# **Public Disclosure Copy**

# Form 990

### \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

### Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

		** PUBLIC DISCLOSURE CO	PY **		
Form <b>99</b>	0	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exce	ept private foundations)	омв No. <b>20</b>
Department of the Internal Revenue		Do not enter social security numbers on this form a Go to www.irs.gov/Form990 for instructions and			Open to Inspe
A For the 2	018 calend	ar year, or tax year beginning JUL 1, 2018 and e	ending JU	JN 30, 2019	
B Check if applicable:	C Name of	organization		D Employer identification	n number
Address	LONGS	PEAK HOSPITAL FOUNDATION			
Name change	Doing b	usiness as		82-16130	59
Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	

#### Final Ireturn/ termin-ated 383,238. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amendeo LONGMONT, CO 80504 H(a) Is this a group return Applica-F Name and address of principal officer: ERICA SIEMERS for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) ( 527 ) < (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: HTTPS: //WWW.LONGSPEAKHOSPITALFOUNDATION.ORG/ H(c) Group exemption number K Form of organization: X Corporation Trust Association Other 🕨 L Year of formation: 2016 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT & PROMOTE ACTIVITIES 1 Governance THAT BEST SERVE THE HEALTH INTERESTS OF THE HOSPITAL. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 10 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 35 6 Total number of volunteers (estimate if necessary) 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b 0. Prior Year **Current Year** 181,255. 381,470. 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 0 Ο. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Ο. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. -2. 181,255. 381,468, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,120, 79.444. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 63,405. 154,699. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. 113,014. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 31,944. 69,391. 102,469. 303,534. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 78,786. 77,934. 19 Revenue less expenses. Subtract line 18 from line 12 Ы **Beginning of Current Year** End of Year Assets 204,800. 20 Total assets (Part X, line 16) 105,505. 21 Total liabilities (Part X, line 26) 13,621. 34,982. ter 22 Net assets or fund balances. Subtract line 21 from line 20 91,884. 169,818.

Part II | Signature Block

1750 E KEN PRATT BOULEVARD

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

	Heal Varpa		-	7-63-2020
Sign	Signature of officer		Date	
Here	DAVID THOMPSON, CFO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Chec	k 🔲 PTIN
Paid	DORI J. EGGETT	DORI J. EGGETT	07/09/20 If self-	employed P00645252
Preparer	Firm's name 🕒 PLANTE & MORAN, PLLC		Firm's EIN	38-1357951
Use Only	Firm's address 👞 8181 E TUFTS AVE, SUITE	600		
	DENVER, CO 80237		Phone no.	303-740-9400
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
				- 000

LHA For Paperwork Reduction Act Notice, see the separate instructions. 832001 12-31-18

lo. 1545-0047

to Public

pection

720-848-8778

	990 (2018) LONGS PEAK HOSPITAL FOUNDATION	82-1613059	Page 2
Par	t III Statement of Program Service Accomplishments		·
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		s 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		s 🛛 No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported.		and
4a	(Code:) (Expenses \$68,279. including grants of \$68,279. ) (Revenue	\$	
	RESTRICTED FUND - PROVIDES FUNDING TO SUPPORT INNOVATIVE RESEARCH AND	•	
	EDUCATION, PATIENT FINANCIAL ASSISTANCE, COMMUNITY HEALTH PROGRAMS, AND		
	ENHANCEMENTS TO PATIENT CARE.		
	·		
		-	
4b	(Code:        ) (Expenses \$ including grants of \$ including grants of \$ (Revenue)	\$	
	UNRESTRICTED FUND - PROVIDES FUNDING FOR HOSPITAL PROGRAM SERVICES AND		
	CAPITAL EQUIPMENT		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
	( ) ( ) (	·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  108,886.		
		Form	<b>990</b> (2018
32002	12-31-18		
	2		

Form 990 (2018)

LONGS PEAK HOSPITAL FOUNDATION Part IV Checklist of Required Schedules

82-1613059 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
11	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		21	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? 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 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<b> </b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	 (2018)
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LONGS PEAK HOSPITAL FOUNDATION

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a 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 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(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 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes" х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): Х 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV а Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, С Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation х contributions? If "Yes," complete Schedule M ..... 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 3 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b 1b

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С (gambling) winnings to prize winners?

