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Part IIISTatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

Our company, a faith based organization, invests in charity care, community programs and sponsorships designed to nurture the health of the people of Colorado with a goal to keep them healthy and out of the hospital

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 560,358,204 including grants of \$ 1,463,875) (Revenue \$ 687,347,196)

See Schedule O

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 \$ 560,358,204 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	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	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b–24d and complete Schedule K. If "No," go to question 25	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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a4,483		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body . . .

1a

4

1b

Enter the number of voting members that are independent . . .

1b

2

2

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

2

No

3

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

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets? . . .

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .

7b

Yes

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

Yes

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

Yes

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13 . . .

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

No

Section C. Disclosure

17

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

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
Kyle Engman
188 Inverness Dr W Suite 500
Englewood, CO 80112
(303) 804-8108

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(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				
1b Total									7,058,895	2,011,611	989,421

		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>	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Sound Patient Physicians 1123 Pacific Ave Tocoma, WA 98402	Physicians	1,702,597
AMN Healthcare File 56157 Los Angeles, CA 90074	General Contractors	1,475,355
Hospital Cooperative Laundry 6225 East 38th Ave Denver, CO 80207	Laundry	1,220,224
Mediquest PO Box 10832 Newark, NJ 07193	Clerical	2,729,583
Hospital Shared Services 1395 S Platte River Rd Denver, CO 80223	Security	2,049,565
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		202

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a		1,499,735				
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d	1,319,608					
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	180,127					
	g	Noncash contributions included in lines 1a-1f \$ 677,053						
	h	Total (Add lines 1a-1f)						
	Program Service Revenue	2a	EQUITY IN UNCONSOLIDATED ORGS					Business Code 900,099
b		PATIENT SERVICE REVENUE		900,099	682,869,550	682,869,550		
c		EDUCATION REVENUE		900,099	161,540	161,540		
d		RESEARCH		900,099	532,042	106,940	425,102	
e		RELATED RENTAL REVENUE		900,099	1,775,738	1,775,738		
f		All other program service revenue						
g		Total. Add lines 2a-2f						
		\$ 686,916,377						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		7,531,494			7,531,494	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real 139,493	(ii) Personal	-42,836		-42,836	
	b	Less rental expenses	182,329					
	c	Rental income or (loss)	-42,836					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 445,456	355,751		355,751	
	b	Less cost or other basis and sales expenses		89,705				
	c	Gain or (loss)		355,751				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a			0			
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a			0			
	b	Less direct expenses b						
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances a			0			
	b	Less cost of goods sold . . . b						
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	Business Code					
	11a	DIETARY REVENUE	900,099	63,272		63,272		
	b	PHARMACY REVENUE	900,099	2,494,679		2,436,114	58,565	
c	CAFETERIA REVUENUE	900,099	2,589,210			2,589,210		
d	All other revenue _____		591,815		126,162	465,653		
e	Total. Add lines 11a-11d							
	\$ 5,738,976							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			701,999,497	687,347,196	2,194,729	10,957,837	

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	1,430,688	1,430,688		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	31,193	31,193		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
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	204,661,206	163,728,965		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,691,035	8,552,828	2,138,207	
9	Other employee benefits	25,193,116	20,154,493	5,038,623	
10	Payroll taxes	13,713,538	10,970,830	2,742,708	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	-2,308		-2,308	
c	Accounting	161,320		161,320	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	116,047,879	92,838,303	23,209,576	
12	Advertising and promotion	3,715,343	3,216,532	498,811	
13	Office expenses	122,377,680	120,004,389	2,373,291	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	13,286,490	10,629,192	2,657,298	
17	Travel	800,530	640,823	159,707	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	20,839,259	20,839,259		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	45,973,534	36,778,827	9,194,707	
23	Insurance	4,763,874	3,811,099	952,775	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad debts	65,273,445	65,273,445		
b	Dues & subscriptions	839,592	671,674	167,918	
c	Community support	157,037	157,037		
d	Income/sales/property taxes	641,744	513,395	128,349	
e	Other expenses	144,040	115,232	28,808	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	650,740,235	560,358,204	90,382,031	0
26	Joint Costs. Check <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,150,800	1	806,080
	2 Savings and temporary cash investments	67,977,084	2	84,486,356
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	95,667,501	4	81,189,256
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	817,562	7	1,217,612
	8 Inventories for sale or use	14,075,742	8	14,187,543
	9 Prepaid expenses and deferred charges	2,300,474	9	1,349,390
	10a Land, buildings, and equipment cost basis	10a 643,226,635		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 204,528,598	449,439,701	10c 438,698,037
	11 Investments—publicly traded securities	246,302,352	11	309,544,002
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	22,984,058	12	25,434,060
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets	99,231,717	14	91,738,591
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	41,507,572	15	38,796,817
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,042,454,563	16	1,087,447,744	
Liabilities	17 Accounts payable and accrued expenses	26,124,972	17	49,708,796
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	466,529,944	25	442,844,417
	26 Total liabilities. Add lines 17 through 25	492,654,916	26	492,553,213
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	548,705,912	27	593,800,796
	28 Temporarily restricted net assets	1,093,735	28	1,093,735
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	549,799,647	33	594,894,531
	34 Total liabilities and net assets/fund balances	1,042,454,563	34	1,087,447,744

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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?	2c	
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?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Portercare Adventist Health System	Employer identification number 84-0438224
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. 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		
b33 1/3% Tests - 2007. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Richard Reiner , Board Chairman	1 0	X		X					983,865	216,833
Terry Shaw , Board Secretary/Treasurer	1 0	X		X					1,027,746	199,492
James Brauer , board member	1 0	X								
Roscoe Howard , Board Vice Chair	1 0	X		X						
Andrew Gaasch , CFO - PAH	40 0			X				175,457		29,322
Cheryl Curry , CFO -Avista Adventist Hospital	40 0			X				226,555		28,488
David Smith , VP Operations - AAH	40 0			X				197,790		29,500
John Sackett , CEO -Avista Adventist Hospital	40 0			X				392,112		63,947
Karsten Randolph , CFO - LAH	40 0			X				209,119		20,279
Kenneth Bacon , CEO - LAH	40 0			X				464,087		63,313
Mark LaRose , Chief Operating Office - PAH	40 0			X				186,685		19,314
Michael Blair , CFO - PAH	40 0			X				242,932		35,663
Michael Goebel , Chief Operating Officer - LAH	40 0			X				267,800		35,332
Steven Chen , CFO - PAH	40 0			X				234,469		6,518
Thomas Kenney , Physician - PAH	40 0					X		742,285		32,654
David Schrier , Physician - LAH	40 0					X		833,481		34,333
David Van Sickle , Physician - LAH	40 0					X		632,262		33,993
Nadine Mikhaeel-Kamel , Physician - PAH	40 0					X		678,700		21,372
John Prall , Physician - LAH	40 0					X		1,105,163		37,691
James Boyle , DIRECTOR	40 0						X	469,998		81,377

