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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Centura Health Corporation	D Employer identification number 84-1335382
Doing Business As	
E Number and street (or P O box if mail is not delivered to street address) 188 Inverness Dr W	F Room/suite
G City or town, state or country, and ZIP + 4 Englewood, CO 80112	

F Name and address of Principal Officer  
Gary Campbell  
188 INVERNESS DR W SUITE 500  
Englewood, CO 80112

H(a) Is this a group return for affiliates?  
 Yes  No

H(b) Are all affiliates included?  
 Yes  No  
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ►

I Tax-exempt status  501(c) (3) ► (Insert no.)  4947(a)(1) or  527

J Web site: ► WWW.CENTURA.ORG

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1996 M State of legal domicile CO

## Part I Summary

1 Briefly describe the organization's mission or most significant activities We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
5 Total number of employees (Part V, line 2a) . . . . .
6 Total number of volunteers (estimate if necessary) . . . . .
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	10,000,000	10,000,000	
9 Program service revenue (Part VIII, line 2g) . . . . .	242,648,831	235,217,778	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,648,964	39,614	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,518	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	254,439,313	245,257,392	

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	774,053	177,470	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	132,836,757	159,799,923	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b (Total fundraising expenses, Part IX, column (D), line 25) 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	96,204,096	74,759,486	
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	229,814,906	234,736,879	
19 Revenue less expenses Subtract line 18 from line 12	24,624,407	10,520,513	

		Beginning of Year	End of Year
20 Total assets (Part X, line 16)	137,507,539	147,680,856	
21 Total liabilities (Part X, line 26)	72,834,519	72,989,011	
22 Net assets or fund balances Subtract line 21 from line 20	64,673,020	74,691,845	

## Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date	2010-05-14
Randolph Safady EVP - CFO			Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	DELOTTE TAX LLP 1111 BAGBY STREET SUITE 4500 HOUSTON, TX 770022591	<input type="checkbox"/>	EIN <input type="checkbox"/>
Phone no ► (713) 982-2000				

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

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule C.

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 C.

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

(Code ) (Expenses \$ 184,973,797 including grants of \$ 177,470 ) (Revenue \$ 235,217,778 )  
 CENTURA HEALTH CORPORATION PROVIDES MANAGEMENT SERVICES FOR 11 HOSPITALS, 8 LONG-TERM CARE FACILITIES, AND OTHER HEALTH CARE FACILITIES. THE OPERATING FACILITIES ARE OWNED BY CATHOLIC HEALTH INITIATIVES COLORADO AND PORTERCARE ADVENTIST HEALTH SYSTEM.

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

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

**4e** Total program service expenses \$ 184,973,797 Must equal Part IX, Line 25, column (B)

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 

- 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

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

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

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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

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

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
 

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

25b 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

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

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

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20		No
21	Yes	
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

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

**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)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- 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? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**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? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**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? If "Yes," complete Schedule R, Part VI

	<b>Yes</b>	<b>No</b>
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>		No
<b>35</b>		No
<b>36</b>		No
<b>37</b>		No

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

		Yes	No
<b>1a</b>	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	1a 1,066	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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	2a 2,174	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<b>4a</b>	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)?		
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
<b>5c</b>	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> ?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			No
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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**

	Yes	No
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.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	10
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	7
<b>2</b> 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? . . . . .	<b>2</b>	No
<b>3</b> 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? . . . . .	<b>3</b>	No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	Yes
<b>b</b> 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? . . . . .	<b>9b</b>	Yes
<b>10</b> 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 . . . . .	<b>10</b>	Yes
<b>11</b> 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 . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> 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		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b> 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? . . . . .	<b>16b</b>	

