLAWS:	
ARTICLE I	
OFFICES	
ADDED: THE CORPORATION SHALL CONTINUOUSLY MAINTAIN IN COL	ORADO A
REGISTERED AGENT AND A REGISTERED OFFICE IN ACCORDANCE WI	TH COLORADO
LAW.	
ARTICLE II	
COMPLETELY REVISED AND REPLACED WITH:	

Schedule O (Form 990 or 990 EZ) (2017) Name of the organization Employer identification number ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 DIRECTORS, WHO SHALL EACH HAVE ONE VOTE IN THE CONDUCT OF THE AFFAIRS OF THE CORPORATION. THERE SHALL NOT BE ANY MEMBERS OF THE CORPORATION. SECTION 2. PROPERTY INTEREST OF DIRECTORS. NO DIRECTOR OF THE CORPORATION SHALL HAVE ANY RIGHT, TITLE, OR INTEREST IN OR TO ANY REAL OR PERSONAL PROPERTY OR OTHER ASSETS OF THE CORPORATION DURING ITS EXISTENCE, OR UPON THE DISSOLUTION OF THE CORPORATION. SECTION 3. NON-LIABILITY FOR DEBTS. THE PRIVATE PROPERTY OF THE DIRECTORS SHALL BE EXEMPT FROM EXECUTION OR OTHER LIABILITY FOR ANY DEBTS OF THE CORPORATION AND NO DIRECTOR SHALL BE LIABLE OR RESPONSIBLE FOR THE DEBTS OR LIABILITIES OF THE CORPORATION. SECTION 4.INDEPENDENCE. A MAJORITY OF THE DIRECTORS OF THE CORPORATION SHALL BE "INDEPENDENT MEMBERS OF THE GOVERNING BOARD" OF THE CORPORATION AS DEFINED IN THE INSTRUCTIONS TO IRS FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX. IN ADDITION, NO PERSON SHALL BE ELIGIBLE TO SERVE AS A DIRECTOR OR OFFICER OF THE CORPORATION IF SUCH PERSON IS A DIRECTOR, OFFICER OR EMPLOYEE OF, OR IS OTHERWISE SUBORDINATE TO, ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION, INCORPORATED OR ANY OF ITS SUBSIDIARIES, PARENT ENTITIES OR AFFILIATES (COLLECTIVELY, "RMHMO") OR BY UNITED HEALTHCARE SERVICES, INC. OR ANY OF ITS SUBSIDIARIES, PARENT ENTITIES OR AFFILIATES (COLLECTIVELY, "UNITED"). NOTHING IN THIS SECTION 4 SHALL PREVENT A MEDICAL PROFESSIONAL FROM SERVING AS A DIRECTOR OR OFFICER OF THE CORPORATION SOLELY BECAUSE SUCH PERSON, OR SUCH PERSON'S EMPLOYER, IS A PROVIDER

ENTITLED TO PAYMENT OR REIMBURSEMENT FOR MEDICAL SERVICES OR GOODS FROM

RMHMO OR UNITED.

Name of the organization Employer identification number ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 ARTICLE III BOARD OF DIRECTORS SECTION 1.GENERAL POWERS. THE BUSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY ITS BOARD OF DIRECTORS, EXCEPT AS OTHERWISE PROVIDED BY LAW OR BY THE ARTICLES OF INCORPORATION. SECTION 2.PERFORMANCE OF DUTIES. A DIRECTOR OF THE CORPORATION SHALL PERFORM HIS OR HER DUTIES AS A DIRECTOR, INCLUDING HIS OR HER DUTIES AS A MEMBER OF ANY COMMITTEE OF THE BOARD OF DIRECTORS UPON WHICH HE OR SHE MAY SERVE, IN GOOD FAITH, IN A MANNER HE OR SHE REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF THE CORPORATION, AND WITH SUCH CARE AS AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD USE UNDER SIMILAR CIRCUMSTANCES. BOARD OF DIRECTOR DUTIES ARE: 1.HIRE/EVALUATE/TERMINATE EXECUTIVE DIRECTOR 2.DEVELOP ANNUAL STRATEGIC PLAN 3.DEVELOP ANNUAL BUDGET 4.REMOVE/REPLACE BOARD MEMBERS 5.ASSURE RESPONSIBLE GRANT MANAGEMENT 6.ENSURE THE INTEGRITY OF THE ASSETS IN PERFORMING HIS OR HER DUTIES, A DIRECTOR SHALL BE ENTITLED TO RELY ON INFORMATION, OPINIONS, REPORTS, OR STATEMENTS, INCLUDING FINANCIAL STATEMENTS AND OTHER FINANCIAL DATA, IN EACH CASE PREPARED OR PRESENTED BY PERSONS AND GROUPS LISTED IN PARAGRAPHS (I), (II) AND (III) OF THIS SECTION 2; BUT HE OR SHE SHALL NOT BE CONSIDERED TO BE ACTING IN GOOD FAITH IF HE OR SHE HAS KNOWLEDGE CONCERNING THE MATTER IN QUESTION THAT WOULD CAUSE SUCH RELIANCE TO BE UNWARRANTED. A PERSON WHO SO PERFORMS HIS OR HER DUTIES SHALL NOT HAVE ANY LIABILITY BY REASON OF BEING OR HAVING BEEN A DIRECTOR OF THE CORPORATION. THOSE PERSONS AND GROUPS ON Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

