

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

Return of Organization Exempt From Income Tax

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

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

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

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
 ROCKY MOUNTAIN ADVENTIST HEALTHCARE Foundation
 % ANGELA FULLER
 Doing business as

D Employer identification number
 84-0745018

E Telephone number
 (303) 715-7600

G Gross receipts \$ 7,355,069

F Name and address of principal officer:
 GAYLE POTTLE
 950 E HARVARD AVE STE 230
 DENVER, CO 802105817

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 ▶

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

J Website: ▶ WWW.RMAHF.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1977 **M** State of legal domicile: CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 RAISE FUNDS, MANAGE ASSETS, INVEST ENDOWMENTS TO SUPPORT AVISTA, LITTLETON, PARKER, PORTER AND CASTLEROCK ADVENTIST HOSPITALS IN ACCORDANCE WITH DONOR'S WISHES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	20
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,711,804	5,837,210
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	796,770	966,354
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-124,879	-113,249
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,383,695	6,690,315
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,108,658	3,830,044
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,999,773	1,755,189
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	21,868
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,117,638		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,202,483	1,491,154
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,310,914	7,098,255
19 Revenue less expenses. Subtract line 18 from line 12	1,072,781	-407,940

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	19,880,696	20,401,111
21 Total liabilities (Part X, line 26)	1,250,560	2,115,559
22 Net assets or fund balances. Subtract line 21 from line 20	18,630,136	18,285,552

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 2021-04-30

GAYLE POTTLE INTERIM PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00958966

Firm's name ▶ BKD LLP Firm's EIN ▶

Firm's address ▶ 111 South Tejon Suite 800 Phone no. (719) 471-4290
 Colorado Springs, CO 809039848

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 ignite passionate giving by connecting generous hearts to transform lives.

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 \$ 4,845,374 including grants of \$ 3,830,044) (Revenue \$ 21,713)
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 ▶ 4,845,374

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	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? If "Yes," complete Schedule L, Part II	26	No
27	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? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	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)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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 (18), 1b (16), 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) CHRISTOPHER CAREY PRESIDENT	40.0 0.0	X		X				0	275,490	36,726
(2) DEANNA POTTLE INTERIM PRESIDENT	40.0 0.0	X		X				0	105,597	32,501
(3) BRANDON NUDD TRUSTEE	1.0 40.0	X						0	0	0
(4) ANDREW GAASCH TRUSTEE	1.0 40.0	X						0	0	0
(5) MICHELLE BROKAW CHAIRMAN	1.0 0.0	X		X				0	0	0
(6) TODD FOLKENBERG TRUSTEE	1.0 40.0	X						0	0	0
(7) KRIS ORDELHEIDE SECRETARY	1.0 40.0	X		X				0	0	0
(8) MICHAEL GOEBEL TRUSTEE	1.0 40.0	X						0	0	0
(9) MORRE DEAN TRUSTEE	1.0 40.0	X						0	0	0
(10) JILLYANN MCKINNEY TRUSTEE	1.0 40.0	X						0	0	0
(11) MARY ANN LITTLER TRUSTEE	1.0 0.0	X						0	0	0
(12) KEN BACON TRUSTEE	1.0 40.0	X						0	0	0
(13) JILL KENNEY TRUSTEE	1.0 0.0	X						0	0	0
(14) ERIC SHADLE TRUSTEE	1.0 40.0	X						0	0	0
(15) LEANNE NASO TRUSTEE	1.0 0.0	X						0	0	0
(16) CHRIS MILLER TRUSTEE	1.0 0.0	X						0	0	0
(17) ISAAC SENDROS VICE CHAIR	1.0 40.0	X		X				0	0	0

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) MATT LEARY TREASURER	1.0 40.0	X		X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	381,087		69,227

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 ► **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 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>		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