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Form 990 (2018)

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	990 (2018) LONGS PEAK HOSPITAL FOUNDATION 82-161305	9	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	100		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<u>†                                    </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.10		<u> </u>
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			<u> </u>
			000	

Form **990** (2018)

	990 (2018) LONGS PEAK HOSPITAL FOUNDATION		82-16130		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	ough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ir	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	anv other			
_	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		x
6	Did the organization have members or stockholders?			6	х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
7a				7-	x	
	more members of the governing body?			7a	л	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				v	
-	persons other than the governing body?			7b	X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		0			
	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		x
	Other officers or key employees of the organization			15b		x
-	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 arrangem	ent w	ith a			
iou				16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of the organization of evaluation of the organization of the organization of the organization of evaluation of the organization of the organization of the organization of evaluation of the organization of evaluation of the organization of the organization of evaluation of the organization of the organizati					
				16b		
Sec	exempt status with respect to such arrangements?					
17		1000	T (Castien 501(a)/0)	الا العدم		-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and	1 990-	1 (Section 501(c)(3)	s only) a	avallat	bie
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website I Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	r interest policy, and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	DAVID THOMPSON - 720-848-8778					
	2315 E HARMONY ROAD, SUITE 200, FORT COLLINS, CO 80528				000	
832006	12-31-18			Form	990	(2018)
<u> </u>	6					
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Form 990 (2018)	LONGS PEAK HOSPITAL FOUNDATION	82-1613059	Page 7
Part VII Compe	ensation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated	
Employ	yees, and Independent Contractors		
Check if	Schedule O contains a response or note to any line in this Part VII		
Section A. Officers	s, Directors, Trustees, Key Employees, and Highest Compensated Emplo	yees	
1a Complete this tak	ale for all persons required to be listed. Report compensation for the calendar	year ending with or within the organization's t	ay year

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A)	(B)			( Pos	C) itior			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	heck ss pe	more rson i	than ( is both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JASON AMRICH	0.00									
DIRECTOR		х				<u> </u>		0.	0.	0.
(2) TAMARA BYRD	0.00									
DIRECTOR	0.00	х						0.	0.	0.
(3) CANDY CAMPBELL DIRECTOR	0.00	x						0.	0.	0.
(4) STACY CORNAY	0.00									
DIRECTOR		Х						0.	٥.	٥.
(5) LONNIE CRAMER	0.00									
DIRECTOR		Х						0.	٥.	0.
(6) GEOFF HOWE	0.00									
DIRECTOR		Х						0.	٥.	0.
(7) KEITH LONG	0.00									
DIRECTOR		Х						0.	0.	0.
(8) ELENA SANDOVAL-LUCERO	0.00									
DIRECTOR		х						0.	0.	0.
(9) MARK SCHANE, MD	0.00	-								
DIRECTOR		х						0.	0.	0.
(10) PETER URFFER, MD	0.00									
DIRECTOR (11) STEPHANIE DOUGHTY		х						0.	0.	0.
CFO (LEFT MARCH, 2019)	2.00	-		x				0.	0.	0
(12) STEVE SCHWARTZ	2.00	-	<u> </u>	^		-		· · ·	· · ·	0.
INTERIM CFO	48.00	-		x				0.	0.	0.
(13) ERICA SIEMERS	6.00					-			· · ·	<u> </u>
EXECUTIVE DIRECTOR	44.00			x				16,634.	0.	1,712.
		1								
		1								
		1								
		1								
832007 12-31-18										Form <b>990</b> (2018)

832007 12-31-18

Form 990 (2018)

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	1990 (2018) LONGS PEAK HO	SPITAL FOU	NDA	TIO	N					82-161	.305	9	P	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box offi	not c , unle:	Pos heck ss per	more rson i	than c s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatior from related		an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(		fr org an	pensa om th anizat d relat anizati	e ion ed
							-				$\neg$			
1b	Sub-total								16,634.		0.		1,	712.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 16,634.		0. 0.		1,	0. 712.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				0
	· · · · ·												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su											3		x
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization				x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		л
Sec	rendered to the organization? If "Yes." comp tion B. Independent Contractors	plete Schedule	e J fe	or sı	ich i	bers	on .					5		Х
1	Complete this table for your five highest con										ensat	ion fro	om	
	the organization. Report compensation for t				ig w				(B)			(0		
	Name and business	address	NO	NE				$\neg$	Description of s	ervices	C	ompe	nsatio	n
								_						
2	Total number of independent contractors (in	icluding but no	ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				(	0					Form	<b>990</b> (;	2018)