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a EQUITY IN UNCONSOLIDATED ORGS	900,099	1,577,507	2,433,428	-855,921	
b PATIENT SERVICE REVENUE	900,099	682,869,550	682,869,550		
c EDUCATION REVENUE	900,099	161,540	161,540		
d RESEARCH	900,099	532,042	106,940	425,102	
e RELATED RENTAL REVENUE	900,099	1,775,738	1,775,738		

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Portercare Adventist Health System

Employer identification number

84-0438224

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items	
a	Revenues included in 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 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 XIV

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,616,147	59,245,292		60,861,439
b Buildings	987,466	409,256,838	119,566,431	290,677,873
c Leasehold improvements		753,096	314,985	438,111
d Equipment	48,679	135,710,208	79,380,844	56,378,043
e Other	0	35,608,909	5,266,338	30,342,571
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				438,698,037

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other CENTURA HEALTH CORPORATION	22,491,591	
Other CRT	1,201,959	
Other DHH, LLC	-57,622	
Other HAND SURGERY CENTER	566,065	
Other ENDOSCOPY CENTER	51,932	
Other HARVARD PARK	233,825	
Other FLAT IRONS SURGERY CENTER	946,310	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED FINANCE COSTS	4,322,366
STATUTORY INSURANCE RESERVES	3,514,388
INTERCOMPANY RECEIVABLE	30,960,063
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CHARITABLE REMAINDER TRUST	1,172,265
PROFESSIONAL LIABILITY RESERVE	7,563,886
UNEMPLOYMENT CLAIMS	78,728
INTERCOMPANY PAYABLE	432,558,432
ENVIRONMENTAL REMEDIATION	339,364
OTHER MISCELLANEOUS	1,128,037
CAPITAL LEASES	3,705
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	442,844,417

In Part XIV, 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

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	701,999,497
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	650,740,235
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	51,259,262
4	Net unrealized gains (losses) on investments	4	-1,424,701
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,739,677
9	Total adjustments (net) Add lines 4 - 8	9	-6,164,378
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,094,884

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
REPORTING OF LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	Schedule D, PART X	Portercare Adventist Health System's financial information is included in the consolidated audited financial statements of ADVENTIST HEALTH SYSTEM (AHS), a related organization ahs FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS
OTHER ADJUSTMENTS	Schedule D, PART XI, LINE 8	Transfers from affiliates \$(4,695,817) Other changes in net assets \$ (43,860) ----- \$(4,793,677)

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care	3a	
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2)						
b Unreimbursed Medicaid (from worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used			
	<input type="checkbox"/> Cost accounting system			
	<input type="checkbox"/> Cost to charge ratio			
	<input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Portercare Adventist Health System

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
84-0438224

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

24

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
Tuition Reimbursement	2	31,194			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
organization's procedures for monitoring the use of grants	SCHEDULE I, Q 2	grants are made at the discretion of the facility CEOs The CEOs make requests for funding, which CAN BE EITHER a donation to A SPECIFIC entity OR an invoice for a specific expense All entity recipients of monies are 501(c)(3) entities As such, they ensure that all monies received are used for their intended purpose only For all tuition reimbursements, recipients are required to maintain minimum academic standards and provide documentation that they are meeting these standards Recipients must submit written substantiation of all expenses incurred before reimbursements will be paid

Software ID:

Software Version:

EIN: 84-0438224

Name: PorterCare Adventist Health System

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
Doctors Care191 E Orchard Rd Ste 102NE Littleton, CO 80121	84-1150815	501(c)(3)	20,000				Annual Donation for 2009
Clinica Campesina (Family Health Services)1345 Plaza Court North Suite 1A Lafayette, CO 80026	84-0743432	501(c)(3)	131,472				Paying for their monthly IPN fee in 2009
The Community Foundation 1123 Spruce St Boulder, CO 80302	84-1171836	501(c)(3)	10,000				Sponsorship of The Civic Forum 2008
Colorado Wellness Connection4960 E Mineral Circle Centennial, CO 80122	84-1504515	501(c)(3)	7,616				Coordination of 9Health Fair 2009
Colorado Physician Health Program899 Logan Street Denver, CO 80203	74-2425019	501(c)(3)	5,250				Spirit of Medicine Campaign Donation
Mile High Academy711 E Yale Denver, CO 80210	84-0525223	501(c)(3)	12,500				Education Partnership - Curriculum Enhancement
University of Denver2201 S Gaylord St Denver, CO 80208	84-0404231	501(c)(3)	87,891				Sponsorship
The Community Foundation 1123 Spruce St Boulder, CO 80302	84-1171836	501(c)(3)	10,000				Sponsorship of The Civic Forum 2009
Union College3800 S 48th Street Lincoln, NE 68506	47-0405319	501(c)(3)	14,000				Donation/Scholarships
ACS Community Lift5045 W 1st Ave Denver, CO 80219	84-0527826	501(c)(3)	60,000				Medical Services Van/Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
Parker Adventist Hospital 9395 Crown Crest Blvd Parker, CO 80138	84-0438224	501(c)(3)	11,389				Thankscaring Concert
Porter Adventist Hospital 2525 S Downing Denver, CO 840438224	84-0438224	501(c)(3)	25,348				Porter Chapel, Intern Reimb
Rocky Mountain Adventist Healthcare Foundation 7995 E Prentice Ave Suite 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	194,572				International Missions
Rocky Mountain Adventist Healthcare Foundation 7995 E Prentice Ave Suite 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	15,000				Operation Walk Fund Raising Gala 2008
Rocky Mountain Adventist Healthcare Foundation 7995 E Prentice Ave Suite 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	41,665				There is an accrual on Porter's GL for foundation
Rocky Mountain Adventist Healthcare Foundation 7995 E Prentice Ave Suite 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	372,278				
CATHOLIC HEALTH INITIATIVES - MISSION & MINISTRY 1999 BROADWAY SUITE 4000 DENVER, CO 80202	47-0617373	501(C)(3)	164,068				general support
CASTLEWOOD CHRISTIAN SCHOOL 7086 E Park Dr Franktown, CO 80116	84-0719073	501(C)(3)	5,500				Donation
North American Division of Seventh Day Adventists 12501 Old Columbia Pike Silver Springs, MD 20904	20-3164300	501(C)(3)	6,000				Sabbath Lunch Sponsor
Mile High Academy 711 E Yale Ave Denver, CO 80210	84-0525223	501(C)(3)	19,000				Golf sponsorship,donation for renovations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
Denver First SDA Church 6200 W Hampden Ave Denver, CO 80227	84-0968738	501(c)(3)	6,000				Donation
Glacier View Ranch8748 Overland Road Ward, CO 80481		501(c)(3)	44,860				Donation-Camp expenses
Vista Ridge Academy 3100 Ridgeview Dr Erie, CO 80516	84-0468738	501(c)(3)	48,300				Donation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