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DIRECTORS SERVING IMMEDIATELY AFTER THE EFFECTIVE DATE OF THESE AMENDED AND RESTATED BYLAWS SHALL BE STAGGERED SUCH THAT ONE-THIRD OF THE DIRECTORS SHALL INITIALLY SERVE A ONE (1) YEAR TERM, ONE-THIRD OF THE DIRECTORS WILL INITIALLY SERVE A TWO (2) YEAR TERM AND ONE-THIRD OF THE DIRECTORS WILL INITIALLY SERVE A THREE (3) YEAR TERM. THE DIRECTORS WHO SHALL SERVE TERMS OF THE EACH OF THE FOREGOING LENGTHS SHALL BE SELECTED BY RESOLUTION ADOPTED BY A MAJORITY OF THE NUMBER OF VOTING DIRECTORS IN OFFICE. TERMS OF THE DIRECTORS SHALL BE DEEMED TO EXPIRE ON THE DATE OF THE APPLICABLE ANNUAL MEETING OF THE DIRECTORS, AS SPECIFIED IN SECTION 5 UNLESS THE BOARD OF DIRECTORS FAILS TO ELECT A SUCCESSOR FOR THE DIRECTOR'S POSITION AT SUCH MEETING, IN WHICH EVENT THE TERM SHALL CONTINUE UNTIL THE DIRECTOR'S SUCCESSOR HAS BEEN ELECTED AND QUALIFIED. FOR THE AVOIDANCE OF DOUBT, THE TERMS OF THE INITIAL BOARD OF DIRECTORS SHALL EXPIRE ON THE DATE OF THE ANNUAL MEETING OF THE DIRECTORS NEXT FOLLOWING THE FIRST, SECOND OR THIRD ANNIVERSARY, AS APPLICABLE, OF THE EFFECTIVE DATE OF THESE AMENDED AND RESTATED BYLAWS. AT EACH ANNUAL MEETING OF THE DIRECTORS, THE EXISTING DIRECTORS SHALL ELECT DIRECTORS TO FILL THE DIRECTORSHIPS OF THOSE DIRECTORS WHOSE TERMS ARE THEN EXPIRING. NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, AND EXCEPT IN THE CASE OF REMOVAL OR RESIGNATION OF A DIRECTOR, EACH DIRECTOR SHALL HOLD OFFICE FOR THE TERM FOR WHICH SUCH DIRECTOR IS ELECTED AND UNTIL SUCH DIRECTOR'S SUCCESSOR SHALL HAVE BEEN ELECTED AND QUALIFIED. NO DIRECTOR MAY SERVE MORE THAN TWO (2) TERMS, FOR A TOTAL OF SIX (6) YEARS; PROVIDED, HOWEVER, THAT THOSE DIRECTORS WHOSE INITIAL TERMS ARE FOR ONE (1) YEAR MAY, IN ADDITION TO THEIR ONE-YEAR TERMS, SERVE TWO (2) FULL THREE-YEAR TERMS, FOR A TOTAL OF SEVEN (7) YEARS, AND THOSE DIRECTORS WHOSE INITIAL TERMS ARE FOR TWO (2) YEARS MAY, IN ADDITION TO THEIR TWO-YEAR TERMS, SERVE TWO (2) FULL Schedule O (Form 990 or 990-EZ) (2017) ROCKY MOUNTAIN HEALTH FOUNDATION

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THREE-YEAR TERMS, FOR A TOTAL OF EIGHT (8) YEARS.

4.2NOTWITHSTANDING THE FOREGOING, IN THE EVENT A MAJORITY OF THE VOTING DIRECTORS ON THE BOARD OF DIRECTORS DETERMINE THAT ONE OR MORE GOVERNMENTAL OR NON-PROFIT ENTITIES SHALL HAVE THE RIGHT TO APPOINT EX-OFFICIO DIRECTORS OF THE BOARD, SUCH APPOINTED DIRECTORS (OTHER THAN THE AG DIRECTOR) SHALL BE VOTING DIRECTORS OF THE BOARD. SUCH VOTING EX-OFFICIO DIRECTORS SHALL BE INCLUDED IN DETERMINING THE TOTAL NUMBER OF DIRECTORS FOR PURPOSES OF SECTION 3. SECTION 5.REGULAR MEETINGS. THE BOARD OF DIRECTORS SHALL PROVIDE, BY RESOLUTION, THE TIME AND PLACE FOR THE HOLDING OF REGULAR MEETINGS WITHOUT OTHER NOTICE THAN SUCH RESOLUTION. THE FIRST REGULAR MEETING HELD IN THE CALENDAR YEAR SHALL BE THE ANNUAL MEETING. SECTION 6.SPECIAL MEETINGS. SPECIAL MEETINGS OF THE BOARD OF DIRECTORS MAY BE CALLED BY OR AT THE REQUEST OF THE EXECUTIVE DIRECTOR, SECRETARY OR ANY TWO (2) DIRECTORS. IF THERE ARE TWO (2) OR FEWER DIRECTORS, ANY DIRECTOR MAY CALL A SPECIAL MEETING OF THE BOARD OF DIRECTORS. THE PERSON OR PERSONS AUTHORIZED TO CALL SPECIAL MEETINGS OF THE BOARD OF DIRECTORS MAY FIX THE PLACE FOR HOLDING ANY SPECIAL MEETING OF THE BOARD OF DIRECTORS CALLED BY THEM. SECTION 7.NOTICE. REASONABLE NOTICE OF ANY SPECIAL MEETING (WHICH NEED NOT IN ANY EVENT EXCEED TWO (2) DAYS) SHALL BE GIVEN BY MAIL. E-MAIL, TELECOPY, OR TELEPHONE TO EACH DIRECTOR AT HIS OR HER LAST KNOWN BUSINESS OR RESIDENCE ADDRESS. IF MAILED, SUCH NOTICE IS EFFECTIVE AT THE EARLIER OF: (I) THE DATE RECEIVED; OR (II) FIVE (5) DAYS AFTER MAILING. IF NOTICE IS GIVEN BY E-MAIL, SUCH NOTICE SHALL BE DEEMED TO BE GIVEN WHEN THE E-MAIL IS SHOWN AS DELIVERED TO THE RECEIVING PARTY. IF NOTICE IS GIVEN BY TELECOPY, SUCH NOTICE SHALL BE Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