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orm 990		J FOUNDATION			82-161305	9 Page
Part VI	III Statement of Revenue					
	Check if Schedule O contains a response	or note to any line				
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
2 <u>ເຊ</u> 1a	a Federated campaigns 1a					
b D	b Membership dues 1b					
ç c	c Fundraising events 1c	4,522.				
	d Related organizations 11	231,866.				
ê e	e Government grants (contributions) 1e					
f N	f All other contributions, gifts, grants, and					
the	similar amounts not included above	145,082.				
and Other Similar Amounts d	g Noncash contributions included in lines 1a-1f: \$	10,600.				
Se h	h Total. Add lines 1a-1f	🕨	381,470.			
		Business Code				
y 2 a	a					
b b	b					
c enn	c					
b §	d					
2 a b Bevenue d e f						
	f All other program service revenue					
	g Total. Add lines 2a-2f					
3	Investment income (including dividends, intere					
	other similar amounts)					
4	Income from investment of tax-exempt bond p					
5	Royalties					
	(i) Real	(ii) Personal				
	a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
/ a	a Gross amount from sales of (i) Securities	(ii) Other				
h	assets other than inventory b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
8 9	a Gross income from fundraising events (not					
/eu	including \$ 4,522. of					
Other Revenue	contributions reported on line 1c). See	1,768.				
E .	Part IV, line 18 a	· · · · · · · · · · · · · · · · · · ·				
₹  "	b Less: direct expenses b		-2.			-2
	c Net income or (loss) from fundraising events		<b>4</b> .			-2
y a	a Gross income from gaming activities. See					
	Part IV, line 19 a					
	<ul> <li>b Less: direct expenses</li> <li>c Net income or (loss) from gaming activities</li> </ul>					
	a Gross sales of inventory, less returns					
	and allowancesa					
h	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
11 a						
b						
c						
	d All other revenue					
	e Total. Add lines 11a-11d					
12	Total revenue. See instructions		381,468.	0.	0.	- 2
2009 12-31		····· F	· 1			Form <b>990</b> (201

LONGS PEAK HOSPITAL FOUNDATION Part IX Statement of Functional Expenses

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

82-1613059 Page 10

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,766.	59,766.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	19,678.	19,678.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	27,190.		16,314.	10,876
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	96,606.	12,609.	18,166.	65,831
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,903.	4,086.	5,449.	21,368
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	14,467.		14,467.	
12	Advertising and promotion	14,939.			14,939
13	Office expenses	7,112.		7,112.	
14	Information technology	19.		19.	
15	Royalties				
16	Occupancy				
17	Travel	1,726.		1,726.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,293.		1,293.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	CORPORATE ALLOCATION	13,568.		13,568.	
b	NONCASH CONTRIBUTIONS	10,600.	10,600.		
c	HOSPITAL INITIATIVES	2,147.	2,147.		
d					
	All other expenses	3,520.		3,520.	
25	Total functional expenses. Add lines 1 through 24e	303,534.	108,886.	81,634.	113,014
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 Fifthere if following SOP 98-2 (ASC 958-720)				

10

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1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other ..... 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 105,505. 204,800. 16 16 0 2,076. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 13,621. 32,906. Schedule D 25 34,982. 13,621. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and complete lines 27 through 29, and lines 33 and 34. 39,102. 55,956. 27 27 Unrestricted net assets 52,782. 97,360. Temporarily restricted net assets 28 28 Ο. 16,502. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 91,884. 169,818. Total net assets or fund balances 33 33 105,505. 204,800. 34 34 Total liabilities and net assets/fund balances Form 990 (2018)

LONGS PEAK HOSPITAL FOUNDATION

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

82-1613059

(A) Beginning of year

105,505.

Page 11

204,800.

**(B)** End of year

Form 990 (2018) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2018) LONGS PEAK HOSPITAL FOUNDATION	82-16130	59	Pad	<sub>ge</sub> 12
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		381,	468.
2	Total expenses (must equal Part IX, column (A), line 25)	2		303,	534.
3	Revenue less expenses. Subtract line 2 from line 1	3		77,	934.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		91,	884.
5	Net unrealized gains (losses) on investments	5			
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		169,	818.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	Ĺ
			<b>F</b>	uun .	(0010)

Form **990** (2018)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public

Inspection

### -

Nan									
Pa	rt I	Reason for Public (	PEAK HOSPITAL F		malata th	ic port ) Sc			82-1613059
							e instructions	j.	
	organ	ization is not a private found							
1	$\square$	A church, convention of ch	,			• • •	1)(A)(I).		
2	$\square$	A school described in sect							
3	$\square$	A hospital or a cooperative					•		41 I
4		A medical research organiz	ation operated in cor	njunction with a nospital	described	in sectio	A)(1)(d)(1)(A	(III). Enter	the hospital's name,
_		city, and state:	with a banafit of a cal				verementel	ait describe	ad in
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		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).							
6 7	X		•				.,		ublic described in
'	<u> </u>	An organization that norma		nual part of its support if	om a gove	ernmentai		ie general p	Sublic described in
8		section 170(b)(1)(A)(vi). (C A community trust describe		(1)(A)(vi) (Complete Par	них				
9	$\square$	An agricultural research org			-	ad in coniu	unction with a	land-grant	college
3		or university or a non-land-g							
		university:	grant concyc or agric			name, eny	, and state of	the conege	
10			Ilv receives: (1) more	than 33 1/3% of its sup	ort from o	contributio	ns. memberst	nip fees, an	d gross receipts from
		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 busir							
		See section 509(a)(2). (Con		(1000 00011011 011 1019 110		eee acqui			
11	$\square$	An organization organized a		velv to test for public sa	fetv. See	section 50	09(a)(4).		
12		An organization organized a	-	•	•			rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		_ requirement (see instructi							
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[
f		er the number of supported o							
<u> </u>		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(1) 211	(described on lines 1-10	in your governi	ing document?	support (see ir	-	support (see instructions)
		5		above (see instructions))	Yes	No		,	
Tota	al								
1 1 1 4	Ear D	Concrework Doduction Act N	lation and the Instru	uctions for Form 000 o	000 57	000004 40	www. Soho		m 000 or 000 E7) 2019