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 in 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"/> Housing allowance or residence for personal use		
	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in 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," to line 5a or 5b, describe in Part III			
6	For persons listed in 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," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

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

Schedule J (Form 990) 2008

Software ID:

Software Version:

EIN: 84-0438224

Name: PorterCare Adventist Health System

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Thomas Kenney	(i) (ii)	741,522		763		32,654	774,939	444,938
David Schrier	(i) (ii)	832,033		1,448		34,333	867,814	348,487
David Van Sickle	(i) (ii)	631,661		601		33,993	666,255	305,583
Nadine Mikhaeel-Kamel	(i) (ii)	677,896		804		21,372	700,072	266,610
John Prall	(i) (ii)	1,104,294		869		37,691	1,142,854	579,185
Andrew Gaasch	(i) (ii)	147,516	27,706	235		29,322	204,779	80,794
Cheryl Curry	(i) (ii)	168,714	16,492	41,349		28,488	255,043	90,586
David Smith	(i) (ii)	166,424	30,881	485		29,500	227,290	86,474
James Boyle	(i) (ii)	389,530	60,975	19,493		81,377	551,375	214,515
John Sackett	(i) (ii)	262,589	61,177	68,346		63,947	456,059	198,858
Karsten Randolph	(i) (ii)	123,344		85,775		20,279	229,398	19,456
Kenneth Bacon	(i) (ii)	296,996	62,117	104,974		63,313	527,400	249,797
Mark LaRose	(i) (ii)	161,241	24,742	702		19,314	205,999	131,649
Michael Blair	(i) (ii)	216,078	25,796	1,058		35,663	278,595	115,751
Michael Goebel	(i) (ii)	229,876	37,190	734		35,332	303,132	124,709
Steven Chen	(i) (ii)	80,729	39,859	113,881		6,518	240,987	
Richard Reiner	(i) (ii)	774,716	174,549	34,600	174,788	42,045	1,200,698	
Terry Shaw	(i) (ii)	774,716	210,663	42,367	168,231	31,261	1,227,238	

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe MISCELLANEOUS EQUIPMENT)	X	2	677,053	FMV
26 Other (describe)				
27 Other (describe)				
28 Other (describe)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

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 non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes", describe in Part II

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Portercare Adventist Health System	Employer identification number 84-0438224
---	---

Identifier	Return Reference	Explanation
Process the organization uses to review Form 990	Form 990, Part VI, Q 10	A draft of the Form 990 is provided to management, including the CFO, for review. The return is e-mailed to the entire board for review prior to filing. After presentation to the board, the tax department files the return with the appropriate federal agencies, making any non-substantive changes necessary to effect e-filing. Any such changes are not re-submitted to the board.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY	Form 990, Part VI, Q 12c	PORTERCARE ADVENTIST HEALTH SYSTEM HAS ADOPTED CENTURA HEALTH CORPORATION'S CONFLICT OF INTEREST POLICY. THE POLICY IS PROVIDED BELOW. STATEMENT OF POLICY: This policy applies to all interested persons defined as management (including the president, executive vice presidents, senior vice presidents, vice presidents, directors, and managers), supply chain management and respiratory therapy associates and board and board committee members of Centura Health (Centura). All interested persons owe a duty of loyalty and fidelity to the organization. This duty requires that they exercise the best care, skill and judgment for the benefit of Centura. A conflict of interest exists when the interested person and/or his/her immediate relations has a financial or other interest in a matter, which may influence the interested person's judgment when acting and exercising their fiduciary duties on behalf of Centura. Centura acknowledges that conflicts of interest may occasionally present themselves and that neither the elimination from the board or management of all persons who might potentially have any such conflict nor the avoidance of all transactions involving a conflict of interest would necessarily serve the best interests of Centura. Nonetheless, each interested person should avoid conflicts of interest and refrain from attempting to influence the decisions of management and/or the board on matters in which such interested person has a financial or other interest. It is, therefore, the policy of Centura to avoid the participation of any interested person in the consideration of a matter or decision that poses a conflict of interest or the appearance of a conflict of interest, for that interested person. Further, it is the policy of Centura that all interested persons be required to disclose any conflicts of interest, or possible conflicts of interest that might potentially affect their judgment in making decisions on behalf of Centura by completing a Conflict of Interest Disclosure Statement ("Disclosure Statement") annually. This policy is not intended to inhibit investments or activities unless such investments or activities would be harmful to Centura and/or its affiliates. This Policy is intended to supplement but not replace any applicable state laws governing conflicts of interests applicable to nonprofit and charitable organizations. 1. PROCEDURE FOR CONFLICT OF INTEREST REPORTING 1.1 The Centura Compliance Department administers an annual Conflict of Interest process (most usually starting in November) collecting and assessing any potential conflicts board members and related board committee members, materials management/supply chain as well as Centura management may have. The following process is followed: 1.1.1 A cover letter along with the Conflicts of Interest Policy and the Conflicts of Interest Disclosure Statement are automatically generated and distributed via e-mail utilizing the Comply Track Survey Manager tool. For those without email addresses, the documents are sent via US Mail. 1.1.2 A request is made to complete the Disclosure Statement from online and submit an electronic signature using the survey tool. For those without an email address, a request is made to fax or mail originals to the Compliance Department. 1.1.3 A report is compiled identifying all reported potential conflicts, no responses and no noted conflicts. 1.1.4 The report is reviewed for potential conflicts and categorized by type of conflict. 1.1.5 A memo is distributed to each facility CEO and CFO along with reported conflicts for processing and relevant action or follow-up. The CEO or CFO on behalf of the CEO will distribute information about specific conflicts to relevant department management for consideration in future business dealings/negotiations. 1.1.6 The report is shared with the Centura Board for information, discussion, and possible action relative to specific conflictive situations.

Identifier	Return Reference	Explanation
Members or stockholders	Form 990, Part VI, Q 6	The sole corporate member of PAHS is Adventist Health System (AHS).

Identifier	Return Reference	Explanation
MEMBER ELECTS ONE OR MORE MEMBERS OF GOVERNING BODY	Form 990, Part VI, Q 7a	The sponsor, AHS, has the power to appoint or remove the members of the governing body.