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DEEMED GIVEN WHEN SENT IF THE SENDING TELECOPIER RECEIVES AUTOMATIC NOTICE THE TELECOPY HAS BEEN RECEIVED, OTHERWISE SUCH NOTICE SHALL BE DEEMED GIVEN WHEN RECEIVED BY THE RECEIVING TELECOPIER. THE ATTENDANCE OF A DIRECTOR AT A MEETING SHALL CONSTITUTE A WAIVER OF NOTICE OF SUCH MEETING, EXCEPT WHERE A DIRECTOR ATTENDS A MEETING FOR THE EXPRESS PURPOSE OF OBJECTING TO THE MEETING BECAUSE IT IS NOT LAWFULLY CALLED OR CONVENED. THE PURPOSE OF ANY REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS NEED NOT BE SPECIFIED IN THE NOTICE OF SUCH MEETING. SECTION 8.QUORUM AND MANNER OF ACTING. A MAJORITY OF THE NUMBER OF DIRECTORS IN OFFICE FIXED IN ACCORDANCE WITH SECTION 3 SHALL CONSTITUTE A QUORUM OF THE BOARD OF DIRECTORS. IF LESS THAN A QUORUM IS PRESENT AT A MEETING, A MAJORITY OF THE DIRECTORS PRESENT MAY ADJOURN THE MEETING FROM TIME TO TIME WITHOUT FURTHER NOTICE. EXCEPT AS OTHERWISE REQUIRED BY LAW OR BY THE ARTICLES OF INCORPORATION, THE ACT OF THE MAJORITY OF THE DIRECTORS PRESENT AT ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH A QUORUM IS PRESENT SHALL BE THE ACT OF THE BOARD OF DIRECTORS. SECTION 9.PRESUMPTION OF ASSENT. A DIRECTOR OF THE CORPORATION WHO IS PRESENT AT A MEETING OF THE BOARD OF DIRECTORS AT WHICH ACTION ON ANY CORPORATE MATTER IS TAKEN SHALL BE PRESUMED TO HAVE ASSENTED TO THE ACTION TAKEN UNLESS (A) AT THE BEGINNING OF THE MEETING OR PROMPTLY UPON HIS OR HER LATER ARRIVAL, THE DIRECTOR OBJECTS TO HOLDING THE MEETING OR TRANSACTING BUSINESS AT THE MEETING BECAUSE OF LACK OF NOTICE OR DEFECTIVE NOTICE, (B) THE DIRECTOR CONTEMPORANEOUSLY REQUESTS THAT HIS OR HER DISSENT OR ABSTENTION AS TO A SPECIFIC ACTION SHALL BE ENTERED IN THE MINUTES OF THE MEETING, OR (C) HE SHALL FILE HIS OR HER WRITTEN DISSENT AS TO A SPECIFIC ACTION WITH THE PERSON ACTING AS THE SECRETARY OF THE MEETING BEFORE THE ADJOURNMENT THEREOF OR SHALL

Name of the organization Employer identification number ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 FORWARD SUCH DISSENT BY REGISTERED MAIL TO THE SECRETARY OF THE CORPORATION IMMEDIATELY AFTER THE ADJOURNMENT OF THE MEETING. SUCH RIGHT TO DISSENT SHALL NOT APPLY TO A DIRECTOR WHO VOTED IN FAVOR OF SUCH ACTION. SECTION 10.MEETINGS BY TELECOMMUNICATION. ANY DIRECTOR MAY PARTICIPATE IN A REGULAR OR SPECIAL MEETING BY, OR THE BOARD OF DIRECTORS MAY CONDUCT ANY MEETING THROUGH THE USE OF, ANY MEANS OF COMMUNICATION BY WHICH ALL DIRECTORS PARTICIPATING MAY HEAR EACH OTHER DURING THE MEETING. A DIRECTOR PARTICIPATING IN A MEETING BY THIS MEANS SHALL BE DEEMED TO BE PRESENT IN PERSON AT THE MEETING. SECTION 11.ACTION BY DIRECTORS WITHOUT A MEETING. ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN AT A MEETING OF THE BOARD OF DIRECTORS MAY BE TAKEN WITHOUT A MEETING IF: (I) ALL THE MEMBERS OF THE BOARD OF DIRECTORS HAVE EXECUTED A CONSENT TO SUCH ACTION, AND NO MEMBER HAS WITHDRAWN HIS OR HER CONSENT PRIOR TO ALL MEMBERS HAVING CONSENTED TO SUCH ACTION; OR (II) SUCH ACTION WITHOUT A MEETING IS OTHERWISE ALLOWED TO BE TAKEN UNDER THE COLORADO REVISED NONPROFIT CORPORATIONS ACT, AS AMENDED, PROVIDED THAT ANY NOTICE OF THE ACTION SHALL BE TRANSMITTED BY THE EXECUTIVE DIRECTOR OR BY AT LEAST TWO (2) MEMBERS OF THE BOARD OF DIRECTORS. SECTION 12.RESIGNATION AND VACANCIES. ANY DIRECTOR MAY RESIGN AT ANY TIME BY GIVING WRITTEN NOTICE TO THE EXECUTIVE DIRECTOR OR SECRETARY OF THE CORPORATION. SUCH RESIGNATION SHALL TAKE EFFECT WHEN THE NOTICE IS RECEIVED BY THE CORPORATION UNLESS THE NOTICE SPECIFIES A LATER EFFECTIVE DATE; AND UNLESS OTHERWISE SPECIFIED THEREIN, THE ACCEPTANCE OF SUCH RESIGNATION SHALL NOT BE NECESSARY TO MAKE IT EFFECTIVE. IF A VACANCY IN A DIRECTORSHIP OCCURS DURING THE TERM OF THE DIRECTORSHIP, Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

13.2.CONFLICT OF INTEREST POLICY. THE BOARD OF DIRECTORS SHALL ADOPT AND MAINTAIN A CONFLICT OF INTEREST POLICY THAT IS SUBSTANTIALLY IN THE FORM OF THE CONFLICT OF INTEREST POLICY RECOMMENDED THE UNITED STATES INTERNAL REVENUE SERVICE FOR NONPROFIT TAX EXEMPT ORGANIZATIONS.

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CONSISTENT WITH SUCH POLICY, OFFICERS AND DIRECTORS SHALL, PRIOR TO

PARTICIPATING IN ANY TRANSACTION WHICH MAY GIVE RISE TO A CONFLICT OF

INTEREST, DISCLOSE THE FACTS AND CIRCUMSTANCES OF SUCH TRANSACTION TO

THE BOARD OF DIRECTORS, WHO SHALL CONSIDER SUCH TRANSACTION IN

ACCORDANCE WITH SUCH CONFLICT OF INTEREST POLICY. THE BOARD OF

DIRECTORS SHALL APPROVE A QUESTIONNAIRE TO BE COMPLETED BY ALL

DIRECTORS AND KEY OFFICERS AND EMPLOYEES AT LEAST ANNUALLY WHICH

QUESTIONNAIRE SHALL BE FOR THE PURPOSE OF DISCLOSING POSSIBLE CONFLICTS

OF INTERESTS THAT THE APPLICABLE PERSON COMPLETING SUCH QUESTIONNAIRE

MAY HAVE RELATIVE TO THE CORPORATION. THIS QUESTIONNAIRE MAY BE PART

OF THE QUESTIONNAIRE DESCRIBED IN SECTION 13.1.

