A For the 2018 calendar year, or tax year beginning JUN 1, 2018 and ending MAY 31, 2019

B Name of organization

MOUNTAIN FAMILY HEALTH CENTERS

D Employer identification number

84-0742145

E Telephone number

970-945-2840

G Gross receipts

18,905,041.

H(a) Is this a group return

No

H(b) Are all subordinates included?

Yes

H(c) Group exemption number

990

J Website:

WWW.MOUNTAINFAMILY.ORG

K Form of organization:

Corporation

Year of formation:

1977

M State of legal domicile: CO

Part I Summary

1 Briefly describe the organization or its most significant activities: TO PROVIDE HIGH QUALITY INTEGRATED PRIMARY, DENTAL AND BEHAVIORAL HEALTH CARE.

Part II Summary

8 Contributions and grants (Part VIII, line 1h)

Prior Year

8,408,498.

Current Year

8,411,183.

9 Program service revenue (Part VIII, line 2g)

2,712.

2,935.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

21,463.

17,439.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

18,338,052.

18,905,041.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

2,300.

3,650.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

12,087,199.

12,468,645.

14 Benefits paid to or for members (Part IX, column (A), line 4)

155,762.

98,546.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

4,589,236.

5,690,426.

16a Professional fundraising fees (Part IX, column (A), line 11e)

98,546.

16b Total fundraising expenses (Part IX, column (D), line 25)

1,403,555.

643,774.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

4,689,236.

5,690,426.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

16,934,497.

18,261,267.

19 Revenue less expenses. Subtract line 18 from line 12

8,905,041.

8,411,183.

Prior Year

Current Year

Beginning of Current Year

7,629,902.

9,795,307.

End of Year

1,172,020.

2,823,632.

20 Total assets (Part X, line 16)

16,934,497.

18,261,267.

21 Total liabilities (Part X, line 26)

6,457,882.

7,101,675.

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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.

Signatures

ROSS BROOKS, CHIEF EXECUTIVE OFFICER

KURT BENNION

Preparer's signature

Date

01/29/20

PTIN

01469618

Preparer's name

KURT BENNION

Preparer's EIN

41-0746749

Preparer's address

370 INTERLOCKEN BLVD., SUITE 500

BROOMFIELD, CO 80021

Phone no.

303-466-8822

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No
Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
TO PROVIDE HIGH QUALITY, INTEGRATED PRIMARY MEDICAL, BEHAVIORAL AND DENTAL HEALTH CARE IN THE COMMUNITIES WE SERVE, WITH SPECIAL CONSIDERATION FOR THE MEDICALLY UNDER-SERVED, REGARDLESS OF ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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? [ ] Yes [X] 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 measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ___ ) (Expenses $ 14,461,993 including grants of $ 3,650 ) (Revenue $ 10,473,484 )
MOUNTAIN FAMILY HEALTH CENTERS PROVIDES PRIMARY MEDICAL, DENTAL AND BEHAVIORAL HEALTH SERVICES AT EIGHT LOCATIONS. SERVICES ARE PROVIDED TO THE GENERAL PUBLIC, INCLUDING LOW-COST AND DONATED SERVICES FOR LOW-INCOME AND INDIGENT PERSONS. THE CLINICS ARE PARTIALLY FUNDED BY AN OPERATING GRANT FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. FOR THE FISCAL YEAR ENDED MAY 31, 2019, 16,917 PATIENTS WERE SERVED THROUGH 62,674 BILLABLE ENCOUNTERS.

4b (Code: ___ ) (Expenses $ ___ including grants of $ ___ ) (Revenue $ ___ )

4c (Code: ___ ) (Expenses $ ___ including grants of $ ___ ) (Revenue $ ___ )

4d Other program services (Describe in Schedule O.)

4e Total program service expenses $ 14,461,993.
Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - Yes, complete Schedule A
   - No

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   - Yes
   - No

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
   - Yes
   - No

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
   - Yes
   - No

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
   - Yes
   - No

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
   - Yes
   - No

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
   - Yes
   - No

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   - Yes
   - No

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
   - Yes
   - No

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
    - Yes
    - No

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
   a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
   - Yes
   - No
   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
   - Yes
   - No
   c. 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
   - Yes
   - No
   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
   - Yes
   - No
   e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
   - Yes
   - No
   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
   - Yes
   - No

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
    - Yes
    - No
   b. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
   - Yes
   - No

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
    - Yes
    - No

14a. Did the organization maintain an office, employees, or agents outside of the United States?
    - Yes
    - No
   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 or more? If "Yes," complete Schedule F, Parts I and IV
    - Yes
    - No

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
    - Yes
    - No

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
    - Yes
    - No

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
    - Yes
    - No

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
    - Yes
    - No

19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
    - Yes
    - No

20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
    - Yes
    - No
   b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
    - Yes
    - No

21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
    - Yes
    - No
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>22</td>
<td>X</td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?</td>
<td>23</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>24a</td>
<td>X</td>
</tr>
<tr>
<td>b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>24b</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>24c</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>24d</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>25a</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>25b</td>
<td></td>
</tr>
<tr>
<td>26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?</td>
<td>26</td>
<td>X</td>
</tr>
<tr>
<td>27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?</td>
<td>27</td>
<td>X</td>
</tr>
<tr>
<td>28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, or key employee?</td>
<td>28a</td>
<td>X</td>
</tr>
<tr>
<td>b. A family member of a current or former officer, director, trustee, or key employee?</td>
<td>28b</td>
<td></td>
</tr>
<tr>
<td>c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?</td>
<td>28c</td>
<td>X</td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions?</td>
<td>29</td>
<td>X</td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td>30</td>
<td>X</td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>31</td>
<td>X</td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td>32</td>
<td>X</td>
</tr>
<tr>
<td>33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?</td>
<td>33</td>
<td>X</td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity?</td>
<td>34</td>
<td>X</td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>35a</td>
<td>X</td>
</tr>
<tr>
<td>b. If &quot;Yes&quot; 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)?</td>
<td>35b</td>
<td></td>
</tr>
<tr>
<td>36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>36</td>
<td>X</td>
</tr>
<tr>
<td>37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?</td>
<td>37</td>
<td>X</td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>38</td>
<td>X</td>
</tr>
</tbody>
</table>