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 ► **0**

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	702,299		
	d Related organizations	1d	2,209,279		
	e Government grants (contributions)	1e	201,426		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,724,206		
	g Noncash contributions included in lines 1a - 1f: \$	1g	1,057,153		
	h Total. Add lines 1a-1f		5,837,210		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			0			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		960,358			960,358	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory		(i) Securities	237,502			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	231,506			
		c Gain or (loss)	7c	5,996			
	d Net gain or (loss)			5,996		5,996	
	8a Gross income from fundraising events (not including \$ 702,299 of contributions reported on line 1c). See Part IV, line 18						
			8a	298,286			
		b Less: direct expenses	8b	433,248			
	c Net income or (loss) from fundraising events			-134,962		-134,962	
	9a Gross income from gaming activities. See Part IV, line 19			0			
			9a	0			
		b Less: direct expenses	9b	0			
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances			0				
		10a	0				
	b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	900099	21,713	21,713				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		21,713					
12 Total revenue. See instructions		6,690,315	21,713		831,392		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,686,315	2,686,315		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,143,729	1,143,729		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	421,469		249,834	171,635
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,066,515	20,022	414,411	632,082
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	79,549	161	31,438	47,950
9 Other employee benefits	88,560	2,542	34,063	51,955
10 Payroll taxes	99,096		39,242	59,854
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	38,000		38,000	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	21,868			21,868
f Investment management fees	11,901			11,901
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,856		7,719	39,137
12 Advertising and promotion	61		61	
13 Office expenses	87,167		41,364	45,803
14 Information technology	77,030		61,269	15,761
15 Royalties	0			
16 Occupancy	55,890		55,890	
17 Travel	570,337	559,596	4,710	6,031
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	120,991		120,532	459
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	748		748	
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONOR RECOGNITION & GIFTS	17,287		7,960	9,327
b MEMBERSHIPS & DUES	11,813		11,713	100
c BUSINESS MEALS & ENTERTAINMENT	13,988		10,213	3,775
d BAD DEBT EXPENSE	433,009	433,009		
e All other expenses	6,076		6,076	
25 Total functional expenses. Add lines 1 through 24e	7,098,255	4,845,374	1,135,243	1,117,638
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	80,496	2	1,228,181
	3 Pledges and grants receivable, net	2,830,251	3	1,658,043
	4 Accounts receivable, net	32,301	4	60,225
	5 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	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	74,472	9	48,642
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	321,695		
	b Less: accumulated depreciation	315,135		
	11 Investments—publicly traded securities	15,830,490	11	16,609,263
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,025,377	15	790,197
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,880,696	16	20,401,111	
Liabilities	17 Accounts payable and accrued expenses	728,604	17	305,649
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	521,956	25	1,809,910
	26 Total liabilities. Add lines 17 through 25	1,250,560	26	2,115,559
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,521,373	27	1,617,793
	28 Net assets with donor restrictions	17,108,763	28	16,667,759
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	18,630,136	32	18,285,552	
33 Total liabilities and net assets/fund balances	19,880,696	33	20,401,111	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,690,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,098,255
3	Revenue less expenses. Subtract line 2 from line 1	3	-407,940
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,630,136
5	Net unrealized gains (losses) on investments	5	31,169
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	32,187
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,285,552

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 84-0745018

Name: ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDING SUPPORT FOR VARIOUS COMMUNITY ORGANIZATIONS THROUGH AVISTA ADVENTIST HOSPITAL FOUNDATION, CASTLE ROCK ADVENTIST HOSPITAL FOUNDATION, GLOBAL HEALTH INITIATIVES, LITTLETON ADVENTIST HOSPITAL FOUNDATION, OPERATION WALK DENVER, PARKER ADVENTIST HOSPITAL FOUNDATION, PORTER ADVENTIST HOSPICE FOUNDATION, AND PORTER ADVENTIST HOSPITAL FOUNDATION.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE Foundation

Employer identification number
84-0745018

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		
Total						

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,366,731	7,628,669	9,885,314	8,711,804	5,837,210	38,429,728
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	6,366,731	7,628,669	9,885,314	8,711,804	5,837,210	38,429,728
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						6,067,565
6 Public support. Subtract line 5 from line 4.						32,362,163

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	6,366,731	7,628,669	9,885,314	8,711,804	5,837,210	38,429,728
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	774,152	748,922	817,328	847,479	960,358	4,148,239
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						0
11 Total support. Add lines 7 through 10						42,577,967
12 Gross receipts from related activities, etc. (see instructions)					12	58,017

13 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	76.007 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	76.846 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** 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 **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Section B. Total Support

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

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

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

Section D. Computation of Investment Income Percentage

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

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
1	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>		
	1		
2	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>		
	2		
3a	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>		
	3a		
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>		
	3b		
c	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>		
	3c		
4a	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>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	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>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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	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.

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 84-0745018

Name: ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

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 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 for instructions and the latest information.