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 13

### Schedule A (Form 990 or 990-EZ) 2018 LONGS PEAK HOSPITAL FOUNDATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			13,098.	181,255.	381,470.	575,823.
2	Tax revenues levied for the organ-						
	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			13,098.	181,255.	381,470.	575,823.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						575,823.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4			13,098.	181,255.	381,470.	575,823.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						575,823.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
_	organization, check this box and stop	o here					<b>X</b>
See	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2018 (I					14	%
15	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	t VI how the organi	zation
	meets the "facts-and-circumstances"	-	-	• • • •			
b	10% -facts-and-circumstances test	-				-	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2018

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Page **2** 

#### Schedule A (Form 990 or 990-EZ) 2018 LONGS PEAK HOSPITAL FOUNDATION

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	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						
	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.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here	-				-	
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	line 8, column (f), d	livided by line 13, (	column (f))		15	%
16	Public support percentage from 2017	7 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2018.</b> If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2017.</b> If the						
~	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	23 10-11-18			, <u>.</u> , 5000000		edule A (Form 990	) or 990-EZ) 2018
20202			15		501		

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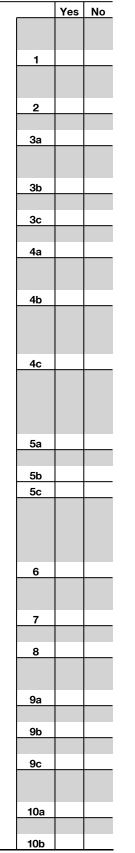
### Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 (as 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.)

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Schedule A (Form 990 or 990-EZ) 2018

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			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		
b	A family member of a person described in (a) above?	11b		
C	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<b></b>
			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			
<u>Sec</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NU
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1 -		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<b>2</b> a		
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.			
а	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.	<u>3a</u>		
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		
832025	5 10-11-18 Schedule A (Form S	990 or 99	ю-EZ)	2018

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	dule A (Form 990 or 990-EZ) 2018 LONGS PEAK HOSPITAL FOUNDATION			82-1613059 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	•	· · · ·	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions 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	ion 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):			
<u>a</u>	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 <b>Part VI</b> ):			
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	ion 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-functiona	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

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instructions).

	t V Type III Non-Functionally Integrated 509		nizations (continued)	02 1013035 Page 7
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
_8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018 LONGS PEAK HOSPITAL FOUNDATION	82-1613059	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	t V, Section B, line 1e; Part IV, Section	n C,
	(See instructions.)		
832028 10-11-	8 Sched	lule A (Form 990 or 990	-EZ) 2018
	20		, 10

### **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

	LONGS	PEAK	HOSPITAL	FOUNDATION	
Organization type (che	eck one):				
or gamzation type (one	Six Onej.				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

LONGS PEAK HOSPITAL FOUNDATION

Name of organization

Employer identification number

82-1613059

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$7,645.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$236,337.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

82-1613059

LONGS PEAK HOSPITAL FOUNDATION

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

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

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ame of or	ganization		Employer identification numb
ONGS PEA	AK HOSPITAL FOUNDATION		82-1613059
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye ry. For organizations less for the year. (Enter this info. once.) ► \$
	Use duplicate copies of Part III if additional s	pace is needed.	ess for the year. (Enter this line, once.) • •
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
a) No			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
F	I	(e) Transfer of gift	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
3454 11-08-	18	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2

15430709 147228 124412

SCHEDULE [	)
------------	---

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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

	LONGS PEAK HOSPITAL FOUNDAT	ION	82-1613059
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
	<b>.</b>	(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 v	writing that the assets held in donor advised	d funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization	· · · ·	
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	f a conservation easement on the last
~	day of the tax year.		Held at the End of the Tax Year
-	Total number of conservation easements		
	Number of conservation easements on a certified historic stru	icture included in (2)	
	Number of conservation easements included in (c) acquired a		
u			
3	listed in the National Register Number of conservation easements modified, transferred, rele		
3		eased, extinguished, or terminated by the c	iganization during the tax
4	year ► Number of states where property subject to conservation eas	ement is leasted	
4			
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year
-	Amount of our processing and in provide the interview in the set		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
~			
8	Does each conservation easement reported on line 2(d) above		
•			
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	e organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
I UI	Complete if the organization answered "Yes" on Form		er ommar Assets.
	· · · · · · · · · · · · · · · · · · ·		ant and holonoo aboat works of art
Ia	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
ь	the text of the footnote to its financial statements that describe		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>N A</b>
~			
2	If the organization received or held works of art, historical treater of the following account required to be repeated up dep OFAC 4	-	jain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018
832051	10-29-18	25	