### Note
All Form 990 filers are required to complete Schedule O.

### 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1096. Enter -O- if not applicable.</td>
<td>1a</td>
<td>106</td>
</tr>
<tr>
<td>b. Enter the number of Forms W-2G included in line 1a. Enter -O- if not applicable.</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td></td>
</tr>
</tbody>
</table>

---

Form 990 (2018) MOUNTAIN FAMILY HEALTH CENTERS 84-0742145 Page 4

10550129 099347 011-05690200 2018.05030 MOUNTAIN FAMILY HEALTH CENT 011-1032
### Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

**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 | 221 |

**b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

| 2b | Yes ✗ No |

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

**3a** Did the organization have unrelated business gross income of $1,000 or more during the year?  

| 3a | X |

**b** If "Yes," has it filed a Form 990-T for this year?  

| 3b | X |

**4a** 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.  


**5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

| 5a | ✗ |

**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

| 5b | ✗ |

**c** 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 | ✗ |

**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).  

**a** 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 | ✗ |

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided?  

| 7b | |

**c** If "Yes" to line 7a, 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.  

**a** 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:  

| 10 | |

**a** 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  

| 10b | |

**11 Section 501(c)(12) organizations.** Enter:  

| 11 | |

**a** Gross income from members or shareholders  

| 11a | |

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  

| 11b | |

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?  

| 12a | |

**b** 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.**  

**a** Is the organization licensed to issue qualified health plans in more than one state?  

| 13a | |

**Note.** See the instructions for additional information the organization must report on Schedule O.

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  

| 13b | |

**c** Enter the amount of reserves on hand  

| 13c | |

**14a** Did the organization receive any payments for indoor tanning services during the tax year?  

| 14a | X |

**b** If "Yes," has it filed a Form 720 to report these payments?  

| 14b | X |

**15** Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  

| 15 | X |

**If "Yes," see instructions and file Form 4720, Schedule N.**  

| 16 | X |

**16** Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  

| 16 | X |
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................... 1a 11
   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. 1b 11

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X

6 Did the organization have members or stockholders? 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X
   a The governing body? 8a X
   b Each committee with authority to act on behalf of the governing body? 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X
   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X
   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X

13 Did the organization have a written whistleblower policy? 13 X

14 Did the organization have a written document retention and destruction policy? 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X
   a The organization's CEO, Executive Director, or top management official 15a X
   b 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). 15b X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X
   b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CO

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request X Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records ▶

ANNETTE FRANTA - 970-945-2840
2700 GILSTRAP COURT, NO. 100, GLENWOOD SPRINGS, CO 81601
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>JON FOX RUBIN</td>
<td>4.00</td>
<td>CHAIR</td>
<td>X X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROB STEIN, PHD</td>
<td>2.00</td>
<td>VICE CHAIR</td>
<td>X X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONICA PEREZ RHODES</td>
<td>2.00</td>
<td>TREASURER</td>
<td>X X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RICHARD GONZALES</td>
<td>2.00</td>
<td>SECRETARY</td>
<td>X X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAVIOLA ALDERETE</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KARYN RENAE ANDERSON</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAMUEL BERNAL</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOM BOAS</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEGAN BURCH</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRISH KRAMER</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICTOR MALMIN</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIKE NUGENT</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER (THROUGH JAN 2019)</td>
<td>2.00</td>
<td>X</td>
<td>0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAITI RAMIREZ</td>
<td>2.00</td>
<td>BOARD MEMBER</td>
<td>X 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROSS BROOKS</td>
<td>50.00</td>
<td>CBO</td>
<td>X 174,483. 0. 19,508.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNETTE FRANTA</td>
<td>50.00</td>
<td>CFO</td>
<td>X 127,586. 0. 12,811.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTURO PERNANDEZ</td>
<td>50.00</td>
<td>COO</td>
<td>X 121,092. 0. 18,784.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATTHEW PERCY, MD</td>
<td>50.00</td>
<td>CHIEF MEDICAL TEAM</td>
<td>X 161,558. 0. 35,227.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Individual trustee or director</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNELIIE HECKERT, DO CHIEF MEDICAL TEAM</td>
<td>50.00</td>
<td>X</td>
<td>181,993.00</td>
<td>0.00</td>
<td>19,030.00</td>
</tr>
<tr>
<td>JENNIFER LANG, FNP CHIEF MEDICAL TEAM</td>
<td>50.00</td>
<td>X</td>
<td>135,624.00</td>
<td>0.00</td>
<td>42,001.00</td>
</tr>
<tr>
<td>SCOTT OWENS, SPHR CHIEF WORKFORCE OFFICER</td>
<td>50.00</td>
<td>X</td>
<td>98,876.00</td>
<td>0.00</td>
<td>10,230.00</td>
</tr>
<tr>
<td>CHRIS TONOZOZI, MD PHYSICIAN, DIRECTOR OF DATA QUALITY</td>
<td>40.00</td>
<td>X</td>
<td>188,918.00</td>
<td>0.00</td>
<td>14,765.00</td>
</tr>
<tr>
<td>CASEY AQUIRRE, DO PHYSICIAN</td>
<td>40.00</td>
<td>X</td>
<td>200,622.00</td>
<td>0.00</td>
<td>8,101.00</td>
</tr>
<tr>
<td>STEPHEN GLASS, DDS DENTAL DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>144,867.00</td>
<td>0.00</td>
<td>13,070.00</td>
</tr>
<tr>
<td>SARAH REIVES, MD PHYSICIAN</td>
<td>40.00</td>
<td>X</td>
<td>137,062.00</td>
<td>0.00</td>
<td>24,495.00</td>
</tr>
<tr>
<td>CONNOR RIVERS, DMD DENTIST</td>
<td>40.00</td>
<td>X</td>
<td>136,507.00</td>
<td>0.00</td>
<td>10,003.00</td>
</tr>
<tr>
<td><strong>Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization</strong></td>
<td><strong>1,809,188.00</strong></td>
<td>0.00</td>
<td><strong>208,025.00</strong></td>
<td><strong>0.00</strong></td>
<td><strong>0.00</strong></td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 17

3. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: Yes [X]

4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: No [X]

5. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: Yes [X]

---

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROCHE CONSTRUCTORS, INC</td>
<td>CONSTRUCTION SERVICES</td>
<td>2,510,648.00</td>
</tr>
<tr>
<td>361 71ST AVENUE, GREELEY, CO 80634</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITENTIVE HEALTHCARE SOLUTIONS, 1 PIERCE PLACE, SUITE 400E, ITASCA, IL 60143</td>
<td>SOFTWARE MAINTENANCE</td>
<td>158,156.00</td>
</tr>
<tr>
<td>OSIS</td>
<td>SOFTWARE</td>
<td>157,512.00</td>
</tr>
<tr>
<td>PO BOX 772852, CHICAGO, IL 60677</td>
<td>LICENSING/HOSTING</td>
<td>117,365.00</td>
</tr>
<tr>
<td>LABORATORY CORPORATION OF AMERICA</td>
<td>LABORATORY SERVICES</td>
<td>117,365.00</td>
</tr>
<tr>
<td>PO BOX 12140, BURLINGTON, NC 27216</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUALITY SYSTEMS, INC</td>
<td>SOFTWARE MAINTENANCE</td>
<td>106,666.00</td>
</tr>
<tr>
<td>PO BOX 511449, LOS ANGELES, CA 90051</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 6
## Part VIII Statement of Revenue

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

### Federated campaigns
- **Contributions, Gifts, Grants and Other Similar Amounts**
  - 1a Federated campaigns
  - 1b Membership dues
  - 1c Fundraising events
  - 1d Related organizations
  - 1e Government grants (contributions)
  - 1f All other contributions, gifts, grants, and similar amounts not included above

### Noncash contributions included in lines 1a-1f
- 832009  12-31-18
- 424,554.

### Total revenue
- **(A) Total revenue**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512-514**

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td>5,314,863.</td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>3,096,320.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td>8,411,183.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Service Revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a PATIENT FEES</td>
<td>621400</td>
<td>8,434,600.</td>
<td>8,434,600.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b CONTRACT REVENUE</td>
<td>621400</td>
<td>1,134,710.</td>
<td>1,134,710.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c PHARMACY REVENUE</td>
<td>621400</td>
<td>904,174.</td>
<td>904,174.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g Total. Add lines 2a-2f</strong></td>
<td></td>
<td>10,473,484.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Investment income (including dividends, interest, and other similar amounts)
- **(A) Investment income**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512-514**

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 Total. Add lines 2a-2f</strong></td>
<td></td>
<td>1,558.</td>
<td>1,558.</td>
<td></td>
</tr>
</tbody>
</table>

### Royalties
- **(A) Royalties**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512-514**

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Total. Add lines 2a-2f</strong></td>
<td></td>
<td>1,377.</td>
<td>1,377.</td>
<td></td>
</tr>
</tbody>
</table>

### Gross amount from sales of assets other than inventory
- **(A) Gross amount from sales of assets other than inventory**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512-514**

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7 Total. Add lines 2a-2f</strong></td>
<td></td>
<td>1,377.</td>
<td>1,377.</td>
<td></td>
</tr>
</tbody>
</table>

### Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18
- **(A) Gross income from fundraising events**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512-514**

<table>
<thead>
<tr>
<th>Gross income from fundraising events</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8 Total. Add lines 2a-2f</strong></td>
<td></td>
<td>1,377.</td>
<td>1,377.</td>
<td></td>
</tr>
</tbody>
</table>

### Gross sales of inventory, less returns and allowances
- **(A) Gross sales of inventory, less returns and allowances**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512-514**

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10 Total. Add lines 2a-2f</strong></td>
<td></td>
<td>17,439.</td>
<td>17,439.</td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Income
- **(A) Miscellaneous Income**
- **(B) Related or exempt function revenue**
- **(C) Unrelated business revenue**
- **(D) Revenue excluded from tax under sections 512-514**

<table>
<thead>
<tr>
<th>Miscellaneous Income</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11 Total. Add lines 2a-2f</strong></td>
<td></td>
<td>17,439.</td>
<td>17,439.</td>
<td></td>
</tr>
</tbody>
</table>

| **12 Total revenue. See instructions** | 18,905,041. | 10,473,484. | 0. | 20,374. |
### 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).