Identifier	Return Reference	Explanation
GOVERNING POWERS	Form 990, Part VI, Q 7b	The sponsor, AHS, acting through the board of trustees, maintains all rights permitted to be exercised by directors of a Colorado corporation except as limited by the organizations' articles, bylaws, or affiliation agreement with Catholic Health Initiatives, (CHI). The agreement of both AHSSHC and CHI is required for certain significant decisions involving Centura Facilities.

Identifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Q 15	OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOs AND CENTURA SENIOR EXECUTIVES. THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO, considered by, AND APPROVED BY THE COMPENSATION COMMITTEE. CENTURA'S HUMAN RESOURCES DEPARTMENT PERFORMS ANALYSES OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE REMAINDER OF CENTURA ASSOCIATES WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP.

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS COMPILED OR REVIEWED	Form 990, Part XI, Q 2	The Form 990 instructions require that an organization whose financial statements are included in a consolidated audited financial statement respond "No" to Question 2. The "No" response is misleading. THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE SYSTEM PARENT ADVENTIST HEALTH SYSTEM (AHS). AHS' AUDIT AND FINANCE COMMITTEES ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Identifier	Return Reference	Explanation
ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 40 HOUR-PER-WEEK EMPLOYEES.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS, COI POLICY, AND FINANCIAL STATEMENTS AVAILABLE	FORM 990, PART VI, Q 19	The organization's governing documents are available on the COLORADO Secretary of State's website. The conflict of interest policy AND FINANCIAL STATEMENTS ARE not available to the public.

Identifier	Return Reference	Explanation
Program Service Accomplishment	Form 990, Part III, Q 4a	<p>PORTERCARE Adventist Health System Colorado Across Colorado, more than 4,000 associates of the PORTERCARE Adventist Health System (PAHS) are changing lives inside and outside the hospitals, senior living communities, clinics and homes in w hich they w ork Through the many community programs and the charity care they provide for people throughout Colorado, pAHS health associates receive great satisfaction from fulfilling a mission of extending the healing ministry of Christ The Community Benefit Report is a collective list of various activities through w hich pAHS supports its neighbors throughout the state Community benefits are offered in the form of outreach and education, support groups, activities and clinics, as well as charity care As a nonprofit, faith-based organization, PAHS continually invests in fulfilling its mission In the most recent fiscal year PAHS invested the follow ing in its communities Community Benefit Annual Report FY 2009 Summary Introduction PORTERCARE Adventist Health System (PAHS) hospitals, a faith-based, nonprofit health care entity, since their earliest days, have placed an emphasis on w hole person care and on illness prevention, have preserved an unw avering commitment to their values and an understanding of the vital role that mnistering to spiritual needs can play in health care Committed to the mssion of continuing the healing ministry of Christ, PAHS builds upon its unique history, heritage and traditions to create a faith-based entity designed to advance the mission of their individual organizations Today, PAHS operates 4 hospitals Avista Adventist Hospital, Littleton Adventist Hospital, Parker Adventist Hospital and Porter Adventist Hospital In keeping w ith our mission, PAHS provides care for all regardless of ability to pay In fiscal year 2009, pAHS gave \$33 million to underprivileged individuals and the broader community in charity care, community education and outreach, and unpaid costs of Medicaid Quality healthcare is delivered in the service areas of Denver, Boulder, Littleton, Parker and surrounding communities in State of Colorado Quantitative Description of Community Benefit FY09 Estimated Number Community of People Served Benefit Cost Benefit for the Poor Charity care at cost \$16,378,766 Unpaid costs of public programs, Medicaid and other indigent care programs \$10,819,136 Community health services Subsidized health services Financial contributions \$3,044 Other benefit provided to the poor Total Benefit for the Poor 500 \$27,200,946 Benefit for the Broader Community Community health Services \$1,987,312 Health professions education and research \$3,732,347 Other benefit provided to the broader community \$699,785 Total Benefit for the Broader Community 265,139 \$6,419,444 Total Cost of Community Benefit 265,639 \$33,620,390 Unpaid Costs of Medicare* \$52,441,023 Total Cost of Community Benefit and the Unpaid Cost of Medicare \$86,061,413 * The unpaid cost of Medicare is not included in total community benefit Uncompensated Care PORTERCARE Adventist Health System provides a significant amount of uncompensated care each year The above table indicates that in fiscal year 2009, the cost of traditional charity care provided was \$16 3 million PAHS also incurred \$10 8 million in unreimbursed costs for services provided to Medicaid patients Frequently, the costs of providing services to participants of Medicaid are greater than the payments received from the program The same is true for Medicare PAHS incurred \$52 4 million in unreimbursed costs for Medicare Community Outreach for Persons w ho are Poor Donations to Project Cure Social Assistance Prescriptions This program provides medications at the time of discharge for low - income patients Cab Vouchers for Low Income Patients Community Outreach for the Broader Community Community Contributions PAHS Hospitals are proud to contribute to the local charities and organizations that help to meet their mission and care for the people or their community New Life Education Classes PAHS provides numerous child birthing preparation, sibling preparation, and exercise classes Safety Safari Provides safety information to children in the community Community Education Provides education regarding disease processes, safety and promoting health in the community Family Education Women's Services offers a variety of classes for the community, including CPR, Lactation and others Vim and Vigor Magazine Free community health and w ellness magazine Published quarterly Diabetes Aw areness Classes In these classes, Diabetics and their families learn to manage diabetes through nutrition, exercise, foot care, medications and the ins and outs of monitoring blood sugar Body of Know ledge - Community Talks A series of public lectures that cover various topics from cardiology and heart health to orthopedic surgery to new treatments for Parkinson's Disease Educational Programs for Clinical Professionals The Porter Hospital Transplant Program conducts numerous programs and seminars designed to educate the greater community on the latest advancements in transplant medicine Ask-a Nurse Calls Free health information and physician referral service for our community Nurses also assess health conditions from neck pain to a fever, and give free professional advice on w hat action to take next This program provides information and registration for hospital classes and events Student Precepting Supervising healthcare related students from various local and regional colleges and vocational schools Curious George Hospital Tours This program is geared to children aged 4-10 Based on the story "Curious George goes to the Hospital" and involves taking tours of all the departments that George visited The tour compliments the hospitals focus on creating a healing environment Children see a hospital as a less scary, helpful place This program is geared to children aged 4-10 Based on the story "Curious George goes to the Hospital" and involves taking tours of all the departments that George visited The tour compliments the hoptals focus on creating a healing environment Children see a hospital as a less scary, helpful place</p>

