

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Portercare Adventist Health System**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **9100 E Mineral Circle**  
 City or town, state or province, country, and ZIP or foreign postal code: **Centennial, CO 80112**

**D** Employer identification number: **84-0438224**  
**E** Telephone number: **(303) 765-6861**  
**G** Gross receipts \$ **1,269,929,941**

**F** Name and address of principal officer:  
**Peter Banko**  
**9100 E Mineral Circle**  
**Centennial, CO 80112**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number **▶ 1071**

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: **▶ www.centura.org**

**K** Form of organization:  Corporation  Trust  Association  Other **▶**

**L** Year of formation: **1968** **M** State of legal domicile: **CO**

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 Our company, a faith based organization, invests in charity care, community programs and sponsorships designed to nurture the health of the people of Colorado with a goal to keep them healthy.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	6,913
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,439,901
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	750,669	37,840,930
<b>9</b> Program service revenue (Part VIII, line 2g)	1,294,249,479	1,204,891,652
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,671,143	-7,566,689
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,687,432	14,083,672
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,324,358,723	1,249,249,565
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	486,970	823,841
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	454,071,277	455,946,926
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	757,692,229	733,905,292
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,212,250,476	1,190,676,059
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	112,108,247	58,573,506

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,727,435,014	1,854,648,345
<b>21</b> Total liabilities (Part X, line 26)	462,849,158	539,103,534
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,264,585,856	1,315,544,811

## 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.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: **2021-05-13**

**Andrew Gaasch CFO**  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  if self-employed PTIN: **P02150268**

Firm's name **▶ Adventist Hlth Sys Sunbelt Healthcare** Firm's EIN **▶ 59-2170012**

Firm's address **▶ 900 Hope Way** Phone no. **(407) 357-2317**  
 Altamonte Springs, FL 32714

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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  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 \$ 1,011,217,832 including grants of \$ 823,841 ) (Revenue \$ 1,217,458,718 )  
See Additional Data

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

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

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 1,011,217,832

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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	
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	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		No
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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	
<b>11c</b>	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		No
<b>11d</b>	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	
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</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	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	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		No
<b>17</b>	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 (see instructions)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	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	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	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):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, numerical input (e.g., 2a: 6,913), and Yes/No checkboxes. Row 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. Row 2a value: 6,913. Row 16: Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (2), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Haffner PhD Randall L Board Chairman	5.00 ..... 45.00	X						0	2,740,749	301,079
(2) Houmann Lars D Board Member	1.00 ..... 50.00	X						0	2,609,062	296,909
(3) Banko Peter President	5.00 ..... 45.00			X				0	2,436,926	448,976
(4) Rathbun Paul C Board Member	1.00 ..... 50.00	X						0	1,594,684	249,273
(5) Dean Morre Chief Integration Off-Former Key Emp	0.00 ..... 50.00						X	0	1,298,444	238,461
(6) Enderson Dan Treasurer/CFO	5.00 ..... 45.00			X				0	1,285,276	208,658
(7) Miner Todd MD Orthopedic Surgeon	50.00 ..... 0.00					X		1,280,484	0	39,822
(8) Yang Charlie MD Orthopedic Surgeon	50.00 ..... 0.00					X		1,264,745	0	41,174
(9) Ordelheide Kris Secretary-Former Officer	0.00 ..... 50.00						X	0	1,023,973	148,728
(10) Jennings Jason MD Orthopedic Surgeon	50.00 ..... 0.00					X		1,054,933	0	39,916
(11) Spent Brett CEO Littleton Adv Hosp-Former Key Emp	0.00 ..... 50.00						X	0	974,740	110,231
(12) Huenergardt Samuel CEO Shawnee Mission-Former Key Emp	0.00 ..... 50.00						X	0	740,023	156,852
(13) Dennis Douglas MD Orthopedic Surgeon	50.00 ..... 0.00					X		845,558	0	30,357
(14) Sdrulla Dan MD Otolaryngology Physician	50.00 ..... 0.00					X		773,423	0	36,060
(15) Folkenberg Todd CEO Porter Adventist Hospi	50.00 ..... 0.00					X		0	655,440	128,852
(16) Goebel Michael CEO Parker Adventist Hospi	50.00 ..... 0.00					X		0	652,477	80,768
(17) Gaasch Andrew CFO Porter Adv Hosp-Former Key Emp	0.00 ..... 50.00						X	0	565,611	110,976

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) McKinney Jillyan	50.00				X			0	580,360	87,440	
CEO Littleton Adv Hosp(beg 7/19)	0.00										
(19) Pittman Jeremy	50.00				X			0	333,125	34,185	
CFO Porter Adventist Hosp	0.00										
(20) Travis Carol	50.00				X			0	317,915	34,229	
CFO Avista Adv Hosp	0.00										
(21) Fisher Jonathan	50.00				X			0	304,525	34,645	
CFO Parker Adventist Hospi	0.00										
(22) Beckner Michelle	50.00				X			69,748	170,388	28,483	
CFO Littleton Adv Hosp (beg 6/19)	0.00										
(23) Thurber Gary F	1.00	X						0	2,749	0	
Board Member	5.00										
(24) Barnett D Edward	1.00	X						0	1,699	0	
Board Member	1.00										
<b>1b Sub-Total</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>								5,288,891	18,288,166	2,886,074	

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>		5,288,891	18,288,166 2,886,074

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 517

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
South Denver Cardiology Associates PC 1000 SouthPark Dr Littleton, CO 80120	Medical Services	24,631,599
Encompass Health Corporation 9001 Liberty Pkway Birmingham, AL 35242	Medical Services	2,871,401
Critical Care Pulmonary and Sleep Associ 274 Union Blvd Ste 110 Lakewood, CO 80228	Medical Services	2,777,618
USACS of Colorado Inc 4535 Dressler Rd NW Canton, OH 44718	Medical Services	2,311,334
Diversified Clinical Services 28525 Network Place Chicago, IL 60673	Medical Services	2,285,794

**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 ▶ 77



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	1,236,068		
	<b>e</b> Government grants (contributions)	<b>1e</b>	36,604,862		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		37,840,930		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> Net Patient Revenue		622110	1,194,015,695	1,194,015,695		
<b>b</b> Cafeteria Revenue		622110	3,444,819	3,444,782	37	
<b>c</b> Medical Office Building Rentals		622110	3,214,357	2,858,198	356,159	
<b>d</b> Pharmacy Revenue		622110	3,117,050	2,033,345	1,083,705	
<b>e</b> Gift Shop Revenue		622110	565,072	565,072		
<b>f</b> All other program service revenue.			534,659	534,659		
<b>g Total.</b> Add lines 2a-2f. . . . .			1,204,891,652			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			11,503,116			11,503,116		
	<b>4</b> Income from investment of tax-exempt bond proceeds								
	<b>5</b> Royalties . . . . .								
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal					
			110,261						
			<b>b</b> Less: rental expenses	<b>6b</b>	33,556				
			<b>c</b> Rental income or (loss)	<b>6c</b>	76,705				
	<b>d</b> Net rental income or (loss) . . . . .				76,705			76,705	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other					
				1,577,015					
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	19,473,664	1,173,156			
			<b>c</b> Gain or (loss)	<b>7c</b>	-19,473,664	403,859			
	<b>d</b> Net gain or (loss) . . . . .				-19,069,805			-19,069,805	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>							
	<b>c</b> Net income or (loss) from fundraising events . . . . .								
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>							
	<b>c</b> Net income or (loss) from gaming activities . . . . .								
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>								
<b>c</b> Net income or (loss) from sales of inventory . . . . .									
Miscellaneous Revenue	Business Code								
<b>11a</b> Equity Earnings Subsidiaries	622110		14,006,967	14,006,967					
<b>b</b> _____									
<b>c</b> _____									
<b>d</b> All other revenue . . . . .									
<b>e Total.</b> Add lines 11a-11d . . . . .				14,006,967					
<b>12 Total revenue.</b> See instructions . . . . .				1,249,249,565	1,217,458,718	1,439,901	-7,489,984		

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	759,365	759,365		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	64,476	64,476		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,245,998		3,245,998	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	369,210,951	330,809,547	38,401,404	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	17,092,521	15,198,020	1,894,501	
<b>9</b> Other employee benefits . . . . .	42,099,295	37,704,219	4,395,076	
<b>10</b> Payroll taxes . . . . .	24,298,161	21,605,001	2,693,160	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,971,823		2,971,823	
<b>c</b> Accounting . . . . .	336,385		336,385	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	1,880,784		1,880,784	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	267,581,959	152,604,829	114,977,130	
<b>12</b> Advertising and promotion . . . . .	1,743,942		1,743,942	
<b>13</b> Office expenses . . . . .	20,525,699	16,400,571	4,125,128	
<b>14</b> Information technology . . . . .	5,960,303	4,817,592	1,142,711	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	25,303,312	25,303,312		
<b>17</b> Travel . . . . .	773,456	773,456		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	790,330		790,330	
<b>20</b> Interest . . . . .	9,636,430	9,636,430		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	91,118,213	91,118,213		
<b>23</b> Insurance . . . . .	8,008,304	7,719,263	289,041	
<b>24</b> 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.)				
<b>a</b> Medical Supplies	198,772,760	198,772,760		
<b>b</b> State Assessment	72,374,571	72,374,571		
<b>c</b> Repairs and Maintenance	22,857,050	22,857,050		
<b>d</b> Dues and Memberships	507,386		507,386	
<b>e</b> All other expenses	2,762,585	2,699,157	63,428	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,190,676,059	1,011,217,832	179,458,227	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,329,120	<b>1</b>	414,280
	<b>2</b> Savings and temporary cash investments . . . . .	20,010,747	<b>2</b>	125,184,882
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	171,629,894	<b>4</b>	159,072,078
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	9,702,894	<b>7</b>	4,171,298
	<b>8</b> Inventories for sale or use . . . . .	26,144,400	<b>8</b>	30,346,175
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,846,855	<b>9</b>	3,742,250
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,438,353,250		
	<b>b</b> Less: accumulated depreciation	748,215,403		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	500,769,499	<b>12</b>	515,553,135
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	88,508,623	<b>14</b>	84,038,066
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	206,046,451	<b>15</b>	241,988,334
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,727,435,014	<b>16</b>	1,854,648,345	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	61,754,272	<b>17</b>	68,383,900
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,547,076	<b>19</b>	77,052,177
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	399,547,810	<b>25</b>	393,667,457
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	462,849,158	<b>26</b>	539,103,534
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,264,482,000	<b>27</b>	1,315,440,955
	<b>28</b> Net assets with donor restrictions . . . . .	103,856	<b>28</b>	103,856
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	1,264,585,856	<b>32</b>	1,315,544,811	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,727,435,014	<b>33</b>	1,854,648,345	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,249,249,565
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,190,676,059
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	58,573,506
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,264,585,856
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,917,471
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-11,532,022
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,315,544,811

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** 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?
- b** If "Yes," 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-0438224

**Name:** PorterCare Adventist Health System

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

Operation of 5 acute care hospitals with 30,914 patient admissions, 129,450 patient days and 242,875 outpatient visits in the current year. In addition to hospital operations, the corporation provides medical care through a number of other activities such as urgent care centers, physician clinics, home health services, hospice services, sleep centers, wound centers, therapy and rehab.

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**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Portercare Adventist Health System

**Employer identification number**  
84-0438224

**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)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **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).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** 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 . . . . .