SECTION 14.EX-OFFICIO MEMBER. IN ADDITION TO THE DIRECTORS SET FORTH ABOVE, THE ATTORNEY GENERAL SHALL BE ENTITLED TO DESIGNATE AN EX-OFFICIO, NONVOTING DIRECTOR (THE "AG DIRECTOR"). THE AG DIRECTOR MAY BE REMOVED, AND A SUCCESSOR AG DIRECTOR MAY BE NAMED BY THE ATTORNEY GENERAL. EXCEPT AS OTHERWISE EXPRESSLY PROVIDED IN THIS SECTION 14, THE AG DIRECTOR SHALL BE PERMITTED TO FULLY PARTICIPATE IN THE ACTIVITIES OF THE BOARD, AND SHALL HAVE THE SAME RIGHTS, AND BE SUBJECT TO THE SAME OBLIGATIONS, AS THE OTHER DIRECTORS; PROVIDED, HOWEVER, THAT THE AG DIRECTOR SHALL NOT BE ENTITLED TO VOTE ON ANY MATTER THAT COMES BEFORE THE BOARD. THE AG DIRECTOR MAY REPORT TO THE ATTORNEY GENERAL ANY INFORMATION THAT THE AG DIRECTOR SEES FIT, PROVIDED THAT SUCH DISCLOSURE DOES NOT VIOLATE ANY FIDUCIARY DUTY OF THE AG DIRECTOR. THE PROVISIONS OF THIS SECTION 14 SHALL EXPIRE, AND THE AG DIRECTOR SHALL BE DEEMED TO HAVE RESIGNED FROM THE BOARD, WITHOUT SUCCESSOR OR REPLACEMENT, EFFECTIVE AS OF THE DATE WHICH IS FIVE (5) YEARS AFTER THE DATE THESE AMENDED AND RESTATED BYLAWS ARE

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization Employer identification number ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 ADOPTED. SECTION 15.WHISTLEBLOWER/DOCUMENT RETENTION. THE BOARD OF DIRECTORS SHALL ADOPT WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES CONSISTENT WITH CURRENT STANDARDS OF GOVERNANCE FOR TAX EXEMPT NONPROFIT CORPORATIONS. ARTICLE IV COMMITTEES SECTION 1.STANDING COMMITTEES. THE CORPORATION SHALL HAVE THREE STANDING COMMITTEES: AN EXECUTIVE COMMITTEE, A FINANCE COMMITTEE AND AN INVESTMENT COMMITTEE. SECTION 2.ESTABLISHMENT OF ADDITIONAL COMMITTEES. THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE MAY ESTABLISH STANDING, SPECIAL, AND/OR AD HOC COMMITTEES AS MAY BE DETERMINED NECESSARY, EXCEPT THAT THE ESTABLISHMENT OF STANDING COMMITTEES SHALL REQUIRE APPROVAL OF THE BOARD OF DIRECTORS. SECTION 3.REMOVAL OF COMMITTEE MEMBERS. AUTHORITY TO APPOINT OR REPLACE THE MEMBERS AND THE CHAIR OF ANY COMMITTEE (OTHER THAN A PERSON HOLDING SUCH POSITION BY VIRTUE OF ANOTHER OFFICE THEY HOLD WITH THE CORPORATION) SHALL REST WITH THE BOARD OF DIRECTORS. SECTION 4. COMPOSITION AND FUNCTIONS. EXCEPT AS OTHERWISE EXPRESSLY PROVIDED HEREIN, A COMMITTEE MEMBER MAY, BUT NEED NOT, BE A MEMBER OF THE BOARD OF DIRECTORS. EACH COMMITTEE SHALL HAVE AND EXERCISE SUCH POWERS, IN ADDITION TO THOSE SET FORTH IN THESE BYLAWS, AS SHALL BE CONFERRED BY RESOLUTION OF THE BOARD OF DIRECTORS, EXCEPT AS MAY BE

LIMITED BY STATUTE. SUCH DELEGATION OF AUTHORITY SHALL NOT RELIEVE THE

BOARD OF DIRECTORS OR ANY MEMBER THEREOF FROM ANY RESPONSIBILITY

IMPOSED BY LAW. A MAJORITY OF ANY COMMITTEE MAY DETERMINE ITS ACTION,

UNLESS PROVIDED OTHERWISE BY THE BOARD OF DIRECTORS. VACANCIES IN ANY

COMMITTEE SHALL BE FILLED BY APPOINTMENTS MADE BY THE BOARD OF

DIRECTORS. EACH COMMITTEE SHALL KEEP A WRITTEN RECORD OF ITS ACTS AND

PROCEEDINGS AND SHALL SUBMIT SUCH RECORD TO THE BOARD OF DIRECTORS ON

REQUEST.

SECTION 5MEETINGS; NOTICE. REGULAR MEETINGS OF ANY COMMITTEE MAY BE HELD WITHOUT NOTICE AT SUCH TIMES AND PLACES AS THE COMMITTEE MAY FIX FROM TIME TO TIME BY RESOLUTION. SPECIAL MEETINGS OF ANY COMMITTEE MAY BE CALLED BY ANY MEMBER THEREOF UPON NOT LESS THAN ONE (1) DAYS' NOTICE STATING THE PLACE, DATE AND HOUR OF THE MEETING. SUCH NOTICE SHALL BE GIVEN BY MAIL, E-MAIL, TELECOPY, OR TELEPHONE TO EACH COMMITTEE MEMBER AT HIS OR HER LAST KNOWN BUSINESS OR RESIDENCE ADDRESS. IF MAILED, SUCH NOTICE IS EFFECTIVE AT THE EARLIER OF: (I) THE DATE RECEIVED; OR (II) FIVE (5) DAYS AFTER MAILING. IF NOTICE IS GIVEN BY E-MAIL, SUCH NOTICE SHALL BE DEEMED TO BE GIVEN WHEN THE E-MAIL IS SHOWN AS DELIVERED TO THE RECEIVING PARTY. IF NOTICE IS GIVEN BY TELECOPY, SUCH NOTICE SHALL BE DEEMED GIVEN WHEN SENT IF THE SENDING TELECOPIER RECEIVES AUTOMATIC NOTICE THE TELECOPY HAS BEEN RECEIVED, OTHERWISE SUCH NOTICE SHALL BE DEEMED GIVEN WHEN RECEIVED BY THE RECEIVING TELECOPIER. THE ATTENDANCE OF A COMMITTEE MEMBER AT A MEETING SHALL CONSTITUTE A WAIVER OF NOTICE OF SUCH MEETING, EXCEPT WHERE A COMMITTEE MEMBER ATTENDS A MEETING FOR THE EXPRESS PURPOSE OF OBJECTING TO THE MEETING BECAUSE IT IS NOT LAWFULLY CALLED OR CONVENED. THE PURPOSE OF ANY REGULAR OR SPECIAL COMMITTEE MEETING NEED NOT BE SPECIFIED IN THE NOTICE OF SUCH MEETING.