Identifier	Return Reference	Explanation
Evaluation of Participation in Joint Venture Arrangements	Form 990, Part VI, Q 16B	Portercare Adventist Health System HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER, ADVENTIST HEALTH SYSTEM'S ("AHS") SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATIONS AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY PAGE 2	Form 990, Part VI, Q 12c	2. PROCEDURE FOR DISCLOSURE 2.1 Whenever any matter comes before a meeting of the Board, a Board committee, management or materials management/supply chain that gives rise to a potential conflict of interest, the following procedures shall apply. 2.1.1 An interested person may make a presentation at the board, committee meeting or management meeting but after such presentation, he/she shall, if requested by the Board or Committee, leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of interest. 2.1.2 The chairperson of the board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. 2.1.3 After exercising due diligence, the board or committee shall determine whether Centura can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest. 2.1.4 If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the board or committee shall determine by a majority vote of the disinterested members whether the transaction or arrangement is in Centura's best interest and for its own benefit and whether the transaction is fair and reasonable to Centura and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination. 2.1.5 For transactions that are negotiated by Centura management and materials management/supply chain and which are not required to be reported to the Board, each manager will take precautions to ensure there is no conflict or the appearance of conflict relative to the business negotiations and transaction. If a conflict, or the appearance of a conflict exists, the interested person will remove himself/herself or other interested party from the negotiations/transaction. 3. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 3.1 If the board, committee or Centura management has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it shall inform the interested person to disclose. 3.2 If, after hearing the response of the interested person and making such further investigation as may be warranted in the circumstances, the board, committee or Centura management determines that the interested person has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action. 4. RECORDS OF PROCEEDINGS 4.1 The minutes of the board and any committees with board delegated powers shall contain: 4.1.1 The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict, any action taken to determine whether a conflict of interest was present, and the board or committee's decision as to whether a conflict of interest in fact existed; and 4.1.2 The names of the persons who were present for discussions relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, a record of any votes taken in connection therewith and a record that the person(s) with a conflict of interest did not participate in the vote. 4.1.3 For business transactions being negotiated outside of those required to be reported to the board and any committees, the Compliance Department shall maintain documentation as to the resolution and appropriateness of any potential conflict relative to management and materials management/supply chain associates conducting business on behalf of Centura. 5. COMPENSATION 5.1 A voting member of a board or a board committee who receives compensation, directly or indirectly, from Centura for services is precluded from voting on matters pertaining to that member's compensation. 5.2 A physician who is a voting member of a board or board committee and receives compensation, directly or indirectly, from Centura for services is precluded from discussing and voting on matters pertaining to that member and other physicians' compensation. No physician or physician board member or committee member, either individually or collectively, is prohibited from providing information to the board or board committee regarding physician compensation. 6. ANNUAL STATEMENTS 6.1 All interested persons must complete a Disclosure Statement annually. A copy of the Disclosure Statement is attached as Exhibit "A." This Disclosure Statement may be modified from time to time as deemed appropriate. The Vice President of Centura Compliance is responsible for circulating, ensuring completion of the Disclosure Statement by all interested persons of Centura, and reporting the results to the Centura Health Board. 7. PERIODIC REVIEWS 7.1 Annually Internal Audit will review compensation and financial arrangements for potential conflicts of interest.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Portercare Adventist Health System

Employer identification number
84-0438224

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN 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					
(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
See Additional Data Table					

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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
See Additional Data Table							

Part V

Transactions with Related Organizations

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

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 (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

No

1r

Yes

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

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 501(c)(3))	(F) Direct Controlling Entity
Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL60440 65-1219504	Hospital ops	IL	501(c)(3)	3	AHSS
Adventist Care Centers - Courtland Inc 730 Courtland Street Orlando, FL32804 20-5774723	Elderly care	FL	501(c)(3)	9	SHCC
Adventist GlenOaks Hospital 701 Winthrop Avenue Glendale Heights, IL60139 36-3208390	Hospital ops	IL	501(c)(3)	3	AHSS
Adventist Health Mid-America Inc 9100 W 74th Street Shawnee Mission, KS66204 52-1347407	Health care	KS	501(c)(3)	11a	AHSS
Adventist Health Partners Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 36-4138353	Out-patient	IL	501(c)(3)	3	AHSMM
Adventist Health System Affiliated Benef 111 N Orlando Avenue Winter Park, FL32789 26-6422966	Health care	FL	501(c)(3)	11a	AHSSHC
Adventist Health System Sunbelt Healthca 111 N Orlando Avenue Winter Park, FL32789 59-2170012	Mngmt serv	FL	501(c)(3)	11a	NA
Adventist Health SystemGeorgia Inc 1035 Red Bud Road Calhoun, GA30701 58-1425000	Hospital ops	GA	501(c)(3)	3	AHSSHC
Adventist Health SystemSunbelt Inc 111 N Orlando Avenue Winter Park, FL32789 59-1479658	Hospital ops	FL	501(c)(3)	3	AHSSHC
Adventist Health SystemTexas Inc 602 Courtland Street Orlando, FL32804 74-2578952	Inactive	TX	501(c)(3)	9	AHSSHC
Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL60521 36-2276984	Hospital ops	IL	501(c)(3)	3	AHSS
AHS Midwest Management Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 36-3354567	Health clinic	IL	501(c)(3)	11a	AHSS
AHSCentral Texas Inc 1301 Wonder World Drive San Marcos, TX78666 74-2621825	Office space	TX	501(c)(3)	11c	AHSSHC
Apopka Health Care Properties Inc 305 E Oak Street Apopka, FL32703 51-0605694	lease	GA	501(c)(3)	11c	SHCC
Battle Creek Adventist Hospital 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 38-1359189	Hospital ops	MI	501(c)(3)	3	AHSS
Beaver Dam Health Care Manor Inc 602 Courtland Street Orlando, FL32804 58-2255884	Inactive	KY	501(c)(3)	9	SCNH
Behavioral Health Resources Inc 111 N Orlando Avenue Winter Park, FL32789 36-4249805	Inactive	TN	501(c)(3)	11b	AHSS
Bolingbrook Hospital Foundation 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 90-0494445	Fundraising	IL	501(c)(3)	7	MHF
Bradford Heights Health & Rehab Center 950 Highpoint Drive Hopkinsville, KY42240 20-5782342	Elderly care	KY	501(c)(3)	9	SHCC
Burleson Nursing & Rehab Center Inc 301 Huguley Blvd Burleson, TX76028 20-5782243	Elderly care	TX	501(c)(3)	9	SHCC
Caldwell Health Care Properties Inc 1333 West Main Princeton, KY42445 51-0605680	Lease	GA	501(c)(3)	11c	SHCC
Central Texas Medical Center Foundation 1301 Wonder World Drive San Marcos, TX78666 74-2259907	Fundraising	TX	501(c)(3)	7	AHSS
Chickasaw Health Care Properties Inc 250 S Chickasaw Trail Orlando, FL32825 51-0605681	Lease	GA	501(c)(3)	11c	SHCC
Chippewa Valley Hospital & Oakview Care 1220 Third Avenue West Durand, WI54736 39-1365168	Hospital ops	WI	501(c)(3)	3	AHSS
Cobb Medical Associates LLC 3949 South Cobb Drive SE Smyrna, GA300806342 58-2617089	Physi Practi	GA	501(c)(3)	3	EA
Courtland Health Care Properties Inc 730 Courtland Street Orlando, FL32804 51-0605682	Lease	GA	501(c)(3)	11c	SHCC
Creekwood Place Nursing & Rehab Center 683 E Third Street Russellville, KY42276 20-5782260	Elderly care	KY	501(c)(3)	9	SHCC
Dairy Road Health Care Properties Inc 7350 Dairy Road Zephyrhills, FL33540 51-0605684	lease	GA	501(c)(3)	11c	SHCC
East Orlando Health & Rehab Center Inc 250 S Chickasaw Trail Orlando, FL32825 20-5774748	Elderly care	FL	501(c)(3)	9	SHCC
Emory-Adventist Inc 3949 South Cobb Drive Smyrna, GA30080 58-2171011	Hospital ops	GA	501(c)(3)	3	AHSS