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>3,650.</td>
<td>3,650.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Compensation of current officers, directors, trustees, and key employees</td>
<td>1,171,061.</td>
<td>354,823.</td>
<td>816,238.</td>
<td></td>
</tr>
<tr>
<td>6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other salaries and wages</td>
<td>9,287,245.</td>
<td>7,999,417.</td>
<td>1,287,828.</td>
<td></td>
</tr>
<tr>
<td>8. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>128,368.</td>
<td>117,680.</td>
<td>10,688.</td>
<td></td>
</tr>
<tr>
<td>9. Other employee benefits</td>
<td>1,092,903.</td>
<td>889,717.</td>
<td>203,186.</td>
<td></td>
</tr>
<tr>
<td>10. Payroll taxes</td>
<td>789,068.</td>
<td>625,142.</td>
<td>163,926.</td>
<td></td>
</tr>
<tr>
<td>11. Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Legal</td>
<td>27,939.</td>
<td></td>
<td>27,939.</td>
<td></td>
</tr>
<tr>
<td>c. Accounting</td>
<td>56,487.</td>
<td></td>
<td>56,487.</td>
<td></td>
</tr>
<tr>
<td>d. Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Professional fundraising services, See Part IV, line 17</td>
<td>98,546.</td>
<td></td>
<td></td>
<td>98,546.</td>
</tr>
<tr>
<td>f. Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,504,363.</td>
<td>1,087,289.</td>
<td>417,074.</td>
<td></td>
</tr>
<tr>
<td>12. Advertising and promotion</td>
<td>90,553.</td>
<td>9,158.</td>
<td>81,395.</td>
<td></td>
</tr>
<tr>
<td>13. Office expenses</td>
<td>213,776.</td>
<td>133,746.</td>
<td>80,030.</td>
<td></td>
</tr>
<tr>
<td>16. Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Conferences, conventions, and meetings</td>
<td>126,829.</td>
<td>42,980.</td>
<td>83,849.</td>
<td></td>
</tr>
<tr>
<td>21. Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Depreciation, depletion, and amortization</td>
<td>312,175.</td>
<td>248,516.</td>
<td>63,659.</td>
<td></td>
</tr>
<tr>
<td>23. Insurance</td>
<td>47,930.</td>
<td>35,031.</td>
<td>12,899.</td>
<td></td>
</tr>
<tr>
<td>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 O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Medical Supplies</td>
<td>1,394,999.</td>
<td>1,394,999.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Repairs &amp; Maintenance</td>
<td>328,972.</td>
<td>226,528.</td>
<td>102,444.</td>
<td></td>
</tr>
<tr>
<td>d. Dues &amp; Subscriptions</td>
<td>101,060.</td>
<td>13,206.</td>
<td>87,854.</td>
<td></td>
</tr>
<tr>
<td>e. All other expenses</td>
<td>98,861.</td>
<td>60,201.</td>
<td>38,660.</td>
<td></td>
</tr>
<tr>
<td>25. Total functional expenses, Add lines 1 through 24e</td>
<td>18,261,267.</td>
<td>14,461,993.</td>
<td>3,700,728.</td>
<td>98,546.</td>
</tr>
<tr>
<td>26. Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check here ▶️ if following SOP 98-2 (ASC 958-720)**
<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,246</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>3,041,950</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>393,356</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,465,552</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>7,931,143</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>2,637,424</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>23,068</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>7,629,902</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,172,020</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.</td>
</tr>
<tr>
<td>27</td>
</tr>
<tr>
<td>28</td>
</tr>
<tr>
<td>29</td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>31</td>
</tr>
<tr>
<td>32</td>
</tr>
<tr>
<td>33</td>
</tr>
<tr>
<td>34</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>18,905,041.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>18,261,267.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>643,774.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>6,457,882.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>19.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>7,101,675.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash [ ] Accrual [X] Other [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
SCHEDULE A
(For Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization: MOUNTAIN FAMILY HEALTH CENTERS
Employer identification number: 84-0742145

**Part I  Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state;
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university;
10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).
12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

- Enter the number of supported organizations

- Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</tr>
</tbody>
</table>

Total
**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4,399,317</td>
<td>5,637,061</td>
<td>7,048,980</td>
<td>8,408,498</td>
<td>8,411,183</td>
<td>33,905,039</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>4,399,317</td>
<td>5,637,061</td>
<td>7,048,980</td>
<td>8,408,498</td>
<td>8,411,183</td>
<td>33,905,039</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33,905,039</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4,399,317</td>
<td>5,637,061</td>
<td>7,048,980</td>
<td>8,408,498</td>
<td>8,411,183</td>
<td>33,905,039</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>1,588</td>
<td>2,687</td>
<td>2,639</td>
<td>2,875</td>
<td>1,558</td>
<td>11,347</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>28,424</td>
<td>33,232</td>
<td>14,382</td>
<td>21,465</td>
<td>17,439</td>
<td>114,942</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34,031,328</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46,571,466</td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 99.63% |
15 Public support percentage from 2017 Schedule A, Part II, line 14 | 99.52% |
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ❌ |
16b 33 1/3% support test - 2017. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ❌ |
17a 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ❌ |
17b 10% facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ❌ |
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ❌ |
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Gross receipts from admissions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>merchandise sold or services performed, or</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>facilities furnished in any activity that</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is related to the organization's tax-exempt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>purpose</td>
<td></td>
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</tr>
<tr>
<td>3  Gross receipts from activities that</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>are not an unrelated trade or business</td>
<td></td>
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<tr>
<td>under section 513</td>
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</tr>
<tr>
<td>4  Tax revenues levied for the organ-</td>
<td></td>
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</tr>
<tr>
<td>ization's benefit and either paid to or</td>
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<tr>
<td>expended on its behalf</td>
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</tr>
<tr>
<td>5  The value of services or facilities</td>
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</tr>
<tr>
<td>furnished by a governmental unit to the</td>
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<td></td>
</tr>
<tr>
<td>organization without charge</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6  Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>received from other than disqualified</td>
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<td></td>
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</tr>
<tr>
<td>persons that exceed the greater of $5,000</td>
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<td></td>
</tr>
<tr>
<td>or 1% of the amount on line 13 for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Public support. (Subtract line 7c from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rents, royalties, and income from similar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities not included in line 10b,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>whether or not the business is regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  Total support. (Add lines 9, 10a, 11,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14  First five years. If the Form 990 is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the organization's first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 501(c)(3) organization, check this</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>box and stop here</td>
<td></td>
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</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for 2018 (line 8, column (f),</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>divided by line 13, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
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<td></td>
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<tr>
<td>%</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>16 Public support percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for 2017 Schedule A, Part III</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 15</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>%</td>
<td></td>
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</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for 2018 (line 10c, column (f),</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>divided by line 13, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18 Investment income percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for 2017 Schedule A, Part III</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Section E. Support Schedule for Organizations Described in Section 509(a)(2)