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE Foundation

Employer identification number
84-0745018

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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
1a Beginning of year balance	3,713,610	3,529,788	3,215,554	3,132,614	2,421,117
b Contributions		49,444	117,270	55,705	608,396
c Net investment earnings, gains, and losses	156,801	134,378	196,964	140,747	103,101
d Grants or scholarships					
e Other expenditures for facilities and programs				100,000	
f Administrative expenses				13,512	
g End of year balance	3,870,411	3,713,610	3,529,788	3,215,554	3,132,614

- 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 ▶ 67.624 %
 - c** Temporarily restricted endowment ▶ 32.376 %
- 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:
- | | | |
|--|-------------------|-----------|
| | Yes | No |
| (i) unrelated organizations | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b Yes | No |
- 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
1a Land				
b Buildings				
c Leasehold improvements		211,475	211,475	0
d Equipment		93,426	86,866	6,560
e Other		16,794	16,794	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				6,560

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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	0
(2) DUE TO HOSPITALS & OTHER ORGS	1,809,910
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,809,910

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.

1	Total revenue, gains, and other support per audited financial statements		1	6,385,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	31,169	
b	Donated services and use of facilities	2b	42,666	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 73,835
3	Subtract line 2e from line 1			3 6,311,677
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,910	
b	Other (Describe in Part XIII.)	4b	366,728	
c	Add lines 4a and 4b			4c 378,638
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 6,690,315

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.

1	Total expenses and losses per audited financial statements		1	6,730,096
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	42,666	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 42,666
3	Subtract line 2e from line 1			3 6,687,430
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,910	
b	Other (Describe in Part XIII.)	4b	398,915	
c	Add lines 4a and 4b			4c 410,825
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 7,098,255

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: 84-0745018

Name: ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	<p>THE FOUNDATION'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES: THE CAMPBELL TRUST WAS ESTABLISHED UNDER THE TERMS OF AN ESTATE, TO BE HELD IN PERPETUITY FOR THE BENEFIT OF AVISTA ADVENTIST HOSPITAL (AVISTA). THE PRINCIPAL OF THE TRUST AND ITS ACCUMULATED REALIZED AND UNREALIZED GAINS ARE RESTRICTED AND CANNOT BE ACCESSED BY THE FOUNDATION. THE EARNINGS OF THE TRUST ARE DISTRIBUTED PERIODICALLY TO THE FOUNDATION AND ARE RESTRICTED FOR USE AT AVISTA AS DETERMINED BY AVISTA'S EXECUTIVE BOARD. THE KISSINGER LIBRARY ENDOWMENT CONSISTS OF DONATIONS THAT HAVE BEEN PERMANENTLY RESTRICTED BY THE DONORS. THE EARNINGS FROM THE ENDOWMENT ARE RESTRICTED FOR THE BENEFIT OF THE KISSINGER LIBRARY. THE OPERATION WALK DENVER - MEDICAL MISSION TRIPS CONSISTS OF EARNINGS FROM THIS ENDOWMENT ARE RESTRICTED FOR THE BENEFIT OF OPERATION WALK DENVER MEDICAL MISSIONS. THE JOHN SACKETT ENDOWMENT FUND CONSISTS OF DONATIONS THAT HAVE BEEN PERMANENTLY RESTRICTED BY DONORS. THE EARNINGS FROM THIS ENDOWMENT ARE RESTRICTED FOR THE SUPPORT FOR THE MISSION OF AVISTA ADVENTIST HOSPITAL. THE PORTER HOSPITALITY HOUSE ENDOWMENT FUND WAS ESTABLISHED BY THE BOARD OF DIRECTORS FOR THE SOLE BENEFIT OF THE PORTER HOSPITALITY HOUSE. THE EARNINGS FROM THIS ENDOWMENT ARE RESTRICTED FOR THE SUPPORT FOR THE PORTER HOSPITALITY HOUSE. THE PERMANENTLY RESTRICTED PORTION OF THE FUND CONSISTS OF DONATIONS THAT HAVE BEEN PERMANENTLY RESTRICTED BY DONORS. THE BOARD OF DIRECTORS MAY ALLOCATE FOUNDATION FUNDS TO THE FUND AS BOARD-DESIGNATED ENDOWMENT.</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 . BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	(32,187) - Change in beneficial interest in perpetual trust 433,008 - Loss on Uncollectible pledges netted with revenue on financial statements (34,093) - Special Event expense grouped with revenue on financial statements 366,728 - Total

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	433,008- Loss on Uncollectible pledges netted with revenue on financial statements (34,093) - Special Event expense grouped with revenue on financial statements 398,915 - Total

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE Foundation

Employer identification number
84-0745018

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			1,703,325
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			1,703,325