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 501(c)(3))	(F) Direct Controlling Entity
Fletcher Hospital Inc 100 Hospital Drive Hendersonville, NC28792 56-0543246	Hospital ops	NC	501(c)(3)	3	AHSSHC
FLNC Inc 3355 E Semoran Blvd Apopka, FL32703 20-5774761	Elderly care	FL	501(c)(3)	9	SHCC
Florida Hospital College of Health Scien 671 Lake Winyah Drive Orlando, FL32803 59-3069793	School ops	FL	501(c)(3)	2	AHSS
Florida Hospital DeLand Auxiliary Inc 701 West Plymouth Avenue Deland, FL32720 59-3425543	Support serv	FL	501(c)(3)	11c	MHWV
Florida Hospital Waterman Inc 1000 Waterman Way Tavares, FL32778 59-3140669	Hospital ops	FL	501(c)(3)	3	AHSSHC
Florida Hospital Wesley Chapel Inc 2528 Bruce B Downs Blvd CR 581 S Wesley Chapel, FL33543 20-3965753	Inactive	FL	501(c)(3)	11c	AHSSHC
Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL33541 59-2108057	Hospital ops	FL	501(c)(3)	3	AHSS
Florida Physicians Medical Group Inc 900 Winderley Place Maitland, FL32751 59-3214635	Physi Practi	FL	501(c)(3)	3	AHSS
Foundation for Shawnee Mission Medical C 900 Winderley Place Shawnee Mission, KS66204 48-0868859	Fundraising	KS	501(c)(3)	11a	SMMC
GlenOaks Hospital Foundation 303 East Army Trail Road Suite 400 Bloomingtondale, IL60108 36-3926044	Physi Practi	IL	501(c)(3)	7	MHF
Hays Memorial Hospital Association of Se 1301 Wonder World Drive San Marcos, TX78667 74-1362785	Fundraising	TX	501(c)(3)	11b	AHSSHC
HealthPlex Management Inc 111 N Orlando Avenue Winter Park, FL32789 62-1289269	Fundraising	TN	501(c)(3)	11a	AHSS
Hinsdale Hospital Foundation 7 Salt Creek Lane Suite 203 Hinsdale, IL60521 52-1466387	lease	IL	501(c)(3)	7	MHF
In-Motion Rehab Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-8023411	Therapy Serv	KS	501(c)(3)	11b	SHCC
Jellico Community Hospital Inc 188 Hospital Lane Jellico, TN37762 62-0924706	Hospital ops	TN	501(c)(3)	3	SHCC
La Grange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange, IL60525 30-0247776	Fundraising	IL	501(c)(3)	7	MHF
Memorial Health Systems Foundation Inc 770 West Granada Blvd Ormond Beach, FL32174 31-1771522	Fundraising	FL	501(c)(3)	7	MHS
Memorial Health Systems Inc 301 Memorial Medical Parkway Daytona Beach, FL32117 59-0973502	Hospital ops	FL	501(c)(3)	3	AHSS
Memorial Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL32164 59-2951990	Hospital ops	FL	501(c)(3)	3	MHS
Memorial Hospital - West Volusia Inc 701 West Plymouth Avenue Deland, FL32720 59-3256803	Hospital ops	FL	501(c)(3)	3	MHS
Memorial Hospital Inc 210 Marie Langdon Drive Manchester, KY40962 61-0594620	Hospital ops	KY	501(c)(3)	3	AHSSHC
Merriam Health Care Properties Inc 9700 West 62nd Street Merriam, KS66203 36-4595806	Lease	KS	501(c)(3)	11c	SHCC
Metroplex Adventist Hospital Inc 2201 S Clear Creek Road Killeen, TX76549 74-2225672	Hospital ops	TX	501(c)(3)	3	MAH
Metroplex Clinic Physicians Inc 2201 S Clear Creek Road Killeen, TX76549 11-3762050	Physi serv	TX	501(c)(3)	3	AHSSHC
Midwest Health Foundation 120 North Oak Street Hinsdale, IL60521 35-2230515	Support serv	IL	501(c)(3)	11b	NA
Mills Health & Rehab Center Inc 500 Beck Lane Mayfield, KY42066 20-5782320	Elderly care	KY	501(c)(3)	9	SHCC
Mission Strategies Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-5982365	Support serv	KS	501(c)(3)	11b	SHCC
Missouri Adventist Health Inc 9100 W 74th Street Shawnee Mission, KS66204 43-1224729	Support serv	MO	501(c)(3)	11c	AHMA
North Regional EMS Inc 188 Hospital Lane Jellico, TN37762 26-2653616	EMS Serv	TN	501(c)(3)	9	JCH
Ormond Beach Memorial Hospital Auxiliary 301 Memorial Medical Parkway Daytona Beach, FL32117 59-1721962	Support serv	FL	501(c)(3)	11c	MHS