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

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

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-0438224

**Name:** PorterCare Adventist Health System

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**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 the organization Portercare Adventist Health System	Employer identification number 84-0438224
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**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 (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

**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? .....  Yes  No

**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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- 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.)**

**(a)** Filing organization's totals      **(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** 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?  Yes  No

**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.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		16,004
<b>j</b>	Total. Add lines 1c through 1i .....			16,004
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1i, Lobbying Activities:	Dues were paid to Colorado Health Association, a portion of which were allocated to lobbying.



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
Portercare Adventist Health System

**Employer identification number**  
84-0438224

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** 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? . . . . .  Yes  No

**6** 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? . . . . .  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** 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.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** 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)? . . . . .  Yes  No

**9** 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.

**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.

**1a** 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.

**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:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** 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:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**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):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		99,744,255		99,744,255
<b>b</b> Buildings . . . . .		866,491,587	430,114,632	436,376,955
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		415,033,588	297,493,853	117,539,735
<b>e</b> Other . . . . .		57,083,820	20,606,918	36,476,902
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				690,137,847

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Share of Parent Centralized Investment Pool	515,553,135	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	515,553,135	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Investment in Subsidiaries	143,443,929
(2) Deposits	4,117,679
(3) Due from Related	75,689,375
(4) Receivable from Third Parties	2,334,653
(5) Other Assets	1,576,602
(6) Right-of-Use Asset-Operating Lease	14,826,096
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	241,988,334

**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
(1) Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	393,667,457

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-0438224

**Name:** PorterCare Adventist Health System

## Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
Interco Alloc of TE Bond Proceeds	334,591,734
Malpractice Liability	16,740,744
CRT Obligation	4,950,000
Environmental Remediation	8,537
Due to Related	426,602
Unemployment Claims Liability	381,280
Credit Balances in A/R	4,568,974
Payable to Third Parties	13,748,397
Operating Lease Liability	18,123,269
Accrued Interest Payable	127,920

**Supplemental Information**

Return Reference	Explanation
Part X, Line 2:	<p>The filing organization is a subsidiary organization within AdventHealth. The consolidated financial statements of AdventHealth contain the following FIN 48 (ASC 740) footnote: Please note that dollar amounts are in thousands. Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc. and its subsidiary (NAHS), are exempt from state and federal income taxes. Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state or local income taxes except for any net unrelated business taxable income. NAHS is a wholly owned, for-profit subsidiary of Healthcare Corporation. NAHS and its subsidiary are subject to federal and state income taxes. NAHS files a consolidated federal income tax return and, where appropriate, consolidated state income tax returns. All taxable income was fully offset by net operating loss carryforwards for federal income tax purposes; as such, there is no provision for current federal or state income tax for the years ended December 31, 2019 and 2018. NAHS also has temporary deductible differences of approximately \$46,500 and \$53,000 at December 31, 2019 and 2018, respectively, primarily as a result of net operating loss carryforwards. At December 31, 2019, NAHS had net operating loss carryforwards of approximately \$47,500, expiring beginning in 2022 through 2026. Deferred taxes have been provided for these amounts, resulting in a net deferred tax asset of approximately \$11,400 and \$13,400 at December 31, 2019 and 2018, respectively. NAHS remeasured its deferred tax assets and liabilities based on the rates at which they are expected to reverse in the future, which is generally 21%. A full valuation allowance has been provided at December 31, 2019 and 2018 to offset the deferred tax asset, since Healthcare Corporation has determined that it is more likely than not that the benefit of the net operating loss carryforwards will not be realized in future years. The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return. There were no material uncertain tax positions as of December 31, 2019 and 2018. On December 22, 2017, the United States enacted tax reform legislation commonly known as the Tax Cuts and Jobs Act (Act), resulting in significant modifications to existing law. Certain provisions impact tax-exempt organizations, including revisions to taxes on unrelated business activities, excise taxes on compensation of certain employees, and various other provisions. While final regulations on these provisions have not yet been promulgated, the impact of these provisions on the consolidated financial statements is not expected to be significant.</p>

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 Portercare Adventist Health System

**Hospitals**

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 84-0438224

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000</u> %	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			11,000,573		11,000,573	0.920 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			208,665,151	121,516,229	87,148,922	7.320 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			219,665,724	121,516,229	98,149,495	8.240 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			632,056	24,840	607,216	0.050 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .						
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			200,805	7,625	193,180	0.020 %
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			296,119		296,119	0.020 %
<b>j Total.</b> Other Benefits . . . . .			1,128,980	32,465	1,096,515	0.090 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			220,794,704	121,548,694	99,246,010	8.330 %



**Part III Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			409,468		409,468	0.030 %
9 Other						
<b>10 Total</b>			409,468		409,468	0.030 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	47,569,080
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	5	170,977,422
6	Enter Medicare allowable costs of care relating to payments on line 5	6	211,967,840
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-40,990,418
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 Functional Neurosurgical Ambulatory Surgery Center LLC	Surgery Center	51.000 %		49.000 %
2	2 Crown Point Surgery Center LLC	Surgery Center	26.950 %		33.760 %
3	3 Flatirons Surgery Center LLC	Surgery Center	25.000 %		49.900 %
4	4 Harvard Park Surgery Center LLC	Surgery Center	25.000 %		49.900 %
5	5 South Denver Musculoskeletal Surgical Partners LLC	Surgery Center	26.850 %		46.200 %
6	6 Summit View Surgery Center LLC	Surgery Center	25.750 %		44.130 %
7					
8					
9					
10					
11					
12					
13					

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Facility Reporting Group A

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Page 8</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>See Part V, Page 8</u>	Yes	
<b>10b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged: <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
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**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V** **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 6a:	The filing organization operates as a part of Centura Health Corporation (Centura), a joint operating company that integrally manages a number of hospital and other healthcare provider facilities. All hospital organizations within Centura collect, calculate, and report the community benefits they provide to the communities they serve. Centura organizations exist solely to improve and enhance the local communities they serve. Centura has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community. Each Centura hospital facility reports their community benefits to their Board of Directors and strives to communicate their community benefits to their local communities. Additionally, the filing organization's most recently conducted community health needs assessment and associated implementation strategy are posted on the filing organization's website.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7:	Portercare Adventist Health System does not use a cost accounting system to determine the cost of charity care. The estimated cost of care is calculated as the ratio of each facility's total expenses to total gross revenue. Worksheet 2 was not used to develop the cost to charge ratio. There are no physician clinics included in subsidized health services.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part II, Community Building Activities:	<p>The costs of community building activities reported on Part II of Schedule H primarily represent the costs associated with providing education for the filing organization's staff physicians and employees. The filing organization's provision of these educational programs/activities to staff physicians and employees provides an opportunity for health care professionals to enhance their skills and expertise and keep up-to-date with the latest advancements in medical procedures and technology. In addition, training opportunities are often provided on-site at the filing organization's hospital facilities, thereby allowing for health care professionals to be more readily available to assist in meeting immediate patient care needs. Education and training provided to each facility's workforce is vital in assisting health care professionals directly involved in patient care with keeping abreast of the latest developments in their respective areas of expertise, learning possible new and innovative ways of delivering care to patients, and understanding the newest technologies available for the treatment of patients.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	Portercare Adventist Health System (PAHS) uses the overall cost to gross charge ratio applicable to each facility to determine the costs in Part III Lines 2 and 3. PAHS automatically discounts all self pay patient accounts by 30% and also offers a prompt pay discount. This allowance is not included in the calculation of the cost of bad debts in instances where a patient does not pay his or her bill.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	<p>Portercare Adventist Health System does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care. Rationale for Including Certain Bad Debts in Community Benefit: The filing organization is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physician mobility, or ability to pay. The filing organization treats emergency and non-elective patients regardless of their ability to pay or the availability of third-party coverage. By providing health care to all who require emergency or non-elective care in a non-discriminatory manner, the filing organization is providing health care to the broad community it serves. As a 501(c)(3) hospital organization, the filing organization maintains 24/7 emergency rooms providing care to all whom present. When a patient's arrival and/or admission to a facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment. If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay. The filing organization's operation of 24/7 Emergency Departments that accept all individuals in need of care promotes the health of the community through the provision of care to all whom present. Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination. The treatment of all at the filing organization's Emergency Departments is a community benefit. Under the filing organization's Financial Assistance Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for financial assistance. However, not all patients will cooperate with such efforts and a financial assistance eligibility determination cannot be made based upon information supplied by the individual. In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt. Bad debts associated with patients who have received care through the filing organization's Emergency Departments should be considered community benefit as charitable hospitals exist to provide such care in pursuit of their purpose of meeting the need for emergency medical care services available to all in the community.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4:	The financial information of the filing organization is included in a consolidated audited financial statement for the current year. The applicable footnote from the attached consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts can be found on pages 8-9. Please note that dollar amounts on the attached consolidated audited financial statements are in thousands.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8:	<p>Costing Methodology: Medicare allowable costs were calculated using a cost-to-charge ratio. Rationale for Including a Medicare Shortfall as Community Benefit: As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay. All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program. As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients. In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient. In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred. In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community. Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients. The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government. In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community. Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients. Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered. Patient care provided by tax-exempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b:	<p>The hospital filing organization's collection practices are in conformity with the requirements set forth in the 2014 Final Regulations regarding the requirements of Internal Revenue Code Section 501(r)(4) - (r)(6). No extraordinary collection actions (ECA's) are initiated by the hospital filing organization in the 120-day period following the date after the first post-discharge billing statement is sent to the individual (or, if later, the specified deadline given in a written notice of actions that may be taken, as described below). Individuals are provided with at least one written notice (notice of actions that may be taken) and a copy of the filing organization's Plain Language Summary of the Financial Assistance Policy that informs the individual that the hospital filing organization may take actions to report adverse information to credit reporting agencies/bureaus if the individual does not submit a Financial Assistance Application Form (FAA Form) or pay the amount due by a specified deadline. The specified deadline is not earlier than 120 days after the first post-discharge billing statement is sent to the individual and is at least 30 days after the notice is provided. A reasonable attempt is also made to orally notify an individual about the filing organization's Financial Assistance Policy and how the individual may obtain assistance with the Financial Assistance application process. If an individual submits an incomplete FAA Form during the 240-day period following the date on which the first post-discharge billing statement was sent to the individual, the hospital filing organization suspends any reporting to consumer credit reporting agencies/bureaus (or ceases any other ECA's) and provides a written notice to the individual describing what additional information or documentation is needed to complete the FAA Form. This written notice contains contact information including the telephone number and physical location of each hospital facility's office or department that can provide information about the Financial Assistance Policy, as well as contact information of each hospital facility's office or department that can provide assistance with the financial assistance application process or, alternatively, a nonprofit organization or governmental agency that can provide assistance with the financial assistance application process if the hospital facility is unable to do so. If an individual submits a complete FAA Form within a reasonable time-period as set forth in the notice described above, the hospital filing organization will suspend any adverse reporting to consumer credit reporting agencies/bureaus until a financial assistance policy eligibility determination can be made.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	<p>The hospitals provide several services and resources to the communities they serve beyond the prioritized needs specifically identified in the Community Needs Assessment. They sponsor wellness events such as breast feeding education, asthma screenings, and financially support wellness initiatives of cities and public schools. They also provide transportation for low income patients and housing at no cost or very low cost for the families of low income patients of the hospitals that are far from their residence. They also support, financially and through volunteerism, initiatives such as soup kitchens and Meals on Wheels to provide food and nutrition education to address hunger issues. Hospital staff also volunteer to serve as preceptors for students of local health professional programs and serve on boards of local community organizations that provide social services to populations in need.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 3:	<p>The Financial Assistance Policy (FAP), Financial Assistance Application Form (FAA Form), and the Plain Language Summary of the Financial Assistance Policy (PLS) of the filing organization's hospital facilities are transparent and available to all individuals served at any point in the care continuum. The FAP, FAA Form, PLS, and contact information for each hospital facility's financial counselors are prominently and conspicuously posted on each filing organization's hospital facility's website. The websites indicate that a copy of the FAP, FAA Form, and PLS is available and how to obtain such copies in the primary languages of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5% of the members of the community served by each hospital facility (referred to below as LEP defined populations). Signage is displayed in public locations of each filing organization's hospital facility, including at all points of admission and registration and the Emergency Department. The signage contains each hospital facility's website address where the FAP, FAA Form, and PLS can be accessed and the telephone number and physical location that individuals can call or visit to obtain copies of the FAP, FAA Form and PLS or to obtain more information about the hospital facility's FAP, FAA Form and PLS. Paper copies of the hospital facility's FAP, FAA Form and PLS are available upon request and without charge, both in public locations in the hospital facility and by mail. Paper copies are made available in English and in the primary languages of any LEP defined populations. Each of the filing organization's hospital facility's financial counselors seek to provide personal financial counseling to all individuals admitted to the hospital facility who are classified as self-pay during the course of their hospital stay or at time of discharge to explain the FAP and FAA Form and to provide information concerning other sources of assistance that may be available, such as Medicaid. A paper copy of each hospital facility's PLS will be offered to every patient as a part of the intake or discharge process. A conspicuous written notice is included on all billing statements sent to patients that notifies and informs recipients about the availability of financial assistance under the filing organization's financial assistance policy, including the following: 1) the telephone number of the hospital facility's office or department that can provide information about the FAP and the FAA Form; and 2) the website address where copies of the FAP, FAA Form and PLS may be obtained. Reasonable attempts are made to inform individuals about the hospital facility's FAP in all oral communications regarding the amount due for the individual's care. Copies of the PLS are distributed to members of the community in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance.</p>