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUPPORT OF OPERATIONS HEALTH, LITTLETON ADVENTIST HOSPITAL, PORTER ADVENTIST HOSPITAL, PORTER HOSPICE, PARKER ADVENTIST HOSPITAL, PORTER PLACE RETIREMENT, AND INTERNATIONAL MEDICAL MISSIONS.	181,547	Wire Transfe	1,046	EQUIP/SUPPLIES	FMV
		South Asia	SUPPORT OPERATIONS	31,411	Wire transfe		EQUIP/SUPPLIES	FMV
		Sub-Saharan Africa	SUPPORT OPERATIONS	90,586	Wire transfe		Equip/supplies	FMV
		Central America and the Caribbean	Support of Operations	839,139	Wire Transfe	839,139	Equip/supplies	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶** _____ **3**

3 Enter total number of other organizations or entities **▶** _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	THE ORGANIZATION PROVIDES GRANTS TO SUPPORT THE EFFORTS OF CERTAIN GROUPS AND PROGRAMS AFFILIATED WITH PORTERCARE ADVENTIST HEALTH SYSTEM.

Additional Data

Software ID:

Software Version:

EIN: 84-0745018

Name: ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Grantmaking		182,593
South Asia			Grantmaking		31,411

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		90,586
Central America and the Caribbean			Grantmaking		839,139

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	TRAVEL	272,943
South Asia			Program Services	TRAVEL	28,008

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	TRAVEL	96,719
Central America and the Caribbean			Program Services	TRAVEL	156,676

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	TRAVEL	5,250

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE Foundation

Employer identification number
84-0745018

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GAINWRITING LLC 700 south main st Haverhill, MA 01838	Grant Writing		No	162,301	8,775	153,526
Elizabeth Henry 1415 S BELLAIRE ST Denver, CO 80222	Grant Writing		No	71,645	14,535	57,110
Total				233,946	23,310	210,636

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

CO

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>WALK OF DREAMS</u> (event type)	<u>SOUP FOR THE SO</u> (event type)	<u>6</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	276,626	230,670	493,289	1,000,585
2 Less: Contributions	237,758	191,246	273,295	702,299
3 Gross income (line 1 minus line 2)	38,868	39,424	219,994	298,286
4 Cash prizes				
5 Noncash prizes	11,802	8,307	19,371	39,480
6 Rent/facility costs	21,399	32,228	138,234	191,861
7 Food and beverages	38,009	15,785	5,371	59,165
8 Entertainment	31,960	34,306	16,687	82,953
9 Other direct expenses	11,513	9,293	38,983	59,789
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				433,248
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-134,962

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Note: To capture the full content of this document, 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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization ROCKY MOUNTAIN ADVENTIST HEALTHCARE Foundation

Employer identification number 84-0745018

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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance.

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

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)					
(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
SCHEDULE I, PART I, LINE 2	A REIMBURSEMENT IS MADE TO THE FACILITY WITHIN PORTERCARE ADVENTIST HEALTH SYSTEM AFTER PURCHASES AND EXPENDITURES ARE MADE. WE REQUIRE A COPY OF THE PAID CHECK TO VERIFY THAT FUNDS ARE USED ACCORDINGLY.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

Employer identification number
84-0745018

Part I Questions Regarding Compensation

	Yes	No
1a 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 type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input 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 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	1b	
2 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?	2	
3 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		
4 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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 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.	7	No
8 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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				
1 CHRISTOPHER CAREY PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	206,184	68,264	1,042	9,800	26,926	312,216	

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
schedule j, part i, line 3	COMPENSATION IS PAID BY AN AFFILIATE, WHO IS REIMBURSED BY ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION. PLEASE SEE SCHEDULE O, PART VI, QUESTION 15A & 15B NARRATIVE REGARDING EXECUTIVE COMPENSATION DETERMINATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

Employer identification number
84-0745018

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	4	6,103	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		20,473	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	100,100	FAIR MARKET VALUE
19 Food inventory	X	83	76,416	FAIR MARKET VALUE
20 Drugs and medical supplies	X	23	854,061	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	The number of contributions reported is the number of contributions received, not the number of individual items contributed.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Employer identification number