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Sche		HOSPITAL FOUND							82-161			age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tre	easures, o	r Othe	r Sin	nilar	Assets	conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	t are a si	ignifica	ant us	se of its c	ollectior	items	\$
	(check all that apply):											
а	Public exhibition	d	1	] Loan or exc	change progra	ams						
b	Scholarly research	e	•	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co								e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, h	istorical trea	sures, or othe	er simila	r asse	ts		_		_
_	to be sold to raise funds rather than to be ma									Yes		No
Pa	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if th	e organizatio	on answered	"Yes" or	n Form	n 990,	, Part IV, I	ine 9, or		
							:	امط				
18	Is the organization an agent, trustee, custodi									7		
h.	on Form 990, Part X?								∟	Yes		_ No
a	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:			Г			A		
-	Designing belonce						F	1.		Amour	1	
с С	Beginning balance							<u>1c</u> 1d				
u	Additions during the year							1e				
e f	Distributions during the year Ending balance						··  -	1f				
	Did the organization include an amount on Fe						∟ litv2			Yes		No
	If "Yes," explain the arrangement in Part XIII.						•					
Pa												<u></u>
		(a) Current year		Prior year	(c) Two yea			nree v	ears back	(e) Fou	r vears	back
1a	Beginning of year balance			, nor you	(0) 110 900	are puer	(-,			(0) + 00	<u> </u>	<u></u>
b	Contributions	16,502.										
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	16,502.										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	lg, column (a	a)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment  100.00	%										
с	Temporarily restricted endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administe	red for th	ne org	aniza	tion			
	by:										Yes	No
	(i) unrelated organizations									3a(i)		x
	(ii) related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?						3b		
4	Describe in Part XIII the intended uses of the		wment	funds.								
Pa	t VI Land, Buildings, and Equipm											
	Complete if the organization answere											
	Description of property	(a) Cost or o		• •	t or other	1	Accum		d	( <b>d)</b> Boc	k valu	е
1-	Land	basis (investr	nent)	Dasis	(other)		eprecia	auon				
-	Land											
b	Buildings											
c d	Leasehold improvements			1								
	EquipmentOther											
	Add lines 1a through 1e. (Column (d) must e		X colu	mn (R) line 1	(0c)	1						٥.
		<u>quari onn 330, Fall</u>	<u>, coiu</u>	<u>ши (д. Ше I</u>	<u>vv</u> .,				Schedule	D (Forr	n 990'	

#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

(b) Book value

#### Other Liabilities. Part X

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

(a) Description of liability

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RELATED PARTY PAYABLE	32,906.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must oqual Form 000 Part V. col. (P) line 25.)	32,906.