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Littleton Adventist HospitalTo understand the profile of Littleton Adventist Hospital's community, we analyzed the demographic and health indicator data of the population within the defined service area. The service area has a total population of 998,316. The demographic makeup of these communities is as follows: - Race: The population is 75.2% white, 7.3% black, 5.3% Asian, 0.7% Native American/Alaskan Native, 0.2% native Hawaiian/Pacific Islander, 7.2% some other race, and 4.2% multiple races.- Ethnicity: 17% are Hispanic or Latino. - Education Level: In our communities, 77.4% of the population has some college. Colorado percentage is 71%. - Unemployment Rate: 3.5%, Colorado percentage is 3.9%. - Population with Limited English Proficiency: 2.7%, Colorado percentage is 2.8%. - High School Graduation Rate: 81.3%, Colorado percentage is 77.3%. - Income Inequality: Ratio of households in the 80th percentile to income at the 20th percentile: 3.8, Colorado ratio is 4.5. Approximately 49.4% of the Hospital's patients during the tax year were Medicare patients, about 10.3% were Medicaid patients, about 3.1% were self-pay patients, and the remaining percentage were patients covered under commercial insurance. In the current tax year, about 61.6% of the hospital's in-patients were admitted through the hospital's Emergency Department.</p> <p>Porter Adventist HospitalTo understand the profile of Porter Adventist Hospital's community, we analyzed the demographic and health indicator data of the population within the defined service area. The service area has a total population of 1,358,997. The demographic makeup of these communities is as follows: - Race: The population is 66.9% white, 10.6% black, 4.9% Asian, 1.1% Native American/Alaskan Native, 0.2% native Hawaiian/Pacific Islander, 11.7% some other race, and 4.7% multiple races. - Ethnicity: 26.6% are Hispanic or Latino. - Education Level: In our communities, 72.8% of the population has some college. Colorado percentage is 71%. - Unemployment Rate: 3.7%, Colorado percentage is 3.9%. - Population with Limited English Proficiency: 4.7%, Colorado percentage is 2.8%. - High School Graduation Rate: 68.4%, Colorado percentage is 77.3%. - Income Inequality: Ratio of households at 80th percentile of income to those at the 20th percentile of income: 4.7, Colorado ratio is 4.5. Approximately 47.1% of the Hospital's patients during the tax year were Medicare patients, about 15.8% were Medicaid patients, about 3.8% were self-pay patients, and the remaining percentage were patients covered under commercial insurance. In the current tax year, about 49.1% of the hospital's in-patients were admitted through the hospital's Emergency Department.</p> <p>Parker Adventist HospitalTo understand the profile of Parker Adventist Hospital's community, we analyzed the demographic and health indicator data of the population within the defined service area. The service area has a total population of 998,316. The demographic makeup of these communities is as follows: - Race: The population is 75.2% white, 7.3% black, 5.3% Asian, 0.7% Native American/Alaskan Native, 0.2% native Hawaiian/Pacific Islander, 7.2% some other race, and 4.2% multiple races.- Ethnicity: 17% are Hispanic or Latino. - Education Level: In our communities, 77.4% of the population has some college. Colorado percentage is 71%. - Unemployment Rate: 3.5%, Colorado percentage is 3.9%. - Population with Limited English Proficiency: 2.7%, Colorado percentage is 2.8%. - High School Graduation Rate: 81.3%, Colorado percentage is 77.3%. - Income Inequality: Ratio of households at 80th percentile of income to those at the 20th percentile of income: 3.8, Colorado ratio is 4.5. Approximately 40.1% of the Hospital's patients during the tax year were Medicare patients, about 12.4% were Medicaid patients, about 3.7% were self-pay patients, and the remaining percentage were patients covered under commercial insurance. In the current tax year, about 59.8% of the hospital's in-patients were admitted through the hospital's Emergency Department.</p> <p>Avista Adventist HospitalTo understand the profile of Avista Adventist Hospital's community, we analyzed the demographic and health indicator data of the population within the defined service area. The service area has a total population of 422,294. The demographic makeup of these communities is as follows: - Race: The population is 84.3% white, 1.1% black, 4.7% Asian, 0.6% Native American/Alaskan Native, 0.1% Native Hawaiian/Pacific Islander, 6.1% some other race, and 3.1% multiple races. - Ethnicity: 13.9% are Hispanic or Latino. - Education Level: In our communities, 83.2% of the population has an Associate's degree or higher. Colorado percentage is 71%. - Unemployment Rate: 3.2%, Colorado percentage is 3.9%. - Population with Limited English Proficiency: 1.9%, Colorado percentage is 2.8%. - High School Graduation Rate: 71%, Colorado percentage is 77.3%. - Income Inequality: Ratio of households at 80th percentile of income to those a</p>

Form and Line Reference	Explanation
Part VI, Line 4:	<p>t the 20th percentile of income: 4.9, Colorado ratio is 4.5. Approximately 32.3% of the Ho spital's patients during the tax year were Medicare patients, about 16.3% were Medicaid pa tients, about 6% were self-pay patients, and the remaining percentage were patients covere d under commercial insurance. In the current tax year, about 22.8% of the hospital's in-pa tients were admitted through the hospital's Emergency Department.Castle Rock Adventist Hea lth CampusTo understand the profile of Castle Rock Adventist Health Campus's community, we analyzed the demographic and health indicator data of the population within the defined s ervice area. The service area has a total population of 357,920. The demographic makeup of these communities is as follows: - Race: The population is 88.4% white, 13% black, 4.2% A sian, 0.4% Native American/Alaskan Native, 0.1% native Hawaiian/Pacific Islander, 2.7% som e other race, and 2.9% multiple races.- Ethnicity: 8.6% are Hispanic or Latino.- Education Level: In our communities, 86.3% of the population has some college. Colorado percentage is 71%. - Unemployment Rate: 3.1%, Colorado percentage is 3.9%. - Population with Limited E nglish Proficiency: 0.8%, Colorado percentage is 2.8%. - High School Graduation Rate: 89.9% , Colorado percentage is 77.3%. - Income Inequality: Ratio of households at 80th percentile of income to those at the 20th percentile of income: 3.3, Colorado ratio is 4.5. Approxim ately 34.4% of the Hospital's patients during the tax year were Medicare patients, about 1 4.1% were Medicaid patients, about 5.3% were self-pay patients, and the remaining percenta ge were patients covered under commercial insurance. In the current tax year, about 55.1% of the hospital's in-patients were admitted through the hospital's Emergency Department.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 5:	<p>The provision of community benefit is central to PorterCare Adventist Health System's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities and embodies the filing organization's commitment to its values and principles. The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community. In addition to the community benefit and community building information provided in Parts I, II and III of this Schedule H, the filing organization captures and reports the benefits provided to its community through faith-based care. Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences. During the current year, the filing organization provided \$1,173,569 of benefit with respect to the faith-based and spiritual needs of its communities in conjunction with its operation of community hospitals. The filing organization also provides benefits to each of its community's infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care to the community. During the current year, the filing organization expended \$84,102,491 in new capital improvements. As faith-based mission-driven community hospitals, the filing organization is continually involved in monitoring its communities, identifying unmet health care needs and developing solutions and programs to address those needs. In accordance with its conservative approach to fiscal responsibility, surplus funds of the filing organization are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6:	<p>Portercare Adventist Health System is operated as part of Centura Health Corporation ("Centura"). Centura and its affiliated organizations are dedicated to extending the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. Specifically, Centura has launched a system-wide strategic plan to improve the quality, consistency, availability, and affordability of health care to communities throughout Colorado. The three main components of this strategy are (1) to continue investing in technology advancements that improve the quality, costs, and coordination of care including the establishment of electronic health records linking our physicians, clinics, hospitals, long-term facilities and home care services; (2) providing wellness care, thereby potentially reducing health care costs by helping patients to maintain good health, growing the level of support and outreach provided to rural communities, and increasing access, affordability and quality of health care; and (3) coordinate and develop systems of care, looking to each facility and entity in Centura to share best practices and improve overall efficiency and communication system-wide from birth to home care.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	CO

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 84-0438224

**Name:** PorterCare Adventist Health System

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>5</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Parker Adventist Hospital 9395 Crown Crest Blvd Parker, CO 80138 <a href="https://www.centura.org/locations/park1005">https://www.centura.org/locations/park1005</a>	X	X					X			A
2	Littleton Adventist Hospital 7700 S Broadway Littleton, CO 80122 <a href="https://www.centura.org/locations/litt1034">https://www.centura.org/locations/litt1034</a>	X	X					X			A
3	Porter Adventist Hospital 2525 S Downing St Denver, CO 80210 <a href="https://www.centura.org/locations/port1036">https://www.centura.org/locations/port1036</a>	X	X				X	X			A
4	Avista Adventist Hospital 100 Health Park Drive Louisville, CO 80027 <a href="https://www.centura.org/locations/avis90831">https://www.centura.org/locations/avis90831</a>	X	X					X			A
5	Castle Rock Adventist Health Campus 2350 Meadows Blvd Castle Rock, CO 80109 <a href="https://www.centura.org/locations/cast01L581">https://www.centura.org/locations/cast01L581</a>	X	X					X			A



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5	In order to assess the needs of the community while conducting its fiscal year 2019 Community Health Needs Assessment (CHNA), the Hospitals received input from community-based organizations focused on health and social determinants of health regarding medically underserved, low-income and minority populations in the service area. Each Hospital conducted three Community Health Needs Assessment Advisory Subcommittee meetings with community-based organizations in their respective communities. Organizations were identified based upon their connection with the community, including those serving people who are medically underserved and at greater risk of poor health and those organizations with influence on overall health in the community. Stakeholders provided input in multiple meetings to rank and prioritize health issues, identify both community assets and gaps, and to identify strategies for the health priorities. Lastly, the Hospitals engaged in the State of Colorado Health Care Policy and Finance Hospital Transformation Program Community and Health Neighborhood Engagement process focusing on the Medicaid population through which both community and Medicaid data were analyzed and focus groups were conducted.