84-0745018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART V, Line 2A	NO FORM W-3 IS FILED FOR ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION BECAUSE THE 26 EMPLOYEES OF THE FOUNDATION ARE COMPENSATED THROUGH AN AFFILIATED ORGANIZATION, WHICH IS REIMBURSED BY THE FOUNDATION FOR THESE EMPLOYEES' SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6, &A & 7B	PORTERCARE ADVENTIST HEALTH SYSTEM (PCAHS), A COLORADO NONPROFIT CORPORATION, IS THE SOLE MEMBER OF ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION (RMAHF). PCAHS SHALL HAVE THE AUTHORITY TO ELECT AND REMOVE BOARD MEMBERS, APPOINT THE PRESIDENT AFTER CONSULTATION WITH THE BOARD, APPROVE AMENDMENTS TO THE BYLAWS, APPROVE THE INCURRENCE OF ANY PROMISSORY NOTE, DEBT INSTRUMENT OR THE GUARANTY OF ANY INDEBTEDNESS BY OR ON BEHALF OF RMAHF IN EXCESS OF \$100,000 OR ANY CAPITAL LEASE WITH FUTURE PAYMENTS IN EXCESS OF \$100,000, AND EXERCISE ALL OTHER RIGHTS CONFERRED BY LAW UPON THE MEMBER OF A NONPROFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INTERNAL REVIEW OF THE FORM 990 IS CONDUCTED BY THE OFFICERS OF THE BOARD. THE FORM 990 IS APPROVED BY THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR RESOLVING ANY POSSIBLE CONFLICTS OF INTEREST. ANY PERSON WHO HAS A CONFLICT OF INTEREST IS RECUSED FROM VOTING ON THAT MATTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	EVERY YEAR, A REVIEW OF OTHER OFFICER AND KEY EMPLOYEE PAY IS FORMALLY CONDUCTED AND DOCUMENTED BY CENTURA HEALTH HUMAN RESOURCES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	Other Changes in net assets: Change in beneficial interest in perpetual trust 32,187

**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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

Employer identification number

84-0745018

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

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s 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.

(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).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-0745018

Name: ROCKY MOUNTAIN ADVENTIST HEALTHCARE
Foundation

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	Healthcare	FL	501(c)(3)	Line 3	MAH		No
9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fundraising	KS	501(c)(3)	Line 7	SMMC		No
770 West Granada Blvd 319 Ormond Beach, FL 32174 83-3768458	Inactive	FL	501(c)(3)	Line 12a	mhs		No
770 West Granada Blvd 304 Ormond Beach, FL 32174 83-3748461	INactive	FL	501(c)(3)	Line 12a	mhs		No
3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	Line 12a	uch		No
900 Hope Way Altamonte Springs, FL 32714 84-1817046	Inactive	FL	501(c)(3)	Line 3	AHSSH		No
40100 US Highway 27 N Davenport, FL 33837 84-1793121	Hospital	FL	501(c)(3)	Line 3	AHSSH		No
410 South 11th Street Lake Wales, FL 33853 83-4672945	Hospital	FL	501(c)(3)	Line 3	AHSSH		No
1301 S Main Street Ottawa, KS 66067 83-0976641	Hospital	KS	501(c)(3)	Line 3	AHMA		No
671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Hospital	FL	501(c)(3)	Line 2	AHSS		No
14055 Riveredge Drive Tampa, FL 33637 47-1881744	Healthcare	FL	501(c)(3)	Line 10	AHSSH		No
14055 Riveredge Drive Ste 250 Tampa, FL 33637 84-3225135	Imaging & Tes	FL	501(c)(3)	Line 12a	AHWAFS		No
500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Hospital	IL	501(c)(3)	Line 3	AMH		No
730 Courtland Street Orlando, FL 32804 20-5774723	Elder Care	FL	501(c)(3)	Line 10	SHCC		No
701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Hospital	IL	501(c)(3)	Line 3	AMH		No
9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Healthcare	KS	501(c)(3)	Line 12c	AHSS		No
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-4138353	Healthcare	IL	501(c)(3)	Line 3	AHSMM		No
900 Hope Way Altamonte Springs, FL 32714 59-2170012	MGMT SVCS	FL	501(c)(3)	Line 12c	NA		No
1035 Red Bud Road Calhoun, GA 30701 58-1425000	Hospital	GA	501(c)(3)	Line 3	AHSSH		No
900 Hope Way Altamonte Springs, FL 32714 59-1479658	Hospital	FL	501(c)(3)	Line 3	AHSSH		No