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

Schedule D (Form 990) 2018

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Parl	Independence         Longs         PEAK         HOSPITAL         FOUNDATION           Comparison         Comparison <td< th=""><th>ments With Re</th><th>venue per Ret</th><th>turn.</th><th></th></td<>	ments With Re	venue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	-		
1	Total revenue, gains, and other support per audited financial statements			1	416,137
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	32,899.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		1,770.		
	Add lines <b>2a</b> through <b>2d</b>			2e	34,669
3	Subtract line <b>2e</b> from line <b>1</b>			3	381,468
	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			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )			5	381,468
Par	XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	338,203
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	32,899.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		1,770.		
	Add lines <b>2a</b> through <b>2d</b>			2e	34,669
	Subtract line <b>2e</b> from line <b>1</b>			3	303,534
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
а					
	Other (Describe in Part XIII.)	46			
b	Other (Describe in Part XIII.)			40	0
b c 5 Par rovic nes 2	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>t XIII</b> Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ed and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b and	d 2b; Part V, line 4	<b>4c</b> 5 ; Part X, line 2; Pa	303,534
b c Provic nes 2 ART	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I, line 18,)</i> <b>t XIII Supplemental Information.</b> Ie the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and additional informati	d 2b; Part V, line 4	5	303,534
b c 5 Part Provid nes 2 ART	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18,)</i> <b>XIII</b> Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: WENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SCHOOL	Part IV, lines 1b and additional informati LARSHIPS , CTED NET	d 2b; Part V, line 4	5	303,534
b c 5 Pari Provice nes 2 ART NDOV	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990. Part I. line 18.</i> ) <b>t XIII</b> Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; rd and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: WMENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SCHOMATION, PROGRAMS, AND COMMUNITY BENEFIT. TEMPORARILY RESTRICT	Part IV, lines 1b and additional informati LARSHIPS , CTED NET BY THE	d 2b; Part V, line 4	5	303,534
b c 5 Part vrovic nes 2 ART DUC2 SSE ONOF	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) <b>XIII</b> Supplemental Information. We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: WMENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SCHOO ATION, PROGRAMS, AND COMMUNITY BENEFIT. TEMPORARILY RESTRICT TS ARE THOSE WHOSE USE BY THE FOUNDATION HAVE BEEN LIMITED	Part IV, lines 1b and additional informati LARSHIPS , CTED NET BY THE	d 2b; Part V, line 4	5	303,534
b c Part Provic nes 2 ART NDOV DUC2 SSET	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ed and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: WENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SCHO ATION, PROGRAMS, AND COMMUNITY BENEFIT. TEMPORARILY RESTRICT TS ARE THOSE WHOSE USE BY THE FOUNDATION HAVE BEEN LIMITED R TO A SPECIFIC TIME PERIOD OR PURPOSE. THESE NET ASSETS AN	Part IV, lines 1b and additional informati LARSHIPS , CTED NET BY THE	d 2b; Part V, line 4	5	303,534
b c 5 Part nes 2 ART NDOV DUC2 SSET ONOF	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>XIII</b> Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; red and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: MENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SCHO ATION, PROGRAMS, AND COMMUNITY BENEFIT. TEMPORARILY RESTRICT TS ARE THOSE WHOSE USE BY THE FOUNDATION HAVE BEEN LIMITED R TO A SPECIFIC TIME PERIOD OR PURPOSE. THESE NET ASSETS A VARIOUS HEALTH CARE PURPOSES AS DEFINED BY DONORS.	Part IV, lines 1b and additional informati LARSHIPS, CTED NET BY THE RE AVAILABLE	d 2b; Part V, line 4	5 ; Part X, line 2; Pa	303,534
b c 5 Part Provic nes 2 ART NDOV DUC2 SSET ONOF ONOF	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>XIII</b> Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: WMENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SCHO ATION, PROGRAMS, AND COMMUNITY BENEFIT. TEMPORARILY RESTRICTS ARE THOSE WHOSE USE BY THE FOUNDATION HAVE BEEN LIMITED R TO A SPECIFIC TIME PERIOD OR PURPOSE. THESE NET ASSETS AN VARIOUS HEALTH CARE PURPOSES AS DEFINED BY DONORS. XI, LINE 2D - OTHER ADJUSTMENTS:	Part IV, lines 1b and additional informati LARSHIPS, CTED NET BY THE RE AVAILABLE	d 2b; Part V, line 4 ion.	5 ; Part X, line 2; Pa	303,534
b c 5 Provice nes 2 2 2ART 2 200001 2 2000000 2 2000000 2 2000000 2 2000000	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) <b>Supplemental Information.</b> The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any V, LINE 4: MEENT FUNDS ARE USED FOR THE INTENDED PURPOSE TO FUND SCHOON ATION, PROGRAMS, AND COMMUNITY BENEFIT. TEMPORARILY RESTRICT TS ARE THOSE WHOSE USE BY THE FOUNDATION HAVE BEEN LIMITED R TO A SPECIFIC TIME PERIOD OR PURPOSE. THESE NET ASSETS AND VARIOUS HEALTH CARE PURPOSES AS DEFINED BY DONORS. XI, LINE 2D - OTHER ADJUSTMENTS: RAISING EXPENSES	Part IV, lines 1b and additional informati LARSHIPS, CTED NET BY THE RE AVAILABLE 1,770.	d 2b; Part V, line 4 ion.	5 ; Part X, line 2; Pa	

Part XIII	Supplemental Informa	tion (continued)		
		-		
				Schedule D (Form 990) 2018
832055 10-29-18	3			

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2018
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		ntification number
Hame of the organization		HOSPITAL FOUNDATION					82-161305	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
	complete this part	t. ed funds through any of the following	a activ	itios (	Check all that apply			
a Mail solicitat					overnment grants			
	email solicitations				nment grants			
c 🗌 Phone solici	tations	g 🔛 Special						
d 📃 In-person so	licitations							
e e		or oral agreement with any individual	•	•		tees,		<b>—</b>
• • •		art VII) or entity in connection with pr /iduals or entities (fundraisers) pursua			-			
compensated at le	•	, ,,	antioa	agreer	nents under which tr	ie iui		÷
	, , , , , , , , , , , , , , , , , , ,					( )	A	
(i) Name and addres	s of individual		(iii) fundr	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(ii) Activity		ustody trol of utions?	from activity		fundraiser	organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration
or licensing.								
			00	000 -	7	Sale -		
LHA For Paperwork R	eauction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	2.	scne	aule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