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7a, Hospital Facility CHNA Website	Facility 1 - Parker Adventist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 2 - Littleton Adventist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 3 - Porter Adventist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 4 - Avista Adentist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 5 - Castle Rock Adventist Health Campus <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10:	Each hospital facility's most recently adopted implementation strategy was made widely available through the following websites: Facility 1 - Parker Adventist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 2 - Littleton Adventist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 3 - Porter Adventist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 4 - Avista Adentist Hospital <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a> Facility 5 - Castle Rock Adventist Health Campus <a href="https://www.centura.org/community-programs/community-benefit">https://www.centura.org/community-programs/community-benefit</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a - c:	Each hospital facility's FAP, FAP application form and plain language summary of the FAP was made widely available through the following websites: Facility 1 - Parker Adventist Hospital <a href="https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help">https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help</a> Facility 2 - Littleton Adventist Hospital <a href="https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help">https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help</a> Facility 3 - Porter Adventist Hospital <a href="https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help">https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help</a> Facility 4 - Avista Adventist Hospital <a href="https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help">https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help</a> Facility 5 - Castle Rock Adventist Health Campus <a href="https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help">https://www.centura.org/patients-and-families/billing-and-financial-services/financial-help</a>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11:	<p>The information provided below explains how each Hospital facility addressed in fiscal year 2020 (year ended June 30, 2020) the significant health needs identified in its fiscal year 2019 Community Health Needs Assessment, and any such needs that were not addressed and the reasons why such needs were not addressed. This is the first-year update for the filing organization's fiscal year 2020-2022 Community Health Implementation Plan. The filing organization developed this Plan and posted it by November 15, 2019 as part of its fiscal year 2020 Community Health Needs Assessment process. The following narrative describes the issues identified in fiscal year 2019 by each Hospital facility and gives an update on the strategies addressing those issues. There is also a description of the identified issues that the facilities are not addressing.</p> <p>Facility 1 - Parker Adventist Hospital Parker Adventist Hospital (PKAH) conducted its FY 2019 Community Health Needs Assessment (CHNA) through a collaborative partnership with Porter Adventist Hospital, Castle Rock Adventist Hospital, Littleton Adventist Hospital, and the Denver and Tri-County Public Health Departments. Both qualitative and quantitative primary and secondary data was gathered, along with numerous health indicators, and were prioritized by using a form of the Hanlon Method for Prioritizing Health Problems. Each identified need was rated against a) size, b) severity, and c) alignment with PKAH and community existing efforts. Total scores were compiled and resulted in the identification of the following prioritized health issues: Behavioral Health, and Access to Healthy Affordable Food. PKAH recognizes that focusing on a few health issues leads to greater progress than dispersing efforts across many issues. For each issue, best practices for screening and treatment as well as prevention through environmental and behavioral changes were identified. During fiscal year 2020, the following actions were taken with respect to the Behavioral Health initiative. In partnership with organizations throughout the metro Denver area, the Let's Talk Mental Health Stigma Campaign was redesigned to help reduce the stigma of mental health; safe connections were encouraged during COVID-19 and there were over 2.5M impressions post-launch. With respect to the prioritized need of Access to Healthy Affordable Food, PKAH provided COVID-19 emergency supplies to the local food pantry; donated to increase enrollment in SNAP by expanding SNAP outreach strategies through a bilingual Food Resource Hotline, a COVID Resource webpage, and a broad-based outreach and marketing campaign. There were more than 3,600 clicks on the Food Resource Hotline, 1,300 visitors utilized the Food Resource map and 7,100 new users visited CoFoodFinder.org. Overall, 16,002 households in need were provided with assistance and over 7,000 SNAP applications were made through the Food Resource Hotline. PKAH provided over 3,400 staff hours to address community</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11:	<p>y health needs through direct support and partnerships with community organizations and co alitions. PKAH did not address the following identified health issues due to limited resou rces and the availability of other community organizations to address such needs: Heart Di sease, Diabetes, Overweight/Obesity and Physical Activity/Nutrition, Intentional Injury, A sthma, and Substance Abuse. Facility 2 - Littleton Adventist HospitalLittleton Adventist H ospital (LAH) conducted its FY 2019 Community Health Needs Assessment (CHNA) through a col laborative partnership with Parker Adventist Hospital, Castle Rock Adventist Hospital, Por ter Adventist Hospital, and the Denver and Tri-County Public Health Departments. Both qual itative and quantitative primary and secondary data was gathered, along with numerous heal th indicators, and were prioritized by using a form of the Hanlon Method for Prioritizing Health Problems. Each identified need was rated against a) size, b) severity, and c) align ment with LAH and community existing efforts. Total scores were compiled and resulted in t he identification of the following prioritized health issues: Behavioral Health, and Acces s to Healthy Affordable Food. LAH recognizes that focusing on a few health issues leads to greater progress than dispersing efforts across many issues. For each issue, best practic es for screening and treatment as well as prevention through environmental and behavioral changes were identified. During fiscal year 2020, the following actions were taken with re spect to the Behavioral Health initiative. In partnership with organizations throughout th e metro Denver area, the Let's Talk Mental Health Stigma Campaign was redesigned to help r educe the stigma of mental health; safe connections were encouraged during COVID-19 and th ere were over 2.5M impressions post-launch. With respect to the prioritized need of Access to Healthy Affordable Food, LAH provided COVID-19 emergency supplies to the local food pa ntry; donated to increase enrollment in SNAP by expanding SNAP outreach strategies through a bilingual Food Resource Hotline, a COVID Resource webpage, and a broad-based outreach a nd marketing campaign. There were more than 3,600 clicks on the Food Resource Hotline, 1,3 00 visitors utilized the Food Resource map and 7,100 new users visited CoFoodFinder.org. O verall, 16,002 households in need were provided with assistance and over 7,000 SNAP applic ations were made through the Food Resource Hotline. LAH provided over 10,500 staff hours t o address community health needs through direct support and partnerships with community or ganizations and coalitions. LAH did not address the following identified health issues due to limited resources and the availability of other community organizations to address suc h needs: Heart Disease, Diabetes, Overweight/Obesity and Physical Activity/Nutrition, Inte ntional Injury, Asthma, and Substance Abuse. Facility 3 - Porter Adventist HospitalPorter Adventist Hospital (PAH) condu</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11:	<p>cted its FY 2019 Community Health Needs Assessment (CHNA) through a collaborative partners hip with Parker Adventist Hospital, Castle Rock Adventist Hospital, Littleton Adventist Ho spital, and the Denver and Tri-County Public Health Departments. Both qualitative and quan titative primary and secondary data was gathered, along with numerous health indicators, a nd were prioritized by using a form of the Hanlon Method for Prioritizing Health Problems. Each identified need was rated against a) size, b) severity, and c) alignment with PAH an d community existing efforts. Total scores were compiled and resulted in the identificatio n of the following prioritized health issues: Behavioral Health, and Access to Healthy Aff ordable Food. PAH recognizes that focusing on a few health issues leads to greater progres s than dispersing efforts across many issues. For each issue, best practices for screening and treatment as well as prevention through environmental and behavioral changes were ide ntified. During fiscal year 2020, the following actions were taken with respect to the Beh avioral Health initiative. In partnership with organizations throughout the metro Denver a rea, the Let's Talk Mental Health Stigma Campaign was redesigned to help reduce the stigma of mental health; safe connections were encouraged during COVID-19 and there were over 2. 5M impressions post-launch. With respect to the prioritized need of Access to Healthy Affo rdable Food, PAH provided COVID-19 emergency supplies to the local food pantry; donated to increase enrollment in SNAP by expanding SNAP outreach strategies through a bilingual Foo d Resource Hotline, a COVID Resource webpage, and a broad-based outreach and marketing cam paign. There were more than 3,600 clicks on the Food Resource Hotline, 1,300 visitors utilized the Food Resource map and 7,100 new users visited CoFoodFinder.org. Overall, 16,002 h ouseholds in need were provided with assistance and over 7,000 SNAP applications were made through the Food Resource Hotline. PAH provided over 10,000 staff hours to address commun ity health needs through direct support and partnerships with community organizations and coalitions. PAH did not address the following identified health issues due to limited reso urces and the availability of other community organizations to address such needs: Heart D isease, Diabetes, Overweight/Obesity and Physical Activity/Nutrition, Intentional Injury, Asthma, and Substance Abuse. See Conintuation</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11: - continuation	<p>Facility 4 - Avista Adventist Hospital Avista Adventist Hospital (AAH) conducted its FY 2019 Community Health Needs Assessment (CHNA) through a collaborative partnership with the Boulder County Public Health Department, Broomfield Public Health and community stakeholders. Both qualitative and quantitative primary and secondary data was gathered, along with numerous health indicators, and were prioritized by using a form of the Hanlon Method for Prioritizing Health Problems. Each identified need was rated against a) size, b) severity, and c) alignment with AAH and community existing efforts. Total scores were compiled and resulted in the identification of the following prioritized health issues: Behavioral Health, and Access to Safe, Affordable Housing/Shelter/Food. AAH recognizes that focusing on a few health issues leads to greater progress than dispersing efforts across many issues. For each issue, best practices for screening and treatment as well as prevention through environmental and behavioral changes were identified. During fiscal year 2020, the following actions were taken with respect to the Behavioral Health initiative. In partnership with organizations throughout the metro Denver area, the Let's Talk Mental Health Stigma Campaign was redesigned to help reduce the stigma of mental health; safe connections were encouraged during COVID-19 and there were over 2.5M impressions post-launch. With respect to the prioritized need of Access to Safe, Affordable Housing/Shelter/Food, AAH provided COVID-19 emergency supplies to the local food pantry; donated to increase enrollment in SNAP by expanding SNAP outreach strategies through a bilingual Food Resource Hotline, a COVID Resource webpage, and a broad-based outreach and marketing campaign. There were more than 3,600 clicks on the Food Resource Hotline, 1,300 visitors utilized the Food Resource map and 7,100 new users visited CoFoodFinder.org. Overall, 16,002 households in need were provided with assistance and over 7,000 SNAP applications were made through the Food Resource Hotline. AAH provided just over 8,000 staff hours to address community health needs through direct support and partnerships with community organizations and coalitions. AAH did not address the identified health issues of Access to Care, Cancer, and Heart Health due to limited resources and other organizations that address these needs.</p> <p>Facility 5 - Castle Rock Adventist Hospital Castle Rock Adventist Hospital (CRAH) conducted its FY 2019 Community Health Needs Assessment (CHNA) through a collaborative partnership with Parker Adventist Hospital, Porter Adventist Hospital, Littleton Adventist Hospital, and the Denver and Tri-County Public Health Departments. Both qualitative and quantitative primary and secondary data was gathered, along with numerous health indicators, and were prioritized by using a form of the Hanlon Method for Prioritizing Health Problems. Each identified need was rated against a) size, b) severity, and c) a</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11: - continuation	<p>alignment with CRAH and community existing efforts. Total scores were compiled and resulted in the identification of the following prioritized health issues: Behavioral Health, and Access to Healthy Affordable Food. CRAH recognizes that focusing on a few health issues leads to greater progress than dispersing efforts across many issues. For each issue, best practices for screening and treatment as well as prevention through environmental and behavioral changes were identified. During fiscal year 2020, the following actions were taken with respect to the Behavioral Health initiative. In partnership with organizations throughout the metro Denver area, the Let's Talk Mental Health Stigma Campaign was redesigned to help reduce the stigma of mental health; safe connections were encouraged during COVID-19 and there were over 2.5M impressions post-launch. With respect to the prioritized need of Access to Healthy Affordable Food, CRAH provided COVID-19 emergency supplies to the local food pantry; donated to increase enrollment in SNAP by expanding SNAP outreach strategies through a bilingual Food Resource Hotline, a COVID Resource webpage, and a broad-based outreach and marketing campaign. There were more than 3,600 clicks on the Food Resource Hotline, 1,300 visitors utilized the Food Resource map and 7,100 new users visited CoFoodFinder.org. Overall, 16,002 households in need were provided with assistance and over 7,000 SNAP applications were made through the Food Resource Hotline. CRAH provided over 1,800 staff hours to address community health needs through direct support and partnerships with community organizations and coalitions. CRAH did not address the following identified health issues due to limited resources and the availability of other community organizations to address such needs: Heart Disease, Diabetes, Overweight/Obesity and Physical Activity/Nutrition, Intentional Injury, Asthma, and Substance Abuse.</p>