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 501(c)(3))	(F) Direct Controlling Entity
Overland Park Nursing & Rehab Center In 6501 West 75th Street Overland Park, KS66204 20-5774821	Elderly care	KS	501(c)(3)	9	SHCC
Paragon Health Care Properties Inc 950 Highpoint Drive Hopkinsville, KY42240 51-0605686	lease	GA	501(c)(3)	11c	SHCC
Portercare Adventist Health System 2525 S Downing Street Denver, CO80210 84-0438224	Hospital ops	CO	501(c)(3)	3	AHSSHC
Portland Nursing & Rehab Center Inc 215 Highland Circle Drive Portland, TN37148 20-5774842	Elderly care	TN	501(c)(3)	9	SHCC
Princeton Health & Rehab Center Inc 1333 West Main Princeton, KY42445 20-5782272	Elderly care	KY	501(c)(3)	9	SHCC
Princeton Professional Services Inc 601 E Rollins Street Orlando, FL32803 59-1191045	healthcare	FL	501(c)(3)	9	AHSSHC
Quality Circle for Healthcare Inc 111 N Orlando Avenue Winter Park, FL32789 26-3789368	healthcare	FL	501(c)(3)	11c	AHSSHC
Resource Personnel Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-8040875	adm n supp	FL	501(c)(3)	11b	SHCC
Rocky Mountain Adventist Healthcare Foun 2525 South Downing Street Denver, CO80210 84-0745018	Fundraising	CO	501(c)(3)	7	PAHS
Rollins Bedford Corporation 602 Courtland Street Ste 200 Orlando, FL32804 37-0908840	Inactive	FL	501(c)(3)	11b	SHCC
Russellville Health Care Properties Inc 683 East Third Street Russellville, KY42276 51-0605691	Lease	GA	501(c)(3)	11c	SHCC
San Marcos Health Care Properties Inc 1900 Medical Parkway San Marcos, TX78666 51-0605693	Lease	GA	501(c)(3)	11c	SHCC
San Marcos Nursing & Rehab Center Inc 1900 Medical Parkway San Marcos, TX78666 20-5782224	Elderly care	TX	501(c)(3)	9	SHCC
Shawnee Mission Health Care Inc 6501 West 75th Street Overland Park, KS66204 48-0952508	lease	KS	501(c)(3)	11c	SHCC
Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS66204 48-0637331	Hospital ops	KS	501(c)(3)	3	AHMA
South Central Nursing Homes Properties 111 N Orlando Avenue Winter Park, FL32789 59-3686109	Mgmt Supp	GA	501(c)(3)	11c	SCNH
South Central Nursing Homes Inc 602 Courtland Street Orlando, FL32804 61-1242373	Mgmt Supp	KY	501(c)(3)	11c	SCNH
South Central Properties III Inc 111 N Orlando Avenue Winter Park, FL32789 59-3692860	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Properties IV Inc 111 N Orlando Avenue Winter Park, FL32789 59-3692862	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Properties VI Inc 111 N Orlando Avenue Winter Park, FL32789 59-3692857	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Properties Inc 111 N Orlando Avenue Winter Park, FL32789 59-3651692	Real Estate	GA	501(c)(2)	N/A	SCNHP
South Central Inc 602 Courtland Street Orlando, FL32804 59-3689740	Mgmt Supp	GA	501(c)(3)	11c	NA
South Pasco Health Care Properties Inc 38250 A Avenue Zephyrhills, FL33542 51-0605679	Lease	GA	501(c)(3)	11c	SHCC
Southwest Volusia Health Services Inc 1055 Saxon Blvd Orange City, FL327638468 59-3281591	Med Off Bldg	FL	501(c)(3)	11a	SVHC
Southwest Volusia Healthcare Corporation 1055 Saxon Blvd Orange City, FL327638468 59-3149293	Hospital ops	FL	501(c)(3)	3	AHSS
Specialty Physicians of Central Texas I 1301 Wonder World Drive San Marcos, TX78666 20-8814408	Physi serv	TX	501(c)(3)	3	AHSS
Spring View Health & Rehab Center Inc 718 Goodwin Lane Leitchfield, KY42754 20-5782288	Elderly care	KY	501(c)(3)	9	SHCC
Sunbelt Health & Rehab Center - Apopka 305 East Oak Street Apopka, FL32703 20-5774856	Elderly care	FL	501(c)(3)	9	SHCC
Sunbelt Health Care Centers Inc 602 Courtland Street Ste 200 Orlando, FL32804 58-1473135	Mgmt Serv	TN	501(c)(3)	11b	AHSSHC
SunSystem Development Corporation 111 N Orlando Avenue Winter Park, FL32789 59-2219301	Fundraising	FL	501(c)(3)	7	AHSSHC

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 501(c)(3))	(F) Direct Controlling Entity
Tarrant County Health Care Properties I 301 Huguley Blvd Burleson, TX76028 51-0605677	lease	GA	501(c)(3)	11c	SHCC
Taylor Creek Health Care Properties Inc 718 Goodwin Lane Leitchfield, KY42754 51-0605678	lease	GA	501(c)(3)	11c	SHCC
The Volunteer Auxiliary of Florida Hospi 60 Memorial Medical Parkway Palm Coast, FL32164 59-2486582	Support serv	FL	501(c)(3)	11c	MHF
Trinity Nursing & Rehab Center Inc 9700 West 62nd Street Merriam, KS66203 20-5774890	Elderly care	KS	501(c)(3)	9	SHCC
West Kentucky Health Care Properties In 500 Beck Lane Mayfield, KY42066 51-0605676	lease	GA	501(c)(3)	11c	SHCC
Zephyr Haven Health & Rehab Center Inc 38250 A Avenue Zephyrhills, FL33542 20-5774930	Elderly care	FL	501(c)(3)	9	SHCC
Zephyrhills Health & Rehab Center Inc 7350 Dairy Road Zephyrhills, FL33540 20-5774967	Elderly care	FL	501(c)(3)	9	SHCC

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, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproporionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Appalachian Therapy Services LLC 100 Hospital Drive Hendersonville, NC28792 20-2463851	Therapy staffing	NC	FH INC	Related	24,966	751		No		Yes	
Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX76549 74-2609195	Real Estate	TX	CC MOB INC	Related	42,208	1,625,818		No		Yes	
Florida Hospital DMERT LLC 2450 Maitland Center Pkwy Ste 200 Maitland, FL32751 20-2392253	Med Equipment	FL	PPS Inc	Unrelated	102,827	829,253		No		Yes	
Florida Hospital Home Infusion 2450 Maitland Center Pkwy Ste 200 Maitland, FL32751 59-3142824	home infusion ser	FL	PPS FHW Inc	Related	726,313	1,145,749		No		Yes	
Florida Hospital Imaging LLC 840 Crescent Center Dr Ste 200 Franklin, TN37067 20-4281655	Imaging & testing	TN	MHS Inc	Related	-95,421	0		No		Yes	
Florida Radiology Imaging at Lake Mary 875 Concourse Parkway Suite 150 Maitland, FL32751 55-0789387	Imaging & testing	FL	NAHS Inc	Related	-978,809	0		No		Yes	
Plainfield Area Primary Care Physicians 911 N Elm Street Ste 215 Hinsdale, IL60521 32-0182318	Medical services	IL	AHH	Related	-307,502	451,788		No			No
San Marcos MRI LP 1330 Wonder World Drive Ste 202 San Marcos, TX78666 77-0597972	Imaging & testing	TX	AHSSunbelt	Related	55,834	330,570		No			No
Shawnee Mission Open MRI LLC 9100 W 74th Street Box 2923 Shawnee Misison, KS66201 27-0011796	Imaging & testing	KS	SMMC Inc	Related	379,474	546,995		No			No
Shawnee Mission Pain Center LLC 9100 W 74th Street Shawnee Misison, KS66204 20-8642766	Pain mgt services	KS	SMMC Inc	Related	402,660	305,507		No		Yes	
Shawnee Mission Prairie Star Surgery Cen 23401 Prairie Star Parkway Lenexa, KS66227 36-4634843	Surgical center	KS	SMMC Inc	Related	-145,259	1,948,258		No		Yes	
Shawnee Mission Regional Cardiac & Vascu PO Box 2923 Shawnee Misison, KS66201 48-1243913	Healthcare mgmt	KS	SMMC Inc	Related	-6,305	62,452		No			No
Shawnee Mission Surgery Center LLC PO Box 2923 Shawnee Misison, KS66201 48-1243914	Surgical services	KS	SMMC Inc	Related	4,060,718	4,057,231		No			No
Skyland MRI LLC 100 Hospital Drive Hendersonville, NC28792 04-3646559	Imaging & testing	NC	FH Inc	Related	-200,673	125,819		No		Yes	
Surgical Center Associates LTD 1000 South Orlando Avenue Winter Park, FL32789 62-1600422	Medical services	FL	AHSSunbelt	Related	422,871	2,397,568		No		Yes	