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	Property Mgmt	TX	501(c)(3)	Line 12c	AHSSH		No
120 North Oak Street Hinsdale, IL 60521 36-2276984	Hospital	IL	501(c)(3)	Line 3	AHSS		No
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 81-1105774	Healthcare	IL	501(c)(3)	Line 3	AHS MM		No
2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-3354567	Healthcare	IL	501(c)(3)	Line 12a	AMH		No
1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Property Mgmt	TX	501(c)(3)	Line 12c	AHSSH		No
305 E Oak Street Apopka, FL 32703 51-0605694	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No
900 Hope Way Altamonte Springs, FL 32714 38-1359189	Healthcare	MI	501(c)(3)	Line 3	AHSS		No
401 Palmetto Street New Smyrna Beach, FL 32168 59-1054892	Hospital	FL	501(c)(3)	Line 12c	NA		No
500 Remington Blvd Bolingbrook, IL 60440 90-0494445	Fundraising	IL	501(c)(3)	Line 7	mhf		No
950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Elder Care	KY	501(c)(3)	Line 10	shcc		No
301 Huguley Blvd Burleson, TX 76028 20-5782243	Elder Care	TX	501(c)(3)	Line 10	shcc		No
1333 West Main Princeton, KY 42445 51-0605680	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No
1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Hospital	TX	501(c)(3)	Line 12a	AHSS		No
250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No
1220 Third Avenue West Durand, WI 54736 39-1365168	Hospital	WI	501(c)(3)	Line 3	AHSS		No
730 Courtland Street Orlando, FL 32804 51-0605682	Property Mgmt	GA	501(c)(3)	Line 1	shcc		No
107 Boyles Drive Russellville, KY 42276 20-5782260	Elder Care	KY	501(c)(3)	Line 10	shcc		No
7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No
250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Elder Care	FL	501(c)(3)	Line 10	shcc		No
900 Hope Way Altamonte Springs, FL 32714 58-2171011	Healthcare	GA	501(c)(3)	Line 3	AHSS		No

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(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
100 Hospital Drive Hendersonville, NC 28792 56-0543246	Hospital	NC	501(c)(3)	Line 3	AHSSH		No
3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Elder Care	FL	501(c)(3)	Line 10	shcc		No
13100 Fort King Road Dade City, FL 33525 82-2567308	Hospital	FL	501(c)(3)	Line 3	AHSSH		No
770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804	Healthcare	FL	501(c)(3)	Line 3	AHSS		No
2600 Westhall Lane 4th Floor Maitland, FL 32751 59-3214635	Healthcare	FL	501(c)(3)	Line 3	AHSS		No
1500 SW 1st Avenue Ocala, FL 34471 82-4372339	Hospital	FL	501(c)(3)	Line 3	AHSSH		No
12470 Telecom Dr 100 Tampa, FL 33637 46-2021581	Healthcare	FL	501(c)(3)	Line 3	AHSSH		No
1000 Waterman Way Tavares, FL 32778 59-3140669	Hospital	FL	501(c)(3)	Line 3	AHSSH		No
7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Hospital	FL	501(c)(3)	Line 3	AHSS		No
2600 Westhall Lane 4th Floor Maitland, FL 32751 55-0789387	Imaging & Tes	FL	501(c)(3)	Line 3	fimg		No
485 North Keller Road 250 Maitland, FL 32751 47-2180518	Elder Care	FL	501(c)(3)	Line 10	shcc		No
701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fundraising	IL	501(c)(3)	Line 7	MHF		No
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fundraising	FL	501(c)(3)	Line 12c	NA		No
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fundraising	FL	501(c)(3)	Line 7	NA		No
120 North Oak Street Hinsdale, IL 60521 52-1466387	Fundraising	IL	501(c)(3)	Line 7	MHF		No
480 W Central Parkway Altamonte Springs, FL 32714 59-2935928	Hospice	FL	501(c)(3)	Line 10	CHCG		No
485 North Keller Road 250 Maitland, FL 32751 20-8023411	Therpay SVC	KS	501(c)(3)	Line 12b	shcc		No
5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fundraising	IL	501(c)(3)	Line 7	MHF		No
485 North Keller Road 250 Maitland, FL 32751 81-3923985	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No
305 Memorial Medical Pkwy 212 Daytona Beach, FL 32117 31-1771522	Fundraising	FL	501(c)(3)	Line 7	NA		No