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> 1 - CHPG Southlands Primary Care Women's Healt 6069 S Southlands Pkwy Aurora, CO 800165316	HEALTHCARE SERVICES CLINIC
<b>1</b> 2 - Cypress Hematology At Parker 9399 Crown Crest Blvd Ste 215 Parker, CO 801388508	HEALTHCARE SERVICES CLINIC
<b>2</b> 3 - South Denver Cardiology Associates 1000 SouthPark Dr Littleton, CO 801205654	HEALTHCARE SERVICES CLINIC
<b>3</b> 4 - Cypress Hemotolgy and Oncology 2555 S Downing St Ste 240 Denver, CO 802105855	HEALTHCARE SERVICES CLINIC
<b>4</b> 5 - Mile High Oncology 7780 S Broadway Ste 380 Littleton, CO 801222633	HEALTHCARE SERVICES CLINIC
<b>5</b> 6 - Centura Orthopedic & Spine Primary Care 9949 S Oswego St Ste 200 Parker, CO 801343753	HEALTHCARE SERVICES CLINIC
<b>6</b> 7 - CHPG West Littleton Primary Care 9670 W Coal Mine Ave Littleton, CO 80123	HEALTHCARE SERVICES CLINIC
<b>7</b> 8 - Porter Place 1001 E Yale Ave Denver, CO 80210	NOT-FOR-PROFIT SENIOR LIVING FACILITY
<b>8</b> 9 - CHPG Women's Health Littleton 7720 S Broadway Ste 250 Littleton, CO 801222634	HEALTHCARE SERVICES CLINIC
<b>9</b> 10 - CHPG Ridgeway ObGyn At Lone Tree 9695 S Yosemite St Ste 255B Lone Tree, CO 801242890	HEALTHCARE SERVICES CLINIC
<b>10</b> 11 - Porter Hospice 5020 E Arapahoe Rd Littleton, CO 80122	HOSPICE SERVICES
<b>11</b> 12 - Integrated Obgyn At Parker 9397 Crown Crest Blvd Ste 220 Parker, CO 801388576	HEALTHCARE SERVICES CLINIC
<b>12</b> 13 - CHPG Neurosurgery One 7780 S Broadway Ste 350 Littleton, CO 801222633	HEALTHCARE SERVICES CLINIC
<b>13</b> 14 - Colorado Joint Replacement 2535 S Downing St Ste 100 150 Denver, CO 80210	HEALTHCARE SERVICES CLINIC
<b>14</b> 15 - Pinnacle Women's Healthcare At Parker 9397 Crown Crest Blvd Ste 400 Parker, CO 801388789	HEALTHCARE SERVICES CLINIC

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - Centura Health Emergency And Urgent Care M 9949 S Oswego St Ste 100 Parker, CO 801343753	HEALTHCARE SERVICES CLINIC
<b>1</b> 17 - CHPG Primary Care Southmoor 5570 DTC Parkway Greenwood Village, CO 80111	HEALTHCARE SERVICES CLINIC
<b>2</b> 18 - Primary Care (Harvard Park) 950 E Harvard Ave Ste 200 Denver, CO 802107006	HEALTHCARE SERVICES CLINIC
<b>3</b> 19 - Encompass Health Rehabilitation Hospital o 1001 West Mineral Ave Littleton, CO 80120	HEALTHCARE SERVICES CLINIC
<b>4</b> 20 - Centura Orthopedic & Spine 2352 Meadows Blvd Ste 300 Castle Rock, CO 801098419	HEALTHCARE SERVICES CLINIC
<b>5</b> 21 - CAH HealthFit Medical Professionals & Fitn 2356 Meadows Blvd Ste 140B Castle Rock, CO 80109	HEALTHCARE SERVICES CLINIC
<b>6</b> 22 - Timberview Clinic At Parker 9399 Crown Crest Blvd Ste 200 Parker, CO 801388508	HEALTHCARE SERVICES CLINIC
<b>7</b> 23 - OnPoint Urgent Care Highlands Ranch 9205 S Broadway Littleton, CO 80129	HEALTHCARE SERVICES CLINIC
<b>8</b> 24 - CHPG Oncology at AvistaCenter for Breast 80 Health Park Dr Ste 270 Louisville, CO 800279584	HEALTHCARE SERVICES CLINIC
<b>9</b> 25 - Colorado ENT Specialists 9399 Crown Crest Blvd Ste 401 Parker, CO 801388540	HEALTHCARE SERVICES CLINIC
<b>10</b> 26 - Centura Health Emergency and Urgent Care L 3280 S Wadsworth Blvd Lakewood, CO 80227	HEALTHCARE SERVICES CLINIC
<b>11</b> 27 - Ridgeline Family Medicine 2352 Meadows Blvd Ste 300 Castle Rock, CO 801098419	HEALTHCARE SERVICES CLINIC
<b>12</b> 28 - CHPG Internal Medicine Parker 9397 Crown Crest Blvd Ste 420 Parker, CO 801388789	HEALTHCARE SERVICES CLINIC
<b>13</b> 29 - Colorado Comprehensive Spine Institute 2535 S Downing Ste 180 Denver, CO 80210	HEALTHCARE SERVICES CLINIC
<b>14</b> 30 - CHPG Cornerstar Primary CareWomen's Healt 15901 E Briarwood Cir Ste 200 Aurora, CO 80016	HEALTHCARE SERVICES CLINIC

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>31</b> 31 - CHPG Primary Care Church Ranch 7233 Church Ranch Blvd Westminster, CO 800214094	HEALTHCARE SERVICES CLINIC
<b>1</b> 32 - CHPG Primary Care Highlands 2490 W 26th Ave Ste A120 Denver, CO 802115317	HEALTHCARE SERVICES CLINIC
<b>2</b> 33 - PARKER PRIMARY CARE 9949 S Oswego St Ste 300 Parker, CO 801343752	HEALTHCARE SERVICES CLINIC
<b>3</b> 34 - Avista Family Medicine Erie 611 Mitchell Way Erie, CO 805165443	HEALTHCARE SERVICES CLINIC
<b>4</b> 35 - Centura Gastroenterology Porter 2535 S Downing St Ste 360 Denver, CO 802105850	HEALTHCARE SERVICES CLINIC
<b>5</b> 36 - Ridgeline Family Medicine At Castle Pine 250 Max Drive Ste 102 Castle Pines, CO 801089518	HEALTHCARE SERVICES CLINIC
<b>6</b> 37 - Aspen Creek Family Medicine 19461 E Parker Square Drive Ste A Parker, CO 80134	HEALTHCARE SERVICES CLINIC
<b>7</b> 38 - Highlands Ranch Medical Associates 9135 S Ridgeline Blvd Ste 190 Highlands Ranch, CO 801292395	HEALTHCARE SERVICES CLINIC
<b>8</b> 39 - Functional Neurosurgical Ambulatory Surger 11 W Dry Creek Circle Ste 120 Littleton, CO 80120	HEALTHCARE SERVICES CLINIC
<b>9</b> 40 - South Suburban Internal Medicine 7750 S Broadway Ste 100 Littleton, CO 801222630	HEALTHCARE SERVICES CLINIC
<b>10</b> 41 - CHPG Colorectal Surgery At Parker 9397 Crown Crest Blvd Ste 201 Parker, CO 801388576	HEALTHCARE SERVICES CLINIC
<b>11</b> 42 - South Quebec Family Medicine 6081 S Quebec Street Ste 100 Centennial, CO 80111	HEALTHCARE SERVICES CLINIC
<b>12</b> 43 - Centura Gastroenterology Castle Rock 2352 Meadows Blvd Ste 300 Castle Rock, CO 801098419	HEALTHCARE SERVICES CLINIC
<b>13</b> 44 - Precision Spine Center 6825 S Galena Street Suite 314 Littleton, CO 80112	HEALTHCARE SERVICES CLINIC
<b>14</b> 45 - CHPG Women's Health Porter 2555 S Downing St 1st Floor Denver, CO 802105855	HEALTHCARE SERVICES CLINIC

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>46</b> 46 - CHPG Urology Castle Rock 2352 Meadows Blvd Ste 300 Castle Rock, CO 801098419	HEALTHCARE SERVICES CLINIC
<b>1</b> 47 - Grace Family Practice 6909 S Holly Cir Ste 100 Centennial, CO 801126300	HEALTHCARE SERVICES CLINIC
<b>2</b> 48 - Centura Gastroenterology Littleton 7780 S Broadway Ste 260 Littleton, CO 801222633	HEALTHCARE SERVICES CLINIC
<b>3</b> 49 - CHPG Neurosurgical and Spine 850 E Harvard Ave Suite 255 Denver, CO 80210	HEALTHCARE SERVICES CLINIC
<b>4</b> 50 - Colorado Neurovascular Specialists 7780 S Broadway Ste 340 Littleton, CO 801222633	HEALTHCARE SERVICES CLINIC
<b>5</b> 51 - CHPG Dimension Pain Clinic 2535 S Downing-Ste 180F Denver, CO 80210	HEALTHCARE SERVICES CLINIC
<b>6</b> 52 - Castle Rock Affiliated ENT 2352 Meadows Blvd Ste 300 Castle Rock, CO 801098419	HEALTHCARE SERVICES CLINIC
<b>7</b> 53 - Mapleton Hills Medical Plaza 2525 4th St Boulder, CO 80304	HEALTHCARE SERVICES CLINIC
<b>8</b> 54 - CHPG Avista Internal Medicine 90 Health Park Dr Ste 350 Louisville, CO 800279742	HEALTHCARE SERVICES CLINIC
<b>9</b> 55 - Colorado Head And Neck Specialists 2535 S Downing St Ste 480 Denver, CO 802105851	HEALTHCARE SERVICES CLINIC
<b>10</b> 56 - Southmoor ER and UC Center 7000 E Hampden Ave Denver, CO 80224	HEALTHCARE UC CLINIC
<b>11</b> 57 - CHPG NEUROSURGERY ONE PARKER 9397 Crown Crest Blvd Ste 411 Parker, CO 80138	HEALTHCARE SERVICES CLINIC
<b>12</b> 58 - Parker Endocrinology 9397 Crown Crest Blvd Ste 431 Parker, CO 801388789	HEALTHCARE SERVICES CLINIC
<b>13</b> 59 - Bariatric And Metabolic Center 9399 Crown Crest Blvd Ste 110 Parker, CO 80138	HEALTHCARE SERVICES CLINIC

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: Portercare Adventist Health System

Employer identification number

84-0438224

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
3 Enter total number of other organizations listed in the line 1 table 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Pharmaceuticals to Needy Individuals	2626		64,476	Cost	Pharmaceuticals to Needy Individuals
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2:	Grants are generally made only to related organizations that are exempt from federal income tax under IRC Section 501(c)(3), or to other local charitable community organizations, or to other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists. Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 84-0438224  
**Name:** Portercare Adventist Health System