- **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.
  - **Schedule A (Form 990 or 990-EZ) 2018 Page 3**
  - **84-0742145**
  - **Part II** Support Schedule for Organizations Described in Section 509(a)(2)
    - **Calendar year (or fiscal year beginning in)**
    - **(a) 2014**
    - **(b) 2015**
    - **(c) 2016**
    - **(d) 2017**
    - **(e) 2018**
    - **(f) Total**

### Instructions
- **If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.**
- **If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.**
- **The organization qualifies as a publicly supported organization.**
- **If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.**

---

**Schedule A (Form 990 or 990-EZ) 2018**

10550129 099347 011-05690200 2018.05030 MOUNTAIN FAMILY HEALTH CENT 011-1032
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If &quot;No,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 508(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes,&quot; and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization provide any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

#### 11 Has the organization accepted a gift or contribution from any of the following persons?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

#### Section B. Type I Supporting Organizations

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.

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, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1. Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described in (2), did the organization’s supported organizations have a 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,” explain in Part VI the role the organization’s supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c</td>
<td>![ ]</td>
<td>![ ]</td>
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</tbody>
</table>

2. Activities Test. Answer (a) and (b) below.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>a</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

3. Parent of Supported Organizations. Answer (a) and (b) below.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Section A - Adjusted Net Income</td>
<td>(A) Prior Year</td>
<td>(B) Current Year (optional)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Net short-term capital gain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recoveries of prior-year</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other gross income (see</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 1 through 3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Depreciation and depletion</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Portion of operating expenses</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>paid or incurred for production</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or collection of gross income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or for management, conservation,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or maintenance of property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>held for production of income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Adjusted Net Income</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B - Minimum Asset Amount</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate fair market value of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>all non-exempt-use assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(see instructions for short</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tax year or assets held for part</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average monthly value of</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>securities</td>
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<tr>
<td>Average monthly cash balances</td>
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<td></td>
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<tr>
<td>Fair market value of other</td>
<td>1c</td>
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<tr>
<td>non-exempt-use assets</td>
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<td></td>
</tr>
<tr>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>Discount claimed for blockage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or other factors (explain in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition indebtedness</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>applicable to non-exempt-use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Cash deemed held for exempt use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter 1-1/2% of line 3 (for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>greater amount, see</td>
<td></td>
<td></td>
</tr>
<tr>
<td>instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net value of non-exempt-use</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>assets (subtract line 4 from line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiply line 5 by .035</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Recoveries of prior-year</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Asset Amount</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C - Distributable Amount</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted net income for prior</td>
<td>1</td>
</tr>
<tr>
<td>year (from Section A, line 8,</td>
<td></td>
</tr>
<tr>
<td>Column A)</td>
<td></td>
</tr>
<tr>
<td>Enter 85% of line 1</td>
<td>2</td>
</tr>
<tr>
<td>Minimum asset amount for prior</td>
<td>3</td>
</tr>
<tr>
<td>year (from Section B, line 8,</td>
<td></td>
</tr>
<tr>
<td>Column A)</td>
<td></td>
</tr>
<tr>
<td>Enter greater of line 2 or line 3</td>
<td>4</td>
</tr>
<tr>
<td>Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>Distributable Amount. Subtract</td>
<td>6</td>
</tr>
<tr>
<td>line 5 from line 4, unless subject</td>
<td></td>
</tr>
<tr>
<td>to emergency temporary reduction</td>
<td></td>
</tr>
<tr>
<td>(see instructions)</td>
<td></td>
</tr>
</tbody>
</table>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
**Section D - Distributions**

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

**Section E - Distribution Allocations**

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME
** PUBLIC DISCLOSURE COPY **

Schedule B  
(Former 990, 990-EZ, or 990-PF)  
Internal Revenue Service  
Department of the Treasury  
Internal Revenue Service  
823451 11-08-18

** 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) **

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUNTAIN FAMILY HEALTH CENTERS</td>
<td>84-0742145</td>
</tr>
</tbody>
</table>

Organization type (check one):

- [X] Form 990 or 990-EZ 501(c)(3) (enter number) organization
- [ ] 501(c)(2) nonexempt charitable trust not 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 **

- [ ] 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 **

- [X] 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

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).

LHA 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)
## Part I Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$3,631,226</td>
<td>Person X, Noncash X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$1,100,190</td>
<td>Person X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$290,291</td>
<td>Person X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$194,700</td>
<td>Person X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$250,000</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part II Noncash Property

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

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VACCINES</td>
<td>$424,554</td>
<td>05/31/19</td>
</tr>
</tbody>
</table>

(See instructions.)
Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $  

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th></th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

| MOUNTAIN FAMILY HEALTH CENTERS | Employer identification number | 84-0742145 |

### Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures

   $ 

3. Volunteer hours for political campaign activities

### Part I-B

Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955

   $ 

2. Enter the amount of any excise tax incurred by organization managers under section 4955

   $ 

3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

   Yes ☐ No ☐

4a. Was a correction made?

   $ 

b. If "Yes," describe in Part IV.