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 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Hospital	FL	501(c)(3)	Line 3	AHSS		No	
701 West Plymouth Avenue Deland, FL 32720 59-3256803	Hospital	FL	501(c)(3)	Line 3	mhs		No	
60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Hospital	FL	501(c)(3)	Line 3	mhs		No	
210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Hospital	KY	501(c)(3)	Line 3	AHSSH		No	
9700 West 62nd Street Merriam, KS 66203 36-4595806	Property Mgmt	KS	501(c)(3)	Line 12c	shcc		No	
2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Hospital	TX	501(c)(3)	Line 3	AHSSH		No	
2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Healthcare	TX	501(c)(3)	Line 3	MAH		No	
120 North Oak Street Hinsdale, IL 60521 35-2230515	Administratio	IL	501(c)(3)	Line 12b	NA		No	
500 Beck Lane Mayfield, KY 42066 20-5782320	Elder Care	KY	501(c)(3)	Line 10	shcc		No	
485 North Keller Road 250 Maitland, FL 32751 90-0866024	Elder Care	GA	501(c)(3)	Line 12b	shcc		No	
9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Healthcare	MO	501(c)(3)	Line 12d	AHH		No	
301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Hospital	FL	501(c)(3)	Line 12c	NA		No	
485 North Keller Road 250 Maitland, FL 32751 81-3165729	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	
6501 West 75th Street Overland Park, KS 66204 20-5774821	Elder Care	KS	501(c)(3)	Line 10	shcc		No	
950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	
2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 20-8488713	Hospital	FL	501(c)(3)	Line 3	AHSSH		No	
9100 E Mineral Circle Centennial, CO 80112 84-0438224	Hospital	CO	501(c)(3)	Line 3	AHSSH		No	
1333 West Main Princeton, KY 42445 20-5782272	Elder Care	KY	501(c)(3)	Line 10	shcc		No	
601 E Rollins Street Orlando, FL 32803 59-1191045	Healthcare	FL	501(c)(3)	Line 10	AHSSH		No	
900 Hope Way Altamonte Springs, FL 32714 26-3789368	Healthcare	FL	501(c)(3)	Line 12a	AHSSH		No	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(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)		
						Yes	No	
485 North Keller Road 250 Maitland, FL 32751 20-8040875	Administrativ	FL	501(c)(3)	Line 12b	shcc		No	
2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Hospital	TX	501(c)(3)	Line 12a	AHSS		No	
683 East Third Street Russellville, KY 42276 51-0605691	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	
1900 Medical Parkway San Marcos, TX 78666 51-0605693	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	
1900 Medical Parkway San Marcos, TX 78666 20-5782224	Elder Care	TX	501(c)(3)	Line 10	shcc		No	
6501 West 75th Street Overland Park, KS 66204 48-0952508	Property Mgmt	KS	501(c)(3)	Line 12c	shcc		No	
485 North Keller Road 250 Maitland, FL 32751 81-3914908	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	
9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Hospital	KS	501(c)(3)	Line 3	AHH		No	
38250 A Avenue Zephyrhills, FL 33542 51-0605679	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	
401 Palmetto Street New Smyrna Beach, FL 32168 47-3793197	Hospital	FL	501(c)(3)	Line 3	AHSSH		No	
1055 Saxon Blvd Orange City, FL 32763 59-3281591	Hospital	FL	501(c)(3)	Line 12a	SVH		No	
1055 Saxon Blvd Orange City, FL 32763 59-3149293	Hospital	FL	501(c)(3)	Line 3	AHSS		No	
1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Healthcare	TX	501(c)(3)	Line 3	AHSS		No	
718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Elder Care	KY	501(c)(3)	Line 10	shcc		No	
305 East Oak Street Apopka, FL 32703 20-5774856	Elder Care	FL	501(c)(3)	Line 10	shcc		No	
485 North Keller Road 250 Maitland, FL 32751 58-1473135	Mgmt Svcs	TN	501(c)(3)	Line 12b	AHSSH		No	
900 Hope Way Altamonte Springs, FL 32714 59-2219301	Fundraising	FL	501(c)(3)	Line 7	AHSSH		No	
1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Hospital	FL	501(c)(3)	Line 3	UCH		No	
301 Huguley Blvd Burleson, TX 76028 51-0605677	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	
718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No	