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Adventist Health System Capital Trust I 111 N Orlando Avenue Winter Park, FL32789 58-6352241	Bond Inv	FL	AHSSHC	TRUST	0	0	100 %
Adventist Health Sys Sunbelt Healthcare 111 N Orlando Avenue Winter Park, FL32789 58-1318939	Admin of SIBP	FL	AHSSHC	TRUST	0	0	100 %
AHS Services Inc 11801 South Freeway Fort Worth, TX76028 75-2049583	Med Equip	TX	AHSS Inc	C CORP	135,384	0	100 %
Apopka Medical Plaza Condominium Associa 601 East Rollins Street Orlando, FL32803 59-3000857	Condo Assoc	FL	AHSS Inc	C CORP	24,988	8,670	89 %
Altamonte Medical Plaza Condominium Asso 601 East Rollins Street Orlando, FL32803 59-2855792	Condo Assoc	FL	AHSS Inc	C CORP	109,799	35,367	58 %
Arapahoe Medical Building I Inc (630 2525 S Downing Street Denver, CO80210 84-1574506	RE Leasing	CO	PAHS	C CORP	12,090	376,513	100 %
Arapahoe Medical Building II Inc (630 2525 S Downing Street Denver, CO80210 84-1574507	RE Leasing	CO	PAHS	C CORP	12,090	321,664	100 %
CC MOB Inc 2201 S Clear Creek Road Killeen, TX76549 74-2616875	RE Leasing	TX	MAH Inc	C CORP	363,859	-266,286	100 %
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX78666 74-2729873	Physician cli	TX	AHSS Inc	C CORP	1,784,666	612,387	100 %
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX78666 74-2827652	Physi Hosp Or	TX	AHSS Inc	C CORP	107,258	418,821	100 %
Florida Hospital Flagler Medical Office 60 Memorial Medical Parkway Palm Coast, FL32164 26-2158309	Condo Assoc	FL	MHF Inc	C CORP	11,832	12,133	100 %
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL32804 59-3215680	PHO/TPA	FL	AHSS Inc	C CORP	120,399,377	40,992,937	100 %
Florida Medical Plaza Condo Association 601 East Rollins Street Orlando, FL32803 59-2855791	Condo Assoc	FL	AHSS Inc	C CORP	489,061	124,487	77 %
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL32174 59-3403558	Physi Hosp Or	FL	MHS Inc	C CORP	14,869,677	3,806,624	100 %
Greenville Hospital Inc 111 N Orlando Avenue Winter Park, FL32789 62-0219770	Inactive	TN	AHSS Inc	C CORP	0	0	100 %
Harvard Park East Inc 2525 S Downing Street Denver, CO80210 84-1574365	RE Leasing	CO	PAHS	C CORP	11,940	60,659	100 %
HealthPlex Ventures Inc 111 N Orlando Avenue Winter Park, FL32789 62-1289270	Inactive	TN	AHSS Inc	C CORP	0	0	100 %
Huguley Alliance Foundation 11801 South Freeway Fort Worth, TX76115 75-2642209	Inactive	TX	AHSS Inc	C CORP	0	136,191	100 %
Huguley Medical Associates Inc 11801 South Freeway Burleson, TX76028 75-2547668	Physician cli	TX	AHSS Inc	C CORP	3,632,353	905,324	100 %
Metroplex Adventist Hospital CRNA 2201 S Clear Creek Road Killeen, TX76549 26-0760794	Support Hosp	TX	MAH Inc	C CORP	658,316	617,206	100 %
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS66204 48-0901551	RE Rental	KS	AHMA Inc	C CORP	15,774	35,929	100 %
North American Health Services Inc & S 111 N Orlando Avenue Winter Park, FL32789 62-1041820	Lessor co	TN	AHSSHC	C CORP	2,793,574	17,424,246	100 %
Ormond Professional Condo Association (4 770 W Granada Blvd Ste 101 Ormond Beach, FL32174 59-2694434	Condo Assoc	FL	MHS Inc	C CORP	4,308	1,266	80 %
Park Ridge Property Owner's Association 1 Park Place Naples Road Fletcher, NC28732 03-0380531	Condo Assoc	NC	FH Inc	C CORP	0	0	100 %
Porter Affiliated Hlth Services Inc db 2525 S Downing Street Denver, CO80210 84-0956175	Healthcare	CO	PAHS	C CORP	930,985	5,106,788	100 %
Porter Medical Plaza Inc (630 Year En 2525 S Downing Street Denver, CO80210 84-1574369	RE Leasing	CO	PAHS	C CORP	11,940	76,554	100 %
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX78666 77-0597968	Holding co	TX	AHSS Inc	C CORP	1,139	-6,258	100 %
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL32804 59-3414055	RE Rental	FL	SHCC Inc	C CORP	246,784	1,274,474	100 %

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	RM Adventist Healthcare Foundation	f	1,319,608
(2)	RM Adventist Healthcare Foundation	O	1,900,678
(3)	Adventist Health System	q	4,954,583
(4)	Porter Medical Plaza	R	64,339
(5)	Harvard Park East	R	45,344
(6)	Arapahoe MOB I	R	71,176
(7)	Arapahoe MOB II	R	77,904
(8)	RM Adventist Healthcare Foundation	B	623,515
(9)	Adventist Health System	P	4,897,017