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Castle Rock Economic Development Council 18 S Wilcox St 202 Castle Rock, CO 80104	84-1445735	501(c)(3)	7,500				General Support
Clinica Campesina Family Health Services 345 Plaza Court North Lafayette, CO 80026	84-0743432	501(c)(3)	191,400				General Support



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Rocky Mountain Adventist Healthcare Foundation 2525 S Downing Street Denver, CO 80210	84-0745018	501(c)(3)	43,750				General Support
The Boulder Chamber of Commerce 2440 Pearl Street Boulder, CO 80302	84-0152700	501(c)(6)	7,255				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Colorado Center for Nursing Excellence 5290 E Yale Circle Ste 102 Denver, CO 80222	32-0022295	501(c)(3)	6,000				General Support
Colorado Health Institute 1999 N Broadway Ste 600 Denver, CO 80202	74-3082235	501(c)(3)	54,286				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Crisis Center PO BOX 631302 LITTLETON, CO 80163	74-2385006	501(c)(3)	6,000				General Support
Denver Health and Hospitals Foundation 777 Bannock St NO MC0111 Denver, CO 80204	84-1085196	501(c)(3)	10,000				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Doctors Care 609 W Littleton Blvd Suite 100 LITTLETON, CO 80120	84-1150815	501(c)(3)	250,000				General Support
Erie Chamber of Commerce PO Box 97 Erie, CO 80516	84-1325423	501(c)(6)	5,700				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Hunger Free Colorado 1355 S COLORADO BLVD 201 DENVER, CO 80222	68-0551464	501(c)(3)	28,571				General Support
Parker Task Force for Human Services 19105 LONGS WAY PARKER, CO 80134	74-2494265	501(c)(3)	7,500				General Support

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOR 16965 PINE LANE STE 100 PARKER, CO 80134	20-4226894	501(c)(3)	7,500				General Support
UNION COLLEGE 3800 S 48TH St LINCOLN, NE 68506	47-0405319	501(c)(3)	65,000				General Support

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization Portercare Adventist Health System	Employer identification number 84-0438224
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> 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 "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b> Yes	
<b>3</b> 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> 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 "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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 are not 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	As discussed in Part VI, Section B, Line 15, the filing organization's top management officials are compensated by Centura Health Corporation (CHC). All officers and key employees are compensated by CHC, who manages the daily activities of PorterCare Adventist Health System under a joint operating agreement dated December 8, 1995 between Adventist Health System Sunbelt Healthcare Corp. and Common Spirit Health. As such, their salaries are paid to them by CHC, a related organization, for services rendered in their capacity as key employees or officers of PAHS. All of their reportable compensation is disclosed on Form 990, Schedule J, Part II, row (ii) and Form 990, Part VII, column (e) as compensation from related organizations. Travel for companions: CHC provides reimbursement for spousal travel when certain of its executives attend conferences sponsored by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the tax-exempt top-tier parent of PorterCare Adventist Health System (PAHS). All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive. Tax Indemnification and gross-up payments: CHC has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items. Under the policy, certain taxable business-related reimbursements (i.e. taxable business-related moving expenses) provided to any employee may be grossed-up upon approval by the filing organization's CEO and CFO. Discretionary spending account: A cash discretionary spending account was provided in the current year to eligible executives in the form of a car allowance of \$750 per month to help offset business travel expense. Other discretionary spending accounts may be provided in connection with attendance at conferences but typically do not exceed \$300 per participant. Taxable travel and other spending accounts are considered taxable compensation to the executive. Housing allowance or residence for personal use: CHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year. Relocation assistance is administered per CHC policy by an external relocation company. Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements.
Part I, Lines 4a-b	Line 4a: During 2019, Michael Goebel received severance payments in the amount of \$24,008 from Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) the top-tier 501(c)(3) parent of the filing organization. Pursuant to the AHSSHC Corporate Executive Policy governing executive severance, severance agreements for executives operating at the Vice President level and above are entered into upon eligibility to facilitate the transition to subsequent employment following an involuntary separation from employment with AdventHealth. Line 4b: As discussed in Line 1 above, the organization's top management officials' compensation is paid by Centura Health Corporation (CHC). All officers and key employees are compensated by CHC, who manages the daily activities of PorterCare Adventist Health System (PAHS). As such, their salaries and all associated benefits are paid to them by CHC for services rendered in their capacity as key employees or officers of PAHS. All of their reportable compensation is disclosed on Form 990, Schedule J, Part II, row (ii) and Form 990, Part VII, column (e) as compensation from related organizations. Senior executives on the filing organization's management team that hold the position of Senior Vice-President or Hospital CEO are eligible to participate in the CHC EXECU-FLEX Benefit Plan (the Plan). In recognition of the contribution that each executive makes to the success of CHC, CHC provides for participation in the Plan to the eligible executives. The purpose of the Plan is to offer an opportunity to elect from among a variety of supplemental benefits to individually tailor a benefits program appropriate to each executive's needs. The executive is provided with a Flex allowance equivalent to 10% of base salary to purchase selected benefits and to contribute into a deferred non-qualified supplemental executive retirement plan. The Plan provides for a five-year cliff-vesting schedule with respect to amounts accumulated in the executive's deferred compensation account. CHC contributes into these deferred compensation accounts semi-annually and amounts are subject to a substantial risk of forfeiture with active participation required at time of vesting. In addition, CHC provides a Pension Restoration Benefit (PRB) to restore qualified plan contributions lost on income in excess of the current federal maximum allowable compensation to a qualified plan. The PRB provides contributions by restoring the amount that would have been contributed to the executive's retirement savings plan for compensation in excess of the legislative limits. Benefit amounts are added to the participant's flex allowance each year based on their total compensation from the prior year. The following received contributions to a non-qualified plan for the calendar year 2019: CY Employer CY Employer CY SERP CY PRB SERP Contr. PRB Contr. Distrib. Distrib. Peter Banko 219,913 191,913 Daniel Anderson 99,796 71,796 86,109 54,225 Todd Folkenberg 59,525 31,525 35,771 10,511 Andrew Gaasch 49,981 21,981 Brett Spent 48,360 22,521 Michael Goebel 39,543 Kris Ordelheide 74,267 42,999 Morre Dean 111,747 83,747 48,832 22,993 McKinney, Jillyan 44,267 6,362
Schedule J, Line 4b:	Additionally, Board members of the filing organization, R. Haffner, L. Houmann, and P. Rathbun, are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as AdventHealth. Key Employee M. Goebel, B. Spent and Former Key Employee S. Huenergardt were also compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for a portion or for all of calendar year 2019. AdventHealth is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In recognition of the contribution that each executive makes to the success of AdventHealth, AdventHealth provides to eligible executives participation in the AdventHealth Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including a split dollar life insurance policy and long-term care insurance, to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan. Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant. The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AdventHealth entities and Vice Presidents of all AdventHealth entities whose base salary is at least \$260,000. The Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account. Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation. The account is forfeited by the executive upon a voluntary separation. In addition to the Plan, AdventHealth has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AdventHealth and/or to other Seventh-day Adventist Church hospitals or health care institutions. Participation in the plan is offered to AdventHealth executives on a pro-rata schedule beginning with 20 years of service as an employee of AdventHealth and/or another hospital or health care institution controlled by the Seventh-day Adventist Church and who satisfy certain other qualifying criteria. This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven highest years of base salary from AdventHealth active employment inclusive of income from all other Seventh-day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan. The number of years included in highest average compensation is determined by the individual's year of entry to the SERP and by the individual's year of entry to the AdventHealth Executive FLEX Benefit Program. Additionally, AdventHealth has adopted a Senior Executive Death Benefit (SEDB) Plan in recognition of the considerable age and service requirements in the SERP. The SEDB Plan provides a benefit in an amount equal to the amount the executive's benefit would have been under the SERP Plan assuming that, on the date of the executive's death (and not before), the executive satisfied the last of the eligibility requirements of the SERP Plan with present value recognizing an early benefit commencement. An eligible executive becomes a participant in the SEDB Plan if the executive dies prior to termination of employment, provided the executive has not satisfied all of the eligibility requirements of SERP as of the executive's date of death but would have satisfied all of those requirements within five (5) years following death had the executive lived and continued employment. The SEDB Plan was reviewed and approved by the AHSSHC Board Compensation Committee, an independent body of the AHSSHC Board of Directors. Flex Plan Flex Plan SERP 457(b) CY CY Employer CY Contrib./ Distrib. Contrib. Distrib. Payment ----- ----- Randall Haffner \$ 262,228 \$ 238,856 \$ 657,546 \$ 0 Lars Houmann \$ 255,491 \$ 255,039 \$ 487,733 \$ 0 Paul Rathbun \$ 193,409 \$ 178,953 \$ 0 \$ 0 Michael Goebel \$ 0 \$ 54,046 \$ 0 \$ 0 Samuel Huenergardt \$ 103,146 \$ 0 \$ 0 Brett Spent \$ 65,984 \$ 0 \$ 0

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 84-0438224  
**Name:** Portercare Adventist Health System

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Haffner PhD Randall L Board Chairman	(i)	0	0	0	0	0	0	0
	(ii)	1,264,609	491,378	984,762	258,314	42,765	3,041,828	244,687
<b>1</b> Houmann Lars D Board Member	(i)	0	0	0	0	0	0	0
	(ii)	1,209,479	552,173	847,410	251,578	45,331	2,905,971	246,703
<b>2</b> Banko Peter President	(i)	0	0	0	0	0	0	0
	(ii)	1,281,812	1,143,457	11,657	421,626	27,350	2,885,902	0
<b>3</b> Rathbun Paul C Board Member	(i)	0	0	0	0	0	0	0
	(ii)	993,376	380,674	220,634	208,495	40,778	1,843,957	171,802
<b>4</b> Dean Morre Chief Integration Off- Former Key Emp	(i)	0	0	0	0	0	0	0
	(ii)	689,311	526,516	82,617	205,048	33,413	1,536,905	0
<b>5</b> Enderson Dan Treasurer/CFO	(i)	0	0	0	0	0	0	0
	(ii)	645,944	486,591	152,741	180,444	28,214	1,493,934	0
<b>6</b> Miner Todd MD Orthopedic Surgeon	(i)	1,183,592	94,320	2,572	9,800	30,022	1,320,306	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Yang Charlie MD Orthopedic Surgeon	(i)	1,169,307	94,320	1,118	9,268	31,906	1,305,919	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Ordelheide Kris Secretary-Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	504,997	382,295	136,681	126,331	22,397	1,172,701	0
<b>9</b> Jennings Jason MD Orthopedic Surgeon	(i)	959,495	94,320	1,118	7,561	32,355	1,094,849	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> Spent Brett CEO Littleton Adv Hosp- Former Key Em	(i)	0	0	0	0	0	0	0
	(ii)	540,007	166,258	268,475	86,487	23,744	1,084,971	0
<b>11</b> Huenergardt Samuel CEO Shawnee Mission- Former Key Emp	(i)	0	0	0	0	0	0	0
	(ii)	636,077	95,256	8,690	118,233	38,619	896,875	0
<b>12</b> Dennis Douglas MD Orthopedic Surgeon	(i)	699,588	132,038	13,932	9,800	20,557	875,915	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> Sdrulla Dan MD Otolaryngology Physician	(i)	445,285	327,344	794	9,800	26,260	809,483	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> Folkenberg Todd CEO Porter Adventist Hospi	(i)	0	0	0	0	0	0	0
	(ii)	405,853	191,287	58,300	97,863	30,989	784,292	0
<b>15</b> Goebel Michael CEO Parker Adventist Hospi	(i)	0	0	0	0	0	0	0
	(ii)	393,690	167,282	91,505	49,343	31,425	733,245	50,427
<b>16</b> Gaasch Andrew CFO Porter Adv Hosp- Former Key Emp	(i)	0	0	0	0	0	0	0
	(ii)	393,803	170,910	898	78,989	31,987	676,587	0
<b>17</b> McKinney Jillyan CEO Littleton Adv Hosp(beg 7/19)	(i)	0	0	0	0	0	0	0
	(ii)	326,487	138,038	115,835	60,429	27,011	667,800	0
<b>18</b> Pittman Jeremy CFO Porter Adventist Hosp	(i)	0	0	0	0	0	0	0
	(ii)	261,629	70,607	889	2,544	31,641	367,310	0
<b>19</b> Travis Carol CFO Avista Adv Hosp	(i)	0	0	0	0	0	0	0
	(ii)	240,404	76,844	667	5,191	29,038	352,144	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>21</b> Fisher Jonathan CFO Parker Adventist Hospi	(i)	0	0	0	0	0	0	
	(ii)	229,895	72,759	1,871	7,495	27,150	339,170	
<b>1</b> Beckner Michelle CFO Littleton Adv Hosp (beg 6/19)	(i)	69,611	0	137	3,510	8,358	81,616	
	(ii)	119,305	49,785	1,298	4,914	11,701	187,003	