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SECTION 6EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL BE

COMPRISED OF SEVEN (7) PERSONS DESIGNATED BY THE BOARD OF DIRECTORS

INCLUDING THE CHAIRS OF THE FINANCE COMMITTEE AND THE INVESTMENT

COMMITTEE. ONLY DIRECTORS OF THE CORPORATION MAY BE MEMBERS OF THE

EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE

POWER AND AUTHORITY OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE

BOARD, EXCEPT AS PROHIBITED BY THE COLORADO REVISED NONPROFIT

CORPORATION ACT. NOTWITHSTANDING THE FOREGOING, THE EXECUTIVE

COMMITTEE SHALL HAVE NO AUTHORITY TO MAKE DECISIONS ON MATTERS

AFFECTING THE FUNDAMENTAL GOVERNANCE OF THE CORPORATION, WHICH CANNOT

BE, AND ARE NOT, DELEGATED TO THE EXECUTIVE COMMITTEE.

SECTION 7FINANCE COMMITTEE. THE FINANCE COMMITTEE SHALL BE COMPRISED

OF FIVE (5) PERSONS DESIGNATED BY THE BOARD OF DIRECTORS, INCLUDING THE

TREASURER. THE FINANCE COMMITTEE SHALL BE RESPONSIBLE FOR (A)

RECOMMENDING AN ANNUAL BUDGET TO THE BOARD OF DIRECTORS, (B) OVERSEEING

ALL OF THE CORPORATION'S FINANCIAL AFFAIRS, (C) OVERSEEING COMPLIANCE

BY THE CORPORATION WITH GRANT OBLIGATIONS, (D) VERIFYING THAT

EXPENDITURES OF THE CORPORATION ARE MADE IN ACCORDANCE WITH THE

APPROVED BUDGET (AS IT MAY BE AMENDED BY THE BOARD OF DIRECTORS), (E)

SERVING AS THE AUDIT COMMITTEE, AND (F) REVIEWING PERIODICALLY THE

ADEQUACY OF THE RESOURCES OF THE CORPORATION FOR ITS MISSION.

SECTION 8INVESTMENT COMMITTEE. THE INVESTMENT COMMITTEE SHALL BE

COMPRISED OF FIVE (5) PERSONS DESIGNATED BY THE BOARD OF DIRECTORS,

INCLUDING THE CHAIR AND THE TREASURER. THE INVESTMENT COMMITTEE SHALL

ADVISE THE BOARD OF DIRECTORS CONCERNING THE INVESTMENT, MANAGEMENT AND

DISTRIBUTION OF CORPORATION ASSETS INCLUDING, WITHOUT LIMITATION THE

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DEVELOPMENT, ADOPTION AND MAINTENANCE OF AN INVESTMENT POLICY, AND THE MONITORING OF INVESTMENTS WITH RESPECT TO SUCH POLICY. THE INVESTMENT COMMITTEE SHALL IMPLEMENT POLICIES FOR THE ACCEPTANCE, ACCUMULATION AND DISTRIBUTION OF ASSETS, INCLUDING A GIFT ACCEPTANCE POLICY, ENDOWMENT DECLARATIONS AND AGREEMENTS, DISTRIBUTION POLICIES, AND POLICIES FOR THE REVIEW OF FUNDING REQUESTS FOR CORPORATION PROGRAMS AND ACTIVITIES. THE FUNDING POLICIES SHALL PROVIDE THAT, DURING ANY CALENDAR YEAR, IN ADDITION TO OTHER MONIES THAT THE CORPORATION MAY HAVE AND SPEND, THE CORPORATION SHALL NOT SPEND MORE THAN PERCENT ( %) OF THE TOTAL NET AMOUNT THE CORPORATION RECEIVED FROM THE SALE OF STOCK THE CORPORATION OWNED IN ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION, INCORPORATED LESS ALL EXPENSES INCURRED BY THE CORPORATION WITH SUCH SALE; PROVIDED, HOWEVER THAT UPON APPROVAL OF MORE THAN TWO-THIRD (2/3) OF THE DIRECTORS THEN IN OFFICE, THE CORPORATION'S EXPENDITURES MAY EXCEED THE LIMITS SET FORTH IN THIS SENTENCE. SECTION 9MEETINGS BY TELECOMMUNICATION. ANY PERSON MAY PARTICIPATE IN A REGULAR OR SPECIAL MEETING BY, OR ANY COMMITTEE MAY CONDUCT ANY MEETING THROUGH THE USE OF, ANY MEANS OF COMMUNICATION BY WHICH ALL PERSONS PARTICIPATING MAY HEAR EACH OTHER DURING THE MEETING. A PERSON PARTICIPATING IN A MEETING BY THIS MEANS SHALL BE DEEMED TO BE PRESENT IN PERSON AT THE MEETING. SECTION 10.ACTION BY DIRECTORS WITHOUT A MEETING. ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN AT A MEETING OF ANY COMMITTEE MAY BE TAKEN WITHOUT A MEETING IF: (I) ALL THE MEMBERS OF THE COMMITTEE HAVE EXECUTED A CONSENT TO SUCH ACTION, AND NO MEMBER HAS WITHDRAWN HIS OR HER CONSENT PRIOR TO ALL MEMBERS HAVING CONSENTED TO SUCH ACTION; OR

(II) SUCH ACTION WITHOUT A MEETING IS OTHERWISE ALLOWED TO BE TAKEN

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UNDER THE COLORADO REVISED NONPROFIT CORPORATIONS ACT, AS AMENDED,

PROVIDED THAT ANY NOTICE OF THE ACTION SHALL BE TRANSMITTED BY THE

EXECUTIVE DIRECTOR OR BY AT LEAST TWO (2) MEMBERS OF THE COMMITTEE.