### Part I-C

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities

   $ 

2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities

   $ 

3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

   $ 

4. Did the filing organization file Form 1120-POL for this year?

   Yes ☐ No ☐

5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>EIN</th>
<th>Amount paid from filing organization’s funds. If none, enter 0-</th>
<th>Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

10550129 099347 011-05690200 2018.05030 MOUNTAIN FAMILY HEALTH CENT 011-1032 25
A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

### Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
</tr>
</tbody>
</table>

If the amount on line 1e, column (a) or (b) is:

- Not over $500,000: 20% of the amount on line 1e.
- Over $500,000 but not over $1,000,000: $100,000 plus 15% of the excess over $500,000.
- Over $1,000,000 but not over $1,500,000: $175,000 plus 10% of the excess over $1,000,000.
- Over $1,500,000 but not over $17,000,000: $225,000 plus 5% of the excess over $1,500,000.
- Over $17,000,000: $1,000,000.

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1g</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td></td>
</tr>
<tr>
<td>1h</td>
<td>Subtract line 1g from line 1a. If zero or less, enter -0-.</td>
<td></td>
</tr>
<tr>
<td>1i</td>
<td>Subtract line 1f from line 1c. If zero or less, enter -0-.</td>
<td></td>
</tr>
<tr>
<td>1j</td>
<td>If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Lobbying ceiling amount (150% of line 2a, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2018
| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
</tbody>
</table>

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- [ ] Volunteers (including volunteer staff);
- [ ] Paid staff or management (include compensation in expenses reported on lines 1c through 1i);
- [ ] Media advertisements;
- [ ] Mailings to members, legislators, or the public;
- [ ] Publications, or published or broadcast statements;
- [ ] Grants to other organizations for lobbying purposes;
- [ ] Direct contact with legislators, their staffs, government officials, or a legislative body;
- [ ] Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means;
- [ ] Other activities;

**X** 3,548.

Total. Add lines 1c through 1i

If the activities in line 1 cause the organization to be not described in section 501(c)(3), enter the amount of any tax incurred under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**X** 3,548.

 Were substantially all (90% or more) dues received nondeductible by members? 1

 Did the organization make only in-house lobbying expenditures of $2,000 or less? 2

 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE COLORADO COMMUNITY HEALTH NETWORK, A PORTION OF WHICH ARE USED BY THE NETWORK TO LOBBY ON BEHALF OF ALL MEMBER ORGANIZATIONS.
### SCHEDULE D

#### Supplemental Financial Statements

**2018**

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

**Attach to Form 990.**

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUNTAIN FAMILY HEALTH CENTERS</td>
<td>84-0742145</td>
</tr>
</tbody>
</table>

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
<td>Preservation of a historically important land area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Protection of natural habitat</td>
<td>Preservation of a certified historic structure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preservation of open space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Total number of conservation easements</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) Revenue included on Form 990, Part VIII, line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(ii) Assets included in Form 990, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Revenue included on Form 990, Part VIII, line 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Assets included in Form 990, Part X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

   - Public exhibition
   - Scholarly research
   - Preservation for future generations
   - Loan or exchange programs
   - Other

4. Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? □ Yes □ No

## Part IV Escrow and Custodial Arrangements

Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Yes □ No

   b. If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Yes □ No

   b. If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

## Part V Endowment Funds

Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a. Beginning of year balance

1b. Contributions

1c. Net investment earnings, gains, and losses

1d. Grants or scholarships

1e. Other expenditures for facilities and programs

1f. Administrative expenses

1g. End of year balance

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a. Board designated or quasi-endowment ▶

   b. Permanent endowment ▶

   c. Temporarily restricted endowment ▶

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   (i) unrelated organizations

   (ii) related organizations

   □ Yes □ No

   □ Yes □ No

   □ Yes □ No

3b. If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

4. Describe in Part XIII the intended uses of the organization’s endowment funds.

## Part VI Land, Buildings, and Equipment

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d. Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

5,705,661.
## 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.

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

## 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.

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

## Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

## Part X Other Liabilities.

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

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td></td>
</tr>
</tbody>
</table>

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. X
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td><strong>18,060,238</strong></td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
<td><strong>19</strong></td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td><strong>319,768</strong></td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td><strong>518,349</strong></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td><strong>838,136</strong></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td><strong>17,222,102</strong></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td><strong>1,682,939</strong></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td><strong>1,682,939</strong></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td><strong>1,682,939</strong></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. <strong>(This must equal Form 990, Part I, line 12)</strong></td>
<td><strong>18,905,041</strong></td>
</tr>
</tbody>
</table>

### Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td><strong>17,859,431</strong></td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td><strong>319,768</strong></td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td><strong>319,768</strong></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td><strong>17,539,663</strong></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td><strong>721,604</strong></td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td><strong>721,604</strong></td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td><strong>721,604</strong></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. <strong>(This must equal Form 990, Part I, line 18)</strong></td>
<td><strong>18,261,267</strong></td>
</tr>
</tbody>
</table>

### Part XIII: Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 1B:**

MOUNTAIN FAMILY HEALTH CENTERS ACTS AS FISCAL AGENT FOR THE WEST MOUNTAIN REGIONAL HEALTH ALLIANCE.