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

Portercare Adventist Health System

**Employer identification number**

84-0438224

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part V, Line 1a-1b	<p>Pursuant to an Affiliation Agreement between Adventist Health System Sunbelt Healthcare Corporation and Common Spirit Health, Portercare Adventist Health System (the filing organization) is managed by Centura Health Corporation (CHC), a joint operating company. CHC is a Colorado, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). CHC has established a shared service center to centralize the Accounts Payable (A/P) functions. The facts and circumstances support a position that CHC, as a payor on behalf of its managed organizations in a shared service environment, will have sufficient management and oversight in connection with the managed organizations' payments to meet the standard set forth in Treas. Reg. Section 1.6041-1(e). CHC will not merely be making payments at the direction of its managed organizations. Accordingly, CHC is considered the payor subject to the information reporting requirements of Section 6041. The filing organization has entered "0" in Part V, Line 1a because the filing organization no longer issues Form 1099 returns, rather, all such returns are filed by and under the name and EIN of CHC as the payor subject to the information reporting requirements of Section 6041.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 1	<p>Pursuant to Article IV of the Bylaws of PorterCare Adventist Health System, the Board of Trustees may, by resolution or resolutions passed by a majority of the Trustees thereof, appoint an Executive Committee or such other Committees for any purpose and delegate to such committees any of the powers and authority of the Board of Trustees as is permitted by law. Colorado law precludes a committee of the Board from (I) authorizing distributions; (II) approving or proposing to the member actions that Articles 121-137 of Title 7 of the Colorado revised statutes require to be approved by the member; (III) amending the corporation's amended and restated Articles of Incorporation; (IV) adopting, amending or repealing the Bylaws; (V) approving a plan of merger not requiring approval of the member; or (VI) approving a sale, lease, exchange or other disposition of all, or substantially all, of its property, with or without good will, other than in the usual and regular course of business subject to approval of the member. Such Committees shall have the power to act only in intervals between meetings of the Board of Trustees and shall, at all times, be subject to the control of the Board of Trustees. The Board of Trustees, or if the Board does not act, the Committees, shall establish rules and regulations for meetings and shall meet at such times as are deemed necessary, provided that a reasonable notice of all meetings shall be given to Committee members. No act of a Committee shall be valid unless approved by the vote or written consent of a majority of its members. Committees shall keep regular minutes of proceedings and report the same to the Board from time to time as the Board may require.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Portercare Adventist Health System (the filing organization) has one member. The sole member of the filing organization is Adventist Health System Sunbelt Healthcare Corporation. Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). There are no other classes of membership in the filing organization.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of the filing organization is AHSSHC. The Board of Directors of the filing organization are appointed by the sole member, AHSSHC, who has the right to elect, appoint or remove any member of the Board of Directors of the filing organization.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 7b	The Corporate member, AHSSHC, acting through the Board of Directors, maintains all rights permitted to be exercised by Directors of a Colorado corporation except as limited by the organization's Articles, Bylaws, or Affiliation Agreement with Common Spirit Health (CSH), F/K/A Catholic Health Initiatives. The Agreement of both AHSSHC and CSH is required for certain significant decisions involving Centura facilities. In addition, pursuant to the Affiliation Agreement between CSH, Colorado Health Initiatives Colorado (CHIC), Centura Health Corporation, and PorterCare Adventist Health System (PAHS), certain matters affecting PAHS must be approved by both PAHS and CHIC. Those items include: - The transfer of assets valued at over \$3,000,000 - The issuance of a debt instrument in excess of \$250,000 - The amendment of the organizing documents - The admission of a new sponsor - A merger or dissolution or reorganization - Settlement of legal proceedings in excess of \$2,000,000 - Capital expenditures in excess of \$5,000,000



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The filing organization's current year Form 990 was reviewed by the Board Chairman, Board Finance Committee Chair, CEO and by the CFO prior to its filing with the IRS. The review conducted by the Board Chairman, Board Finance Committee Chair, CEO and the CFO did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Portercare Adventist Health System has adopted Centura Health's Conflict of Interest Policy: 1. Conflict of Interest Policy: 1.1 Consistent with Centura integrity standards, it is policy that each board of trustee member, corporate officer, and key employee act at all times in a manner that is consistent with Centura's mission and values-based service to the community and exercise care that he or she does not have any personal interest which might conflict with or appear to conflict with the interest of Centura or which might influence their judgment or actions in performing their duties. 1.1.1 In connection with an actual or possible transaction or arrangement involving Centura, any board member, corporate officer, or key employee who has a direct or indirect financial interest must disclose and be given the opportunity to share all material facts with the board considering the proposed transaction or arrangement. 1.1.2 Board members, corporate officers, and key employees are also required to disclose any possible conflicts on an annual basis through the conflict of interest questionnaire. 2. Procedure for disclosing and reviewing transactions or arrangements of potential conflict of interests: 2.1 Board members, corporate officers, and key employees that have a financial interest in any actual or possible transaction involving Centura are required to disclose the financial interest. 2.1.1 In order to determine if a conflict of interest exists, the individual who is considered to have a financial interest may make a presentation at the board or board committee meeting. After such presentation, the individual shall leave the meeting for discussion and a vote on the issue. 2.1.2 After exercising due diligence, the board or board committee shall determine whether Centura can obtain a more advantageous transaction with reasonable efforts from another person or entity. If a more advantageous transaction is not reasonably attainable, the board or board committee shall determine by a majority vote of the disinterested members whether the transaction is in Centura's best interest and is fair. 3. Procedure for disclosing and reviewing other potential conflicts of interest: 3.1 Board members, corporate officers, and key employees shall also disclose in advance to Centura leaders any non-transactional actions or relationships that have the potential to create a conflict of interest. 3.1.1 The board or board committee shall carefully review and scrutinize any potential conflict of interest. By a majority vote of the disinterested members, the board shall take whatever action is deemed appropriate with respect to the board member, corporate officer, or key employee under the circumstances, including possible corrective action, in order to best protect the interests of Centura. 3.1.2 On an annual basis, board members, corporate officers, and key employees will also be sent an email requesting they complete the board member and corporate officer conflict of interest disclosure form.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>terest questionnaire by the specified due date in the email. 3.1.3 The corporate responsibility department shall notify the chairperson of the board of any potential conflicts and the chairperson, or designee, shall perform further investigation as he or she deems appropriate. 4. Record of proceedings: 4.1 The minutes of the board and board committee shall contain: 4.1.1 The names of persons who disclosed or otherwise were found to have a financial interest and the nature of the financial interest. 4.1.2 The names of persons who were present for discussions and votes relating to any financial interest, the content of the discussion, including any alternatives, and a record of the board or board committee decision. 5. Violations of the conflicts of interest policy: 5.1 If the board or board committee has reasonable cause to believe that an individual has failed to disclose either an actual or potential conflict of interest, or all material facts surrounding an actual or possible conflict, the individual will be given a chance to explain. 5.1.1 After hearing the response, the board will conduct such additional investigation as appropriate. If the board determines that the individual has in fact failed to disclose as required by the conflict of interest policy, the board shall take appropriate disciplinary or corrective action.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	<p>The organization's top management officials' compensation is paid by Centura Health Corporation. All officers and key employees are compensated by Centura Health Corporation, who manages the daily activities of PorterCare Adventist Health System under a joint operating agreement dated December 8, 1995 between Adventist Health System Sunbelt Healthcare Corp. and Common Spirit Health. As such, their salaries are paid to them by Centura Health Corporation, a related organization, for services rendered in their capacity as key employees or officers of PAHS. All of their reportable compensation is disclosed on Form 990, Schedule J, Part II, row (ii) and Form 990, Part VII, column (e) as compensation from related organizations. External consultants are engaged to provide market-based compensation studies to make recommendations to Centura Health Corporation's (CHC) Compensation Committee regarding the compensation of the filing organization's CEO and CFO. The Compensation Committee is appointed by the Board of Trustees of CHC. The Board of Trustees may remove at any time, with or without cause, any member of the Compensation Committee; provided the filing organization's members, PorterCare Adventist Health System (PAHS) and Catholic Health Initiatives Colorado (CHIC), shall have exclusive authority to appoint or remove, with or without cause, any member it or they appoint to the Compensation Committee. The consultant's recommendations are presented to and deliberated by CHC's Compensation Committee. The Compensation Committee relies upon all available comparable compensation data in finalizing its decision concerning compensation for its senior executive positions. The Compensation Committee deliberations and decisions are documented appropriately. CHC's Human Resources department performs an annual analysis of the market to determine compensation ranges for the remainder of CHC's Executives which are reviewed and approved by CHC's senior leadership.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section C, line 19	<p>The organization's governing documents are available on the Colorado Secretary of State's website. The filing organization is a part of the system of healthcare organizations known as AdventHealth. The audited consolidated financial statements of AdventHealth and of the AdventHealth "Obligated Group" are filed annually with the Municipal Securities Rulemaking Board (MSRB). The "Obligated Group" is a group of AHSSHC subsidiaries that are jointly and severally liable under a Master Trust Indenture that secures debt primarily issued on a tax-exempt basis. Unaudited quarterly financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) are also filed with MSRB for AdventHealth on a consolidated basis and for the grouping of AdventHealth subsidiaries comprising the "Obligated Group". The filing organization does not generally make its conflict of interest policy available to the public.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 16B, Joint Venture Policy:	Portercare Adventist Health System has not formally adopted a written policy or written procedure regarding joint ventures. Practices are in place that require the filing organization to perform an analysis and evaluation of its participation in every joint venture in which the filing organization will have an ownership interest. The internal review and analysis ensures that the filing organization will not become a participant in any joint ventures that could potentially threaten the tax-exempt status of the filing organization.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part VIII, Lines 7a, b and c:	The amounts shown in Part VIII, Lines 7a(i) and 7c(i) of the Form 990 represents an allocated share of capital gain/(loss) from a system wide, corporate administered, investment program.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, line 11g	Payments to Hlthcare Professionals: Program service expenses 81,847,835. Management and general expenses 0. Fundraising expenses 0. Total expenses 81,847,835. Professional Fees: Program service expenses 34,827,874. Management and general expenses 0. Fundraising expenses 0. Total expenses 34,827,874. Purchased Medical Services: Program service expenses 33,269,659. Management and general expenses 0. Fundraising expenses 0. Total expenses 33,269,659. Environmental Services: Program service expenses 2,907,833. Management and general expenses 0. Fundraising expenses 0. Total expenses 2,907,833. Transcription Services: Program service expenses 444,687. Management and general expenses 0. Fundraising expenses 0. Total expenses 444,687. Recruiting: Program service expenses -693,059. Management and general expenses 0. Fundraising expenses 0. Total expenses -693,059. Management Fees: Program service expenses 0. Management and general expenses 108,085,227. Fundraising expenses 0. Total expenses 108,085,227. Billing and Collection Services: Program service expenses 0. Management and general expenses 6,891,903. Fundraising expenses 0. Total expenses 6,891,903.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9:	Transfer to Tax-Exempt Parent -10,520,980. Joint Ventures Equity Changes 92,900. ASC 842 Lease Accounting Adjustments -664,330. Allocation with Respect to Debt from Tax-Exempt Parent -857,391. Reimbursement from Foundation 417,748. Other 31.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Portercare Adventist Health System

**Employer identification number**

84-0438224

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> HealthFit Family Medicine LLC 9100 E Mineral Circle Centennial, CO 80112 81-5310593	Medical Services - family practice	CO	772,687	1,923,303	Portercare Adventist Health System
<b>(2)</b> HealthFit Medical Professionals LLC 9100 E Mineral Circle Centennial, CO 80112 47-3561708	Medical Services - family practice	CO	304,944	0	Portercare Adventist Health System
<b>(3)</b> HealthFit Wellness Professionals LLC 9100 E Mineral Circle Centennial, CO 80112 81-5325418	Fitness Center	CO	381,026	385,049	Portercare Adventist Health System

**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.

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**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.