## ARTICLE V

OFFICERS

SECTION 1.OFFICERS. THE OFFICERS OF THE CORPORATION SHALL BE A CHAIR, A VICE CHAIR, A SECRETARY, AND A TREASURER. THE OFFICERS SHALL BE NATURAL PERSONS TWENTY-ONE (21) YEARS OF AGE OR OLDER. ANY TWO OR MORE OFFICES MAY BE HELD BY THE SAME PERSON. THESE OFFICERS SHALL BE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS OR AN OFFICER OR OFFICERS AUTHORIZED BY THE BOARD OF DIRECTORS MAY APPOINT SUCH OTHER OFFICERS OR ASSISTANT OFFICERS AS THEY MAY CONSIDER NECESSARY. EACH OFFICER SHALL HOLD OFFICE UNTIL THE FIRST OF THE FOLLOWING TO OCCUR: THE TIME AT WHICH HIS OR HER SUCCESSOR SHALL HAVE BEEN DULY ELECTED AND SHALL HAVE QUALIFIED; HIS OR HER DEATH; OR THE TIME AT WHICH HIS OR HER RESIGNATION OR REMOVAL IS EFFECTIVE. SECTION 2.RESIGNATION, REMOVAL AND VACANCIES. AN OFFICER MAY RESIGN AT ANY TIME BY GIVING WRITTEN NOTICE OF RESIGNATION TO THE CORPORATION. THE RESIGNATION IS EFFECTIVE WHEN THE NOTICE IS RECEIVED BY THE CORPORATION UNLESS THE NOTICE SPECIFIES A LATER EFFECTIVE DATE. ANY OFFICER MAY BE REMOVED BY THE BOARD OF DIRECTORS, OR BY THE EXECUTIVE COMMITTEE, IF ANY, OR BY ANOTHER OFFICER IF SO SPECIFIED IN THESE BYLAWS OR BY THE BOARD OF DIRECTORS, WHENEVER IN ITS JUDGMENT THE BEST INTERESTS OF THE CORPORATION WILL BE SERVED THEREBY. SECTION 3. CHAIR. THE CHAIR SHALL BE ELECTED FROM AMONG THE MEMBERSHIP OF THE BOARD OF DIRECTORS. HE OR SHE SHALL PRESIDE AT ALL MEETINGS OF THE BOARD OF DIRECTORS, AND OF ANY EXECUTIVE COMMITTEE. HE OR SHE Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

AND BUSINESS ADDRESSES OF THE CURRENT DIRECTORS AND OFFICERS, A COPY OF THE CORPORATION'S MOST RECENT CORPORATE REPORT FILED WITH THE SECRETARY Schedule O (Form 990 or 990-EZ) (2017)

CORPORATION'S ARTICLES OF INCORPORATION, BYLAWS, A LIST OF THE NAMES

AUTHORIZED BY THE BOARD OF DIRECTORS, (IV) MAINTAIN AT THE

CORPORATION'S PRINCIPAL OFFICE THE ORIGINALS OR COPIES OF THE

ROCKY MOUNTAIN HEALTH FOUNDATION

Employer identification number 84-1424932

OF STATE, AND FINANCIAL STATEMENTS SHOWING IN REASONABLE DETAIL THE CORPORATION'S ASSETS AND LIABILITIES AND RESULTS OF OPERATIONS FOR THE LAST THREE YEARS, (V) AUTHENTICATE RECORDS OF THE CORPORATION, AND (VI) IN GENERAL, PERFORM ALL DUTIES INCIDENT TO THE OFFICE OF SECRETARY AND SUCH OTHER DUTIES AS FROM TIME TO TIME MAY BE ASSIGNED BY THE EXECUTIVE DIRECTOR OR THE BOARD OF DIRECTORS. ASSISTANT SECRETARIES, IF ANY, SHALL HAVE THE SAME DUTIES AND POWERS, SUBJECT TO SUPERVISION BY THE SECRETARY. THE BOARD OF DIRECTORS MAY DESIGNATE A PERSON OTHER THAN THE SECRETARY OR AN ASSISTANT SECRETARY TO KEEP THE MINUTES OF THEIR MEETINGS. SECTION 6.TREASURER. THE TREASURER SHALL (I) HAVE CUSTODY OF, AND WHEN PROPER MAY PAY OUT, DISBURSE OR OTHERWISE DISPOSE OF, ALL FUNDS AND SECURITIES OF THE CORPORATION WHICH MAY HAVE COME INTO HIS OR HER HANDS; (II) RECEIVE AND GIVE RECEIPTS FOR MONEYS DUE AND PAYABLE TO THE CORPORATION, AND DEPOSIT ALL SUCH MONEYS IN THE NAME OF THE CORPORATION IN SUCH BANKS, TRUST COMPANIES OR OTHER DEPOSITARIES AS SHALL BE SELECTED BY THE BOARD OF DIRECTORS; (III) ENTER OR CAUSE TO BE ENTERED REGULARLY IN THE BOOKS OF THE CORPORATION KEPT FOR THAT PURPOSE FULL AND ACCURATE ACCOUNTS OF ALL MONEYS RECEIVED OR PAID OR OTHERWISE DISPOSED OF BY HIM OR HER; AND (IV) IN GENERAL PERFORM ALL DUTIES INCIDENT TO THE OFFICE OF TREASURER AND SUCH OTHER DUTIES AS MAY BE ASSIGNED TO HIM OR HER FROM TIME TO TIME BY THE BOARD OF DIRECTORS OR THE EXECUTIVE DIRECTOR. SECTION 7.ADDITIONAL OFFICERS. THE CORPORATION SHALL HAVE SUCH OTHER OFFICERS, INCLUDING, BUT NOT LIMITED TO, AN EXECUTIVE DIRECTOR, ONE OR MORE VICE-EXECUTIVE DIRECTORS, ASSISTANT TREASURERS, AND ASSISTANT SECRETARIES, AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DEEM

ACTED IN GOOD FAITH; (II) REASONABLY BELIEVED, IN THE CASE OF CONDUCT Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

FINES, AND AMOUNTS PAID IN SETTLEMENT ACTUALLY AND REASONABLY INCURRED

BY SUCH PERSON IN CONNECTION WITH SUCH PROCEEDING IF SUCH PERSON (I)

Schedule O (Form 990 or 990-EZ) (2017)