**PART X, LINE 2:**

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX PROVISIONS. THE IMPLEMENTATION OF THE ACCOUNTING STANDARDS REGARDING UNCERTAIN TAX PROVISIONS HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS OR AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON 10550129 099347 011-05690200 2018.05030 MOUNTAIN FAMILY HEALTH CENT 011-1O32
## Schedule D (Form 990) 2018

### Part XIII Supplemental Information (continued)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PART XI, LINE 2D - OTHER ADJUSTMENTS:</strong></td>
<td></td>
</tr>
<tr>
<td>Net Assets Released From Restrictions</td>
<td>518,349.</td>
</tr>
<tr>
<td><strong>PART XI, LINE 4B - OTHER ADJUSTMENTS:</strong></td>
<td></td>
</tr>
<tr>
<td>Bad Debt Expense</td>
<td>721,604.</td>
</tr>
<tr>
<td>Restricted Contributions</td>
<td>961,335.</td>
</tr>
<tr>
<td>Total to Schedule D, Part XI, Line 4B</td>
<td>1,682,939.</td>
</tr>
</tbody>
</table>

### Part XII, Line 4B - Other Adjustments:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debt Expense</td>
<td>721,604.</td>
</tr>
</tbody>
</table>
### Part I: Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [X] Mail solicitations
   - [X] Solicitation of non-government grants
   - [X] Internet and email solicitations
   - [X] Solicitation of government grants
   - [ ] Phone solicitations
   - [X] Special fundraising events
   - [ ] In-person solicitations

2. **(i)** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - [X] Yes  
   - [ ] No

   **(ii)** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROLYN HARDIN - P.O. BOX 1396, CARBONDALE, CO 81623</td>
<td>GRANT WRITING</td>
<td>Yes</td>
<td>5,613,691.</td>
<td>89,024.</td>
<td>5,524,667.</td>
</tr>
<tr>
<td>ELISE THATCHER - 175 NETZ LANE, #102, DURANGO, CO</td>
<td>GRANT WRITING</td>
<td>Yes</td>
<td>18,500.</td>
<td>9,522.</td>
<td>8,978.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Schedule G (Form 990 or 990-EZ) 2018

SEE PART IV FOR CONTINUATIONS
**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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td>(add col. (a) through col. (c))</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Expenses**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event type</th>
<th>Event type</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event type</th>
<th>Event type</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>% % %</td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2018

MOUNTAIN FAMILY HEALTH CENTERS 84-0742145
Does the organization conduct gaming activities with nonmembers? [ ] Yes [ ] No

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

Indicate the percentage of gaming activity conducted in:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization's facility</td>
<td>13a %</td>
</tr>
<tr>
<td>An outside facility</td>
<td>13b %</td>
</tr>
</tbody>
</table>

Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name
Address

Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [ ] No

If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $.

Name
Address

Gaming manager information:

Name
Gaming manager compensation $ Description of services provided

[ ] Director/officer [ ] Employee [ ] Independent contractor

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? [ ] Yes [ ] No

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ELISE THATCHER

(I) ADDRESS OF FUNDRAISER: 175 NETZ LANE, #102, DURANGO, CO 81301
**SCHEDULE J**

(For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2018)

<table>
<thead>
<tr>
<th>Part I</th>
<th>Questions Regarding Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a</strong></td>
<td>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td>Housing allowance or residence for personal use</td>
</tr>
<tr>
<td>Travel for companions</td>
<td>Payments for business use of personal residence</td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td>Health or social club dues or initiation fees</td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td>Personal services (such as maid, chauffeur, chef)</td>
</tr>
<tr>
<td><strong>1b</strong></td>
<td>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If &quot;No,&quot; complete Part III to explain</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
</tr>
<tr>
<td>Compensation committee</td>
<td>Written employment contract</td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td>Compensation survey or study</td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td>Approval by the board or compensation committee</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</td>
</tr>
<tr>
<td>a</td>
<td>Receive a severance payment or change-of-control payment?</td>
</tr>
<tr>
<td>b</td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
</tr>
<tr>
<td>c</td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
</tr>
<tr>
<td><strong>4a</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>4b</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>4c</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</td>
</tr>
<tr>
<td>a</td>
<td>The organization?</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
</tr>
<tr>
<td><strong>5a</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>5b</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</td>
</tr>
<tr>
<td>a</td>
<td>The organization?</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
</tr>
<tr>
<td><strong>6a</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>6b</strong></td>
<td>X</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If &quot;Yes,&quot; describe in Part III.</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If &quot;Yes,&quot; describe in Part III.</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
</tr>
</tbody>
</table>

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren’t listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ROSS BROOKS</td>
<td>(i) 169,451. 32. 5,000. 5,455. 14,053. 193,991.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CEO</td>
<td>(i) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(2) MATTHEW PERCY, MD</td>
<td>(i) 160,539. 1,019. 0. 5,524. 29,703. 196,785.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CHIEF MEDICAL TEAM</td>
<td>(i) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(3) ANNELIESE HECKERT, DO</td>
<td>(i) 171,212. 10,781. 0. 5,648. 13,382. 201,023.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CHIEF MEDICAL TEAM</td>
<td>(i) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(4) JENNIFER LANG, FNP</td>
<td>(i) 135,426. 198. 0. 4,391. 17,610. 157,625.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CHIEF MEDICAL TEAM</td>
<td>(i) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(5) CHRIS TONOZZI, MD</td>
<td>(i) 188,828. 90. 0. 5,732. 9,033. 203,683.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>PHYSICIAN, DIRECTOR OF DATA QUALITY</td>
<td>(i) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(6) CASEY AGUIRRE, DO</td>
<td>(i) 200,586. 36. 0. 0. 8,101. 208,723.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td>(i) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(7) STEPHEN GLASS, DDS</td>
<td>(i) 144,155. 685. 27. 4,396. 8,674. 157,937.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>DENTAL DIRECTOR</td>
<td>(i) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(8) SARAH RIEVES, MD</td>
<td>(i) 137,035. 27. 0. 4,456. 20,039. 161,557.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
</tbody>
</table>
PART I, LINE 4B:

CHRISTOPHER TONOZZI, MD, PARTICIPATES IN A 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. DURING 2018, $16,250 WAS CONTRIBUTED TO THE PLAN, $375 ACCRUED WITHIN THE PLAN, AND THERE WERE NO DISTRIBUTIONS.
Noncash Contributions