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 84-0438224  
**Name:** PorterCare Adventist Health System

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
187 PR 4060 Lampasas, TX 76550 27-1858033	Operation of Rural Health Clinics & Medical Services	FL	501(c)(3)	Line 3	Metroplex Adventist Hospital Inc	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	Line 7	Shawnee Mission Medical Center Inc	Yes	
770 West Granada Blvd 319 Ormond Beach, FL 32174 83-3768458	Inactive	FL	501(c)(3)	Line 12a, I	Memorial Hlth Systems Inc	Yes	
770 West Granada Blvd 304 Ormond Beach, FL 32174 83-3748461	Inactive	FL	501(c)(3)	Line 12a, I	Memorial Hlth Systems Inc	Yes	
3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	Line 12a, I	University Community Hospital Inc	Yes	
900 Hope Way Altamonte Springs, FL 32714 84-1817046	Inactive	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
40100 US Highway 27 N Davenport, FL 33837 84-1793121	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
410 South 11th Street Lake Wales, FL 33853 83-4672945	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1301 S Main Street Ottawa, KS 66067 83-0976641	Operation of Hospital & Related Services	KS	501(c)(3)	Line 3	Adventist Hlth Mid-America Inc	Yes	
671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3)	Line 2	Adventist Hlth System Sunbelt Inc	Yes	
14055 Riveredge Drive Tampa, FL 33637 47-1881744	Inactive	FL	501(c)(3)	Line 10	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
14055 Riveredge Drive Ste 250 Tampa, FL 33637 84-3225135	Imaging & Testing	FL	501(c)(3)	Line 12a, I	AdventHealth West Florida Ambulatory Services Inc	Yes	
500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Support of Affiliated Hospital	KS	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Inc	Yes	
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-4138353	Operation of Physician Practices & Medical Services	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
900 Hope Way Altamonte Springs, FL 32714 59-2170012	Management Services	FL	501(c)(3)	Line 12a, I	N/A		No
1035 Red Bud Road Calhoun, GA 30701 58-1425000	Operation of Hospital & Related Services	GA	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
900 Hope Way Altamonte Springs, FL 32714 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
11801 S Freeway Burleson, TX 76028 74-2578952	Leasing Personnel to Affiliated Hospital	TX	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 81-1105774	Operation of Physician Practices & Medical Services	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3)	Line 12a, I	Adventist Midwest Health	Yes	
1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
305 E Oak Street Apopka, FL 32703 51-0605694	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
900 Hope Way Altamonte Springs, FL 32714 38-1359189	Inactive	MI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
401 Palmetto Street New Smyrna Beach, FL 32168 59-1054892	Volunteer support services	FL	501(c)(3)	Line 10	N/A		No
500 Remington Blvd Bolingbrook, IL 60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
301 Huguley Blvd Burleson, TX 76028 20-5782243	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
1333 West Main Princeton, KY 42445 51-0605680	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3)	Line 12a, I	Adventist Hlth SystemSunbelt Inc	Yes	
9100 E Mineral Circle Centennial, CO 80112 84-1335382	Joint Operating Company	CO	501(c)(3)				No
250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
730 Courtland Street Orlando, FL 32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
107 Boyles Drive Russellville, KY 42276 20-5782260	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
900 Hope Way Altamonte Springs, FL 32714 58-2171011	Inactive	GA	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
100 Hospital Drive Hendersonville, NC 28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
13100 Fort King Road Dade City, FL 33525 82-2567308	Operation of Hospital & Related Svcs	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
2600 Westhall Lane 4th Floor Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
1500 SW 1st Avenue Ocala, FL 34471 82-4372339	Operation of Hospital & Related Svcs	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
12470 Telecom Dr 100 Tampa, FL 33637 46-2021581	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1000 Waterman Way Tavares, FL 32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
2600 Westhall Lane 4th Floor Maitland, FL 32751 55-0789387	Imaging & Testing	FL	501(c)(3)	Line 3	Florida Hospital Medical Group Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 47-2180518	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fund-raising for Tax-exempt hospital/foundation	FL	501(c)(3)	Line 12c, III-FI	N/A		No
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7	N/A		No
120 North Oak Street Hinsdale, IL 60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
480 W Central Parkway Altamonte Springs, FL 32714 59-2935928	Operation of Hospice	FL	501(c)(3)	Line 10	The Comforter Health Care Group Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes	
5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
485 North Keller Road 250 Maitland, FL 32751 81-3923985	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
305 Memorial Medical Pkwy 212 Daytona Beach, FL 32117 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7	N/A		No
301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
701 West Plymouth Avenue Deland, FL 32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes	
60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes	
210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
9700 West 62nd Street Merriam, KS 66203 36-4595806	Lease to Related Organization	KS	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Metroplex Adventist Hospital Inc	Yes	
120 North Oak Street Hinsdale, IL 60521 35-2230515	Support of subsidiary foundations	IL	501(c)(3)	Line 12b, II	N/A		No
500 Beck Lane Mayfield, KY 42066 20-5782320	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 90-0866024	Provision of support to the nursing home division	GA	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3)	Line 12d, III-O	Adventist Hlth Mid-America Inc	Yes	
301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Volunteer support services	FL	501(c)(3)	Line 12c, III-FI	N/A		No
485 North Keller Road 250 Maitland, FL 32751 81-3165729	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
6501 West 75th Street Overland Park, KS 66204 20-5774821	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 20-8488713	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
9100 E Mineral Circle Centennial, CO 80112 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1333 West Main Princeton, KY 42445 20-5782272	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
601 E Rollins Street Orlando, FL 32803 59-1191045	Provision of Hlthcare Services	FL	501(c)(3)	Line 10	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
900 Hope Way Altamonte Springs, FL 32714 26-3789368	Hlthcare Quality Services	FL	501(c)(3)	Line 12a, I	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
485 North Keller Road 250 Maitland, FL 32751 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes	
7995 E Prentice Ave 204 Greenwood Village, CO 80111 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	Line 7	N/A		No
2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Support Operation of Hospital	TX	501(c)(3)	Line 12a, I	Adventist Hlth System Sunbelt Inc	Yes	
683 East Third Street Russellville, KY 42276 51-0605691	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1900 Medical Parkway San Marcos, TX 78666 51-0605693	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
1900 Medical Parkway San Marcos, TX 78666 20-5782224	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
6501 West 75th Street Overland Park, KS 66204 48-0952508	Lease to Related Organization	KS	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 81-3914908	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3)	Line 3	Adventist Hlth Mid-America Inc	Yes	
38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
401 Palmetto Street New Smyrna Beach, FL 32168 47-3793197	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1055 Saxon Blvd Orange City, FL 32763 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	Line 12a, I	Southwest Volusia Hlthcare Corp	Yes	
1055 Saxon Blvd Orange City, FL 32763 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Inc	Yes	
718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
305 East Oak Street Apopka, FL 32703 20-5774856	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
485 North Keller Road 250 Maitland, FL 32751 58-1473135	Management Services	TN	501(c)(3)	Line 12b, II	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
900 Hope Way Altamonte Springs, FL 32714 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	Line 7	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	University Community Hospital Inc	Yes	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Lease to Related Organization	FL	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Line 12c, III-FI	N/A		No
485 North Keller Road 250 Maitland, FL 32751 47-2219363	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 12a, I	N/A		No
3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
13601 Bruce B Downs Blvd Ste 110 Tampa, FL 33613 59-3686109	Home Health Services	GA	501(c)(3)	Line 10	West Florida Health Inc	Yes	
500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	N/A	C				Yes	
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	N/A	C				Yes	
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C				Yes	
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Inactive	TX	N/A	C				Yes	
Central Texas Providers Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org.	TX	N/A	C				Yes	
Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C				Yes	
Florida Hosp Hlth Village Property Owner's Assoc Inc 550 E Rollins Street 7th Floor Orlando, FL 32803 82-1748255	Condo Association	FL	N/A	C				Yes	
Florida Hospital Healthcare System Inc 101 Southhall Lane Ste 150 Maitland, FL 32751 59-3215680	PHSO	FL	N/A	C				Yes	
Florida Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	N/A	C				Yes	
Florida Memorial Health Network Inc (11 - 102419) 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org.	FL	N/A	C				Yes	
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	N/A	C				Yes	
LN Health Partners Inc 550 E Rollins Street 6th Floor Orlando, FL 32803 81-3556903	Inactive	FL	N/A	C				Yes	
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Inactive	KS	N/A	C				Yes	
North American Health Services Inc & Sub 900 Hope Way Altamonte Springs, FL 32714 62-1041820	Lessor/Holding Co.	TN	N/A	C				Yes	
Ormond Prof Associates Condo Assoc'n Inc (430 year end) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	N/A	C				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC 28732 03-0380531	Condo Association	NC	N/A	C					Yes	
Porter Affiliated Health Services Inc 2525 S Downing Street Denver, CO 80210 84-0956175	Healthcare Services	CO	PorterCare Adventist Hlth System	C		4,505	100.000 %	Yes		
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	N/A	C				Yes		
The Garden Retirement Community Inc 485 North Keller Road Ste 250 Maitland, FL 32751 59-3414055	Real Estate Rental	FL	N/A	C				Yes		
Winter Park Medical Office Building I Condo Assoc Inc 601 East Rollins Street Orlando, FL 32803 45-2228478	Condo Association	FL	N/A	C				Yes		

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
Adventist Health System Sunbelt Healthcare Corporation	B	10,520,980	Amount Given
Adventist Health System Sunbelt Healthcare Corporation	M	9,624,449	% of Facility's Operating Expense
Adventist Health System Sunbelt Healthcare Corporation	P	4,930,316	Cost
Centura Health Corporation	M	86,297,984	% of Facility's Operating Exp/Rev
Centura Health Corporation	P	36,170,313	Cost
Rocky Mountain Adventist Healthcare Foundation	B	43,750	Amount Given
Rocky Mountain Adventist Healthcare Foundation	C	957,685	Amount Received
Centura Health Corporation	B	3,500,000	Amount Given