IN AN OFFICIAL CAPACITY WITH THE CORPORATION, THAT THE CONDUCT WAS IN THE BEST INTERESTS OF THE CORPORATION, AND, IN ALL OTHER CASES, THAT THE CONDUCT WAS AT LEAST NOT OPPOSED TO THE BEST INTERESTS OF THE CORPORATION; AND (III) WITH RESPECT TO ANY CRIMINAL PROCEEDING, HAD NO REASONABLE CAUSE TO BELIEVE THAT THE CONDUCT WAS UNLAWFUL. HOWEVER, NO PERSON SHALL BE ENTITLED TO INDEMNIFICATION UNDER THIS SECTION 1 EITHER (A) IN CONNECTION WITH A PROCEEDING BROUGHT BY OR IN THE RIGHT OF THE CORPORATION IN WHICH THE DIRECTOR OR OFFICER WAS ADJUDGED LIABLE TO THE CORPORATION; OR (B) IN CONNECTION WITH ANY OTHER PROCEEDING CHARGING IMPROPER PERSONAL BENEFIT TO THE DIRECTOR OR OFFICER, WHETHER OR NOT INVOLVING ACTION IN THAT PERSON'S OFFICIAL CAPACITY, IN WHICH THE OFFICER OR DIRECTOR IS ULTIMATELY ADJUDGED LIABLE ON THE BASIS THAT THE DIRECTOR OR OFFICER IMPROPERLY RECEIVED PERSONAL BENEFIT. INDEMNIFICATION UNDER THIS SECTION 1 IN CONNECTION WITH A PROCEEDING BROUGHT BY OR IN THE RIGHT OF THE CORPORATION SHALL BE LIMITED TO REASONABLE EXPENSES INCURRED IN CONNECTION WITH THE PROCEEDING. THE TERMINATION OF ANY ACTION, SUIT, OR PROCEEDING BY JUDGMENT, ORDER, SETTLEMENT, OR CONVICTION OR UPON A PLEA OF NOLO CONTENDER OR ITS EQUIVALENT SHALL NOT OF ITSELF BE DETERMINATIVE THAT THE PERSON DID NOT MEET THE STANDARD OF CONDUCT SET FORTH IN THIS SECTION 1. SECTION 2.ADVANCE PAYMENT OF EXPENSES AND UNDERTAKING TO REPAY. THE CORPORATION SHALL PAY FOR OR REIMBURSE THE REASONABLE EXPENSES (INCLUDING ATTORNEYS' FEES) INCURRED BY A DIRECTOR OR OFFICER WHO IS A PARTY TO A PROCEEDING IN ADVANCE OF THE FINAL DISPOSITION OF THE PROCEEDING IF (I) THE DIRECTOR OR OFFICER FURNISHES THE CORPORATION A WRITTEN AFFIRMATION OF THE DIRECTOR'S OR OFFICER'S GOOD FAITH BELIEF THAT THE PERSON HAS MET THE STANDARD OF CONDUCT SET FORTH IN SECTION 1; (II) THE DIRECTOR OR OFFICER FURNISHES THE CORPORATION WITH A WRITTEN

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SECTION 5.NON-EXCLUSIVITY OF RIGHTS. THE FOREGOING RIGHTS OF

INDEMNIFY HIM OR HER AGAINST SUCH LIABILITY.

Name of the organization Employer identification number ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 INDEMNIFICATION AND INSURANCE SHALL NOT BE EXCLUSIVE OF, OR IN ANY MANNER LIMIT, OTHER RIGHTS TO WHICH ANY DIRECTOR OR OFFICER MAY BE ENTITLED AS A MATTER OF LAW, OR TO THE EXTENT NOT PROHIBITED BY LAW, BY A CONTRACT APPROVED BY THE BOARD OF DIRECTORS. ARTICLE VIII MISCELLANEOUS SECTION 1.WAIVER OF NOTICE. WHENEVER NOTICE IS REQUIRED BY LAW, BY THE ARTICLES OF INCORPORATION OR BY THESE BYLAWS, A WAIVER THEREOF IN WRITING SIGNED BY THE PERSON OR PERSONS ENTITLED TO SAID NOTICE, WHETHER BEFORE, AT OR AFTER THE TIME STATED THEREIN, SHALL BE DEEMED THE EQUIVALENT OF GIVING SUCH NOTICE. SECTION 2.SEAL. THE CORPORATE SEAL OF THE CORPORATION SHALL BE IN SUCH FORM AS THE BOARD OF DIRECTORS SHALL PRESCRIBE. THE SEAL MAY BE USED BY CAUSING IT OR A FACSIMILE THEREOF TO BE IMPRESSED OR AFFIXED OR REPRODUCED OR OTHERWISE. SECTION 3.FISCAL YEAR. THE FISCAL YEAR OF THE CORPORATION SHALL BEGIN ON THE FIRST DAY OF JANUARY AND END ON THE LAST DAY OF THE NEXT DECEMBER, UNLESS OTHERWISE DETERMINED BY RESOLUTION OF THE BOARD OF DIRECTORS. SECTION 4.AMENDMENTS. THESE BYLAWS MAY BE ALTERED, AMENDED OR REPEALED BY THE BOARD OF DIRECTORS AT ANY REGULAR MEETING OF THE BOARD \_ OF DIRECTORS OR AT ANY SPECIAL MEETING CALLED FOR SUCH PURPOSE. [SIGNATURE PAGE TO FOLLOW] CERTIFICATE I HEREBY CERTIFY THAT THE FOREGOING BYLAWS, CONSISTING OF THIRTEEN (13) PAGES, INCLUDING THIS PAGE, CONSTITUTE THE AMENDED AND RESTATED BYLAWS OF ROCKY MOUNTAIN HEALTH FOUNDATION, ADOPTED BY THE BOARD OF DIRECTORS Schedule O (Form 990 or 990-EZ) (2017)

OF THE CORPORATION AS OF THE 6TH DAY OF DECEMBER 2017 TO BE EFFECTIVE ON JANUARY 1, 2018 WHICH SHALL BE THE "EFFECTIVE DATE".	
ON JANUARY 1, 2018 WHICH SHALL BE THE "EFFECTIVE DATE".	
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,	
	-
	<u>-</u>
732212 09-07-17 Schedule O (Form 990 or 990	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

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

Open to Public Inspection 2017

OMB No 1545-0047

Employer Identification number 84-1424932

ROCKY MOUNTAIN HEALTH FOUNDATION Name of the organization

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

Part

Direct controlling Identification 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) controlled N<sub>o</sub> × Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(4) Legal domicile (state or foreign country) COLORADO HEALTH CARE INSURANCE Primary activity COMPANY ORGANIZATION - 84-0614905 2775 CROSSROADS BOULEVARD, GRAND JUNCTION, CO 81506 ROCKY MOUNTAIN HEALTH MAINTENANCE Name, address, and EIN of related organization