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
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<td>12</td>
<td>Securities - Miscellaneous</td>
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<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<td>Qualified conservation contribution - Other</td>
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<td>Real estate - Residential</td>
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<td>Real estate - Commercial</td>
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<td>17</td>
<td>Real estate - Other</td>
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<td>18</td>
<td>Collectibles</td>
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<td>19</td>
<td>Food inventory</td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td>X</td>
<td>60</td>
<td>424,554</td>
<td>DONOR DETERMINED</td>
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<td>21</td>
<td>Taxidermy</td>
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<td>22</td>
<td>Historical artifacts</td>
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<td>23</td>
<td>Scientific specimens</td>
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<td>24</td>
<td>Archeological artifacts</td>
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<td>25</td>
<td>Other</td>
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<td>Other</td>
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<td>27</td>
<td>Other</td>
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<td>28</td>
<td>Other</td>
<td>( )</td>
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<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>30a</th>
<th>During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>30a</td>
<td>X</td>
</tr>
<tr>
<td>31</td>
<td>Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</td>
<td>31</td>
<td>X</td>
</tr>
<tr>
<td>32a</td>
<td>Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</td>
<td>32a</td>
<td>X</td>
</tr>
<tr>
<td>33</td>
<td>If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</td>
<td>33</td>
<td></td>
</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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.
**SCHEDULE O (Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or 990-EZ.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUNTAIN FAMILY HEALTH CENTERS</td>
<td>84-0742145</td>
</tr>
</tbody>
</table>

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

DURING THE FISCAL YEAR ENDED MAY 31, 2019, MOUNTAIN FAMILY HEALTH CENTERS BEGAN PROVIDING MEDICATION ASSISTED THERAPY (MAT) TREATMENT, PSYCHIATRIC SERVICES, AND RECEIVED TITLE X FUNDING FOR ITS FAMILY PLANNING SERVICES.

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

THE ORGANIZATION HAS A SERVICE CONTRACT WITH THE VAIL HEALTH THAT GIVES VAIL HEALTH THE POWER TO APPOINT ONE MEMBER TO THE BOARD OF DIRECTORS.

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

THE FORM 990 WAS REVIEWED IN DETAIL BY THE FINANCE TEAM. IT WAS THEN REVIEWED BY THE CEO. THE BOARD OF DIRECTORS WAS THEN GIVEN A COPY OF THE FORM 990 WITH A SUMMARY STATEMENT BY MANAGEMENT FOR REVIEW AND APPROVAL BEFORE FILING.

**FORM 990, PART VI, SECTION B, LINE 12C:**

POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED MONTHLY WITH THE BOARD OF DIRECTORS AND INDIVIDUALLY WITH EACH NEW MEMBER AS THEY COME ON BOARD. ANNUALLY THE ORGANIZATION FORMALLY SURVEYS ALL BOARD OF DIRECTOR MEMBERS ON CONFLICTS OF INTEREST.

WHEN A MATTER COMES BEFORE THE BOARD OF DIRECTORS THAT GIVES RISE TO A POTENTIAL CONFLICT OF INTEREST, THE AFFECTED DIRECTOR MAKES THE ISSUE KNOWN TO THE BOARD. AFTER DISCLOSING THE RELEVANT FACTS AND ANSWERING ANY QUESTIONS, THE AFFECTED DIRECTOR LEAVES THE MEETING FOR FURTHER DISCUSSION.
AND ANY VOTES. IF IT IS UNCLEAR WHETHER A CONFLICT EXISTS, THE REMAINING
DIRECTORS MAKE THE DETERMINATION.

IF THE BOARD OF DIRECTORS BELIEVES A DIRECTOR HAS FAILED TO DISCLOSE A
CONFLICT, IT INFORMS THE DIRECTOR AND GIVES THEM A CHANCE TO RESPOND AND
EXPLAIN. AFTER THIS, IF THE BOARD DETERMINES THAT THE DIRECTOR HAS FAILED
TO DISCLOSE A CONFLICT OF INTEREST, THE BOARD TAKES APPROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

SALARY SURVEYS FROM THE EMPLOYERS COUNCIL AND NACHC/CCHN ARE USED TO
DETERMINE COMPENSATION OF TOP MANAGEMENT OFFICIALS AND KEY EMPLOYEES. THE
CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED AND APPROVED
BY THE CEO. THIS PROCESS LAST OCCURRED IN SEPTEMBER 2019.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST, ON MOUNTAIN FAMILY
HEALTH CENTERS' WEBSITE, AND ON THE STATE OF COLORADO'S WEBSITE. OTHER
DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.
**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: MOUNTAIN FAMILY HEALTH CENTERS

Employer identification number: 84-0742145

### Part I Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOUNTAIN FAMILY HEALTH SOLUTIONS, LLC</td>
<td>TO HOLD MEDICAL SERVICE</td>
<td>COLORADO</td>
<td>0</td>
<td>0</td>
<td>MOUNTAIN FAMILY HEALTH CENTERS</td>
</tr>
<tr>
<td>MOUNTAIN FAMILY HEALTH SOLUTIONS, LLC</td>
<td>CONTRACTS WITH EMPLOYERS</td>
<td>COLORADO</td>
<td>0</td>
<td>0</td>
<td>MOUNTAIN FAMILY HEALTH CENTERS</td>
</tr>
</tbody>
</table>

### Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Section 512(b)(13) controlled entity?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III
Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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</tbody>
</table>

### Part IV
Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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</table>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

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.

(a) Name of related organization
(b) Transaction type (a-s)
(c) Amount involved
(d) Method of determining amount involved

1. MOUNTAIN FAMILY HEALTH CENTERS 84-0742145
   10550129 099347 011-05690200 2018.05030 MOUNTAIN FAMILY HEALTH CENT 011-1O32

2. 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.
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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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