### Schedule G (Form 990 or 990 EZ) 2018 LONGS PEAK HOSPITAL FOUNDATION

82-1613059 Page **2** 

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	of fundraising event contributions and groups of fundraising event contributions and groups of the second sec	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		CORN HOLE			col. (c))
۵		(event type)	(event type)	(total number)	
Revenue	Gross receipts	6,290.			6,290.
2	2 Less: Contributions	4,522.			4,522.
3	Gross income (line 1 minus line 2)	1,768.			1,768.
4	Cash prizes	150.			150.
ي ب	Noncash prizes				
esued	Rent/facility costs				
Direct Expenses <b>2</b> 9	' Food and beverages	1,620.			1,620.
8					
9					1 550
	D Direct expense summary. Add lines 4 through			•	1,770.
Part	Image: Net income summary. Subtract line 10 from I           III         Gaming.         Complete if the organization		000 Part IV line 10 or r		-2.
	\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, iiile 19, 011	eported more than	
enue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	Gross revenue				
	Cash prizes				
suse					
ад <b>3</b>	Noncash prizes				
4 Direct	Rent/facility costs				

Direct E	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No		] Yes % ] No		Yes No	_ %		
	7	Direct expense summary. Add lines 2 through	5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					►		
9	En	er the state(s) in which the organization condu	cts gaming activities:							
		he organization licensed to conduct gaming ac No," explain:							Yes	🗌 No
		· · · ·								
		re any of the organization's gaming licenses re Yes," explain:	· · ·	rmina	ated during the tax	year?			Yes	No No
2										

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 LONGS PEAK HOSPITAL FOUNDATION	82-161	L3059	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
45		ſ	Vee	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t		
	of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[	Yes	🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
	organization's own exempt activities during the tax year 🕨 💲			
Pa	<b>TTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	d Part I	II, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
8320	83 10-03-18 Schedule G	(Form (	90 or 99	0-EZ) 2018
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	Sabadula C /Earm 000 ar 000 EZ

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization	GS PEAK HOS	SPITAL FOUNDAT						Employer identification number 82-1613059
Part I General Information	n on Grants ar	nd Assistance						
<ol> <li>Does the organization main criteria used to award the generative in Part IV the org</li> <li>Describe in Part IV the org</li> </ol>	grants or assis anization's pro	tance? cedures for monito	pring the use of grant	funds in the United	States.	-		Yes No
		-				anization answered "	es" on Form 990, Part	IV, line 21, for any
recipient that receive <b>1 (a)</b> Name and address of c or government		(b) EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LONGS PEAK HOSPITAL 1750 E KEN PRATT BLVD LONGMONT, CO 80504		61-1786722	501(C)(3)	4,106.	55,660.	воок	MEDICAL EQUIPMENT	TO SERVE PATIENTS
<ul> <li>2 Enter total number of section</li> <li>3 Enter total number of othe</li> <li>LHA For Paperwork Reduction</li> </ul>	r organizations	listed in the line 1	table	e line 1 table				1.  

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

Schedule I (Form 990) (2018) LONGS PEAK HOSPITAL FOUNDATION

Part III	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.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	9	12,362.	0.		
PATIENT ASSISTANCE	61	6,516.	0.		
BICYCLE HELMETS	100	800.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION REQUESTS GRANT RECIPIENTS TO REPORT BACK TO THE FOUNDATION

ON USE AND OUTCOME OF FUNDING.

Page 2

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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Employer identification number 82-1613059

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

18 ΖU **Open to Public** Inspection

Name of the organization

LONGS	PEAK	HOSPITAL	FOUNDATION

Pai	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	s
1	Art - Works of art	Х	1	750.				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	x		4,632.				
6	Cars and other vehicles			, .				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GIFT BAGS)	x	2	4,840.				
26	Other (MEDICAL EQUIP)	X	1	378.				
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for o					
20	for which the organization completed Form 828	-						
		50, i uitit, i					Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part L lines 1 throug	h 28 that it		100	
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.				·····	000		
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contribut	ions?	31	x	
	Does the organization hire or use third parties of					<u> </u>		
<u></u> u			-			32a		x
b	If "Yes," describe in Part II.					524		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked			
	describe in Part II.							

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

Schedule M (Form 990) 2018

832141 10-18-18

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

832142 10-18-18		Schedule M (Form 990) 2018
	27	

15430709 147228 124412

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 82-1613059

LONGS PEAK HOSPITAL FOUNDATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE LONGS PEAK HOSPITAL FOUNDATIONIS TO SUPPORT ITS

AFFILIATED HOSPITALS AND CLINICS IN THE DELIVERY AND ADVANCEMENT OF

WORLD-CLASS HEALTH CARE IN NORTHERN COLORADO. THE FOUNDATION REALIZES

ITS MISSION THROUGH THE DEVELOPMENT AND STEWARDSHIP OF PHILANTHROPIC

RESOURCES IN SUPPORT OF THE HOSPITALS' MISSION AND STRATEGIC GOALS.