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
605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Property Mgmt	FL	501(c)(3)	Line 12c	AHSSH		No
60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Hospital	FL	501(c)(3)	Line 12c	NA		No
485 North Keller Road 250 Maitland, FL 32751 47-2219363	Elder Care	FL	501(c)(3)	Line 10	shcc		No
9700 West 62nd Street Merriam, KS 66203 20-5774890	Elder Care	KS	501(c)(3)	Line 10	shcc		No
3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fundraising	FL	501(c)(3)	Line 12a	NA		No
3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Hospital	FL	501(c)(3)	Line 3 -	AHSSH		No
13601 Bruce B Downs Blvd Ste 110 Tampa, FL 33613 59-3686109	Healthcare	GA	501(c)(3)	Line 10	WFH		No
500 Beck Lane Mayfield, KY 42066 51-0605676	Property Mgmt	GA	501(c)(3)	Line 12c	shcc		No
38250 A Avenue Zephyrhills, FL 33542 20-5774930	Elder Care	FL	501(c)(3)	Line 10	shcc		No
7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Elder Care	FL	501(c)(3)	Line 10	shcc		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
Clear Creek MOB Ltd (1119-3519) 2201 S Clear Creek Rd Killeen, TX 76549 74-2609195	Real Estate	TX	CCM					No	0		No	
Florida Hospital DMERT LLC 500 Winderley Place Ste 324 Maitland, FL 32751 20-2392253	Medical Equip	FL	PPS					No	0		No	
Florida Hospital Home Infusion LLP 500 Winderley Place Ste 226 Maitland, FL 32751 59-3142824	Home Infusion	FL	PPSFHW					No	0		No	
Heart of Florida Surgery Center LLC 410 Lionel Way 100 Davenport, FL 33837 81-2235296	Surgery Cente	DE	AHPN					No	0		No	
Functional Neurosurgical Ambulatory Surg 11 W Dry Creek Circle 120 Littleton, CO 80120 46-4426708	Surgery Cente	CO	PAHS					No	0		No	
PAHS OnPoint Urgent Care LLC (382019) 9100 E Mineral Circle Centennial, CO 80112 83-2465331	Urgent Care C	CO	PAHS					No	0		No	
Princeton Homecare Services LLC 1050 Forrer Blvd Kettering, OH 45420 81-4196648	Home Health	FL	PPS					No	0		No	
San Marcos MRI LP 1330 Wonder World Dr Ste 202 San Marcos, TX 78666 77-0597972	Imaging & Tes	TX	AHSS					No	0		No	
The Bariatric Center of Kansas City LLC 9100 W 74th Street Merriam, KS 66204 82-3025378	Surgery Cente	KS	NAHS					No	0		No	

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 Asso 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Associa	FL	AHSS	c corporation					
Apopka Medical Plaza Condominium Associa 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Associa	FL	AHSS	c corporation					
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate R	TX	MAH	c corporation					
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Inactive	TX	AHSS	c corporation					
Central Texas Providers Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Hospital	TX	AHSS	c corporation					
Florida Hospital Flagler Medical Offices 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Associa	FL	MHG	c corporation					
Florida Hosp Hlth Village Property Owne 550 E Rollins Street 7th Floor Orlando, FL 32803 82-1748255	Condo Associa	FL	AHSS	c corporation					
Florida Hospital Healthcare System Inc 101 Southhall Lane Ste 150 Maitland, FL 32751 59-3215680	PHSO	FL	AHSS	c corporation					
Florida Medical Plaza Condominium Associ 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Associa	FL	AHSS	c corporation					
Florida Memorial Health Network Inc (1 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Hospital	FL	MHS	c corporation					
Kissimmee Multispecialty Clinic Condomin 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Associa	FL	AHSS	c corporation					
LN Health Partners Inc 550 E Rollins Street 6th Floor Orlando, FL 32803 81-3556903	Inactive	FL	AHSSH	c corporation					
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, FL 66204 48-0901551	Inactive	KS	AHMA	c corporation					
North American Health Services Inc & S 900 Hope Way Altamonte Springs, FL 32714 62-1041820	Lessor/Holdin	TN	AHSSH	c corporation					
Ormond Prof Associates Condo Assoc'n In 770 W Granada Blvd Ste 101 Ormond Beach, KS 32174 59-2694434	Condo Associa	FL	MHS	c corporation					

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 1 Park Place Naples Road Fletcher, FL 28732 03-0380531	Condo Associa	NC	FH	c corporation					
Porter Affiliated Health Services Inc 2525 S Downing Street Denver, FL 80210 84-0956175	Healthcare Se	CO	PAHS	c corporation					
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, NC 78666 77-0597968	Holding Compa	TX	AHSS	c corporation					
The Garden Retirement Community Inc 485 North Keller Road Ste 250 Maitland, CO 32751 59-3414055	Real Estate R	FL	SHCC	c corporation					
Winter Park Medical Office Building I Co 601 East Rollins Street Orlando, TX 32803 45-2228478	Condo Associa	FL	AHSS	c corporation					