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

Schedule R (Form 990) 2017

84-1424932

Page 2

Schedule R (Form 990) 2017 ROCKY MOUNTAIN HEALTH FOUNDATION

Identification of Related Organizations Taxable as a Partnership. Complete of 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

General or Percentage managing ownership 3 Yes 9 Code V-UBI camount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets 9 Share of total Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization (a) Part III

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

(a)	(q)	(2)	(p)	(e)	(c)	(6)	Ξ	Ξ,	Ì
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	اد 13 م اد 13 م اد 13
		country)		Or treast		dosels		Yes	No
ROCKY MOUNTAIN HEALTHCARE OPTIONS INC	OFFERS ALTERNATIVE								
84-1224718, 2775 CROSSROADS BOULEVARD, GRAND HEALTH CARE PRODUCTS	HEALTH CARE PRODUCTS								
JUNCTION, CO 81506	IN THE AREA SERVICED	တ	N/A	C CORP	N/A	N/A	N/A	×	
CNIC HEALTH SOLUTIONS, INC 71-0873411	PROVIDES ADMIN SVCS						-		
6251 GREENWOOD PLAZA BLVD, STE 300	FOR MEDICAL, DENTAL,								
GREENWOOD VILLAGE CO 80111	AND CONSUMER DRIVEN	ප	N/A	C CORP	N/A	N/A	N/A	×	1
ROCKY MOUNTAIN HEALTH MANAGEMENT CORP -									
84-1009248, 2775 CROSSROADS BLVD, GRAND	PROVIDES MANAGEMENT			_				-	
JUNCTION, CO 81506	SERVICES.	ပ္ပ	N/A	c corp	N/A	N/A	N/A	×	Ì
	•							_	
			-						

Schedule R (Form 990) 2017

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	In Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Ą,			Ta X
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>			•	d X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				Te X
f Dividends from related organization(s)				# X
q Sale of assets to related organization(s)				10 X
				_
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			T E
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
o Sharing of paid employees with related organization(s)				X ot
				-
				1
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				1q X
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				ts X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	nis line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds	
<b>(a)</b> Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	lved
ROCKY MOUNTAIN HEALTH MAINTENANCE	C	41,636.	636 SALARIES PAID BY RELAMED	ORG
ROCKY MOUNTAIN HEALTH MAINTENANCE		٧.		
ZATION	U	6,039.CASH	CASH CONTRIBUTION	
ROCKY MOUNTAIN HEALTH MAINTENANCE (3) ORGANIZATION	υ	31,375,384.	384.STOCK CONTRIBUTION	
(4)				
(5)				
ğ				
(b) 732)es 09-11-17			Schedule R	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 ROCKY MOUNTAIN HEALTH FOUNDATION

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

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

(k) rcentage vnership				l			
0 S G							
General or managing partner?							
-20 -1-							
(h) (i) (j) (k)  Ospropor- Code V-UBI General or Percentage bonate amount in box 20 partner?  Of Schedule K-1 partner?  Ves No (Form 1065) ves No							1
(h) Disproportionale allocations? Yes   No							
Olis dilor			 				
(g) Share of end·of·year assets		,					
(f) Share of total							
(e) Are all partners sec 501(c)(3) orgs? Yes No			 		,		
yardine 5010			 				
(d) Predominant income proceed (related, unrelated, excluded from tax under sections 512-514)					,	9	
(c) Legal domicile (state or foreign country)	,						
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R (Form 990) 2017 ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 Page 5
Part VII Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
ROCKY MOUNTAIN HEALTHCARE OPTIONS, INC.
EIN: 84-1224718
2775 CROSSROADS BOULEVARD
GRAND JUNCTION, CO 81506
PRIMARY ACTIVITY: OFFERS ALTERNATIVE HEALTH CARE PRODUCTS IN THE AREA
SERVICED BY RMHMO.
DIRECT CONTROLLING ENTITY: ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION,
INCORPORATED
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
CNIC HEALTH SOLUTIONS, INC.
EIN: 71-0873411
6251 GREENWOOD PLAZA BLVD, STE 300
GREENWOOD VILLAGE, CO 80111
PRIMARY ACTIVITY: PROVIDES ADMIN SVCS FOR MEDICAL, DENTAL, AND CONSUMER
DRIVEN HEALTH PLANS.
DIRECT CONTROLLING ENTITY: ROCKY MOUNTAIN HEALTHCARE OPTIONS, INC.
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
ROCKY MOUNTAIN HEALTH MANAGEMENT CORP
EIN: 84-1009248
2775 CROSSROADS BLVD
GRAND JUNCTION, CO 81506
PRIMARY ACTIVITY: PROVIDES MANAGEMENT SERVICES.
DIRECT CONTROLLING ENTITY: ROCKY MOUNTAIN HEALTH MAINTENANCE ORGANIZATION,

732165 09-11-17

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 ROCKY MOUNTAIN HEALTH FOUNDATION 84-1424932 Page 5
Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions
INCORPORATED
SCHEDULE R PART IV
ROCKY MOUNTAIN HEALTH FOUNDATION (THE "FOUNDATION") (A 501(C)(3)
ORGANIZATION) ENTERED INTO A STOCK PURCHASE AGREEMENT (SPA) WITH UNITED
HEALTHCARE SERVICES INC. ("UHS") UPON CLOSING ON MARCH 1, 2017, ROCKY
MOUNTAIN HEALTH ORGANIZATION (RMHMO) CONVERTED TO A FOR-PROFIT
CORPORATION AND TRANSFERRED ITS CAPITAL STOCK TO THE FOUNDATION. UHS
THEN ACQUIRED ALL THE ISSUED AND OUTSTANDING STOCK OF RMHMO FROM THE
FOUNDATION. THE CONVERSION WAS APPROVED BY THE ATTORNEY GENERAL OF THE
STATE OF COLORADO BY AN ORDER DATED 2/9/17.
STATE OF CODORADO BY AN ORDER DATED 2/9/1/.
PRIOR TO CLOSING OF THE TRANSACTION, THE FOUNDATION WAS CONTROLLED BY
RMHMO, WHICH APPOINTED ALL ITS DIRECTORS.
AFTER CLOSING, THE FOUNDATION IS INDEPENDENT FROM UHS AND RMHMO.