FORM 990, PART VI, SECTION A, LINE 6:

LONGS PEAK HOSPITAL IS THE SOLE VOTING MEMBER OF LONGS PEAK HOSPITAL

FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF LONGS PEAK HOSPITAL FOUNDATION IS APPOINTED BY LONGS PEAK

HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7B:

LONGS PEAK HOSPITAL HAS SOLE DETERMINATION OVER:

A) AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE FOUNDATION

B) DISSOLUTION, MERGER OR CONSOLIDATION OF THE FOUNDATION;

C) SALE, LEASE, MORTGAGE OR OTHER TRANSFER OF ALL OF OR SUBSTANTIALLY ALL

OF THE FOUNDATION'S ASSETS; AND

D) ADMISSION OF ANY NEW MEMBERS TO THE FOUNDATION OR APPROVAL OF ANY

TRANSFER OF A MEMBERSHIP INTEREST.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization LONGS PEAK HOSPITAL FOUNDATION	Employer identification number 82-1613059
THE FORM 990 IS PREPARED BY A THIRD PARTY. A PRELIMINARY DRAFT IS REVIEWED	
BY THE INTERNAL FINANCE DEPARTMENT. THE FINAL COPY OF THE FORM 990 IS	
PROVIDED IN AN ELECTRONIC FORMAT TO ALL BOARD OF DIRECTOR MEMBERS PRIOR TO	
FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE COVERED UNDER THIS POLICY. CONFLICTS ARE REVIEWED AT	
MANAGEMENT LEVEL. BOARD MEMBERS RESCIND ON VOTING IF A CONFLICT EXISTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
LONGS PEAK HOSPITAL FOUNDATION DOES NOT HAVE EMPLOYEES FOR FORM 990	
REPORTING PURPOSES. ALL EMPLOYEES OF THE FOUNDAITON ARE REPORTED ON THE	
PAYROLL OF UNIVERSITY OF COLORADO HOSPITAL AUTHORITY THROUGH 6/30/2019.	
EMPLOYEES ARE LEASED TO LONGS PEAK HOSPITAL FOUNDATION. THE EXPENSES THAT	
ARE REPORTED FOR SALARIES AND BENEFITS ON THE STATEMENT OF FUNCTIONAL	
EXPENSES REPRESENT THE EMPLOYEE LEASE EXPENSE FOR THE YEAR ENDED 6/30/2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST	
POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST WITH A LEGITIMATE	
BUSINESS PURPOSE.	

832161 10-02-18 LHA

aperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2018

(Form 990) Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Name of the organization

SCHEDULE R

LONGS PEAK HOSPITAL FOUNDATION

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

т

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### 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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
LONGS PEAK HOSPITAL - 61-1786722							
1850 MOUNTAIN VIEW AVENUE							
LONGMONT, CO 80501	HOSPITAL	COLORADO	501(C)(3)	LINE 3			х
	-						
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990				Schedule B (	Form 99	0) 2018

OMB No. 1545-0047

2018

Employer identification number

82-1613059

Open to Public Inspection

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

(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)       (i)       (j)       (k)         Name, address, and EIN of related organization       Primary activity       Image: controlling (state or rowity)       Predominant income entity       Share of total income       Share of total income       Share of total income       Disproprimate end-of-year assets       Image: controlling allocations?       General or end-of-year assets       Image: controlling end-of-year assets       Image: controlling end-o												
(state or entry (related, unrelated, income end-of-year allocations? and internet box (state or entry excluded from tax under 20 of Schedule	(a)	(b)		(d)	(e)	(f)	(g)	(1				(k)
Indeptine     Insections 512-514)     Yes     No     K-1 (Form 1065)     Yes     No	Name, address, and EIN of related organization	Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year			Code V-UBI amount in box 20 of Schedule	ode V-UBI Genera nount in box of Schedule	
			country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
		]										
		]										

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(t contr ent	(i) ction (b)(13) rolled tity?
		country)						Yes	No
									<u> </u>

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

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	х	
с	Gift, grant, or capital contribution from related organization(s)	1c	х	
	Loans or loan guarantees to or for related organization(s)	1d	х	
	Loans or loan guarantees by related organization(s)	1e	х	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х	
	Sharing of paid employees with related organization(s)	<b>1</b> 0	х	
р	Reimbursement paid to related organization(s) for expenses	1p	х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

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#### Schedule R (Form 990) 2018 LONGS PEAK HOSPITAL 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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	Are Partne 501( org Yes	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	<b>(i)</b> Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2018

	nses to questions on Schedule R. See instructions.
32165 10-02-18	Schedule R (Form 990) 20 4 4