**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

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

## Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►179

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

## **Section B. Independent Contractors**

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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
RUBIN AND RAIN	E OF CO		COLLECTIONS	4,177,002	
446 RTE 35					
EATONTOWN, NJ	07724				
ECLIPSY	S SOLUTIONS		CONSULTING	1,426,400	
PO BOX 8538-0133					
PHILADELPHIA, PA	19171				
MEDICAL INFORMATION	TECH		CONSULTING	1,709,159	
PO BOX 74569					
CHICAGO, IL	60696				
DAVIS DESIGN	GROUP		ARCHITECTURE	1,581,835	
3003 E 3RD AVE	STE 201				
DENVER, CO	80206				
CONIFER HEALTH	SOLUTIONS		CONSULTING	1,357,820	
1500 S DOUGLAS RD					
ANAHEIM, CO	92806				

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

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	<b>1a</b> Federated campaigns . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>10,000,000</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <b>1f</b>					
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>10,000,000</b>					
Program Service Revenue	<b>2a</b> NET OPERATING REVENUE	Business Code 900,099	235,217,778	235,217,778		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>► \$ 235,217,778</b>					
Other Revenue	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>►</b>		282,836		282,836	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>►</b>		0			
	<b>5</b> Royalties . . . . . <b>►</b>		0			
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . <b>►</b>						
	(i) Securities	(ii) Other				
<b>7a</b> Gross amount from sales of assets other than inventory		0				
<b>b</b> Less cost or other basis and sales expenses		243,222				
<b>c</b> Gain or (loss)		-243,222				
<b>d</b> Net gain or (loss) . . . . . <b>►</b>		-243,222			-243,222	
<b>8a</b> 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 . . . . . <b>a</b>						
<b>b</b> Less direct expenses . . . <b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . . <b>►</b>		0				
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000						
<b>a</b>						
<b>b</b> Less direct expenses . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>►</b>		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>►</b>		0				
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue _____						
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . \$ <b>0</b>						
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>►</b>		245,257,392	235,217,778		39,614	

**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	177,470	177,470		
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,638,215		5,638,215	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	74,364,884	64,002,479		
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,121,746	3,297,397	824,349	
<b>9</b> Other employee benefits . . . . .	69,349,068	55,479,254	13,869,814	
<b>10</b> Payroll taxes . . . . .	6,326,010	5,060,808	1,265,202	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	857,995		857,995	
<b>c</b> Accounting . . . . .	2,867,328		2,867,328	
<b>d</b> Lobbying . . . . .	39,200	39,200		
<b>e</b> Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other . . . . .	12,354,128	9,883,302	2,470,826	
<b>12</b> Advertising and promotion . . . . .	2,435,398	1,948,318	487,080	
<b>13</b> Office expenses . . . . .	19,066,777	15,253,422	3,813,355	
<b>14</b> Information technology . . . . .	10,532,424	8,425,939	2,106,485	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	2,764,158	2,211,326	552,832	
<b>17</b> Travel . . . . .	1,571,066	1,256,852	314,214	
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b> Conferences, conventions and meetings . . . . .	317,305	253,844	63,461	
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	19,615,051	15,692,041	3,923,010	
<b>23</b> Insurance . . . . .	0			
<b>24</b> 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 )				
<b>a</b> Dues & subscriptions	548,292	438,634	109,658	
<b>b</b> Community support	606,097	606,097		
<b>c</b> Income/sales/property taxes	1,178,316	942,653	235,663	
<b>d</b> MISCELLANEOUS EXPENSES	5,951	4,761	1,190	
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	234,736,879	184,973,797	49,763,082	0
<b>26</b> <b>Joint Costs.</b> Check <input 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
1	Cash—non-interest-bearing	0	1	400
2	Savings and temporary cash investments	0	2	28,046,689
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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		7	
8	Inventories for sale or use	898,208	8	2,108,215
9	Prepaid expenses and deferred charges	3,761,116	9	3,924,270
10a	Land, buildings, and equipment cost basis	<b>10a</b>	198,548,279	
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<b>10b</b>	98,585,986	<b>10c</b> 99,962,293
11	Investments—publicly traded securities			11
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		3,562,987	2,889,322
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>			13
14	Intangible assets			14
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		33,009,519	10,749,667
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		137,507,539	147,680,856
17	Accounts payable and accrued expenses		72,324,594	17 72,303,361
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>		509,925	685,650
26	<b>Total liabilities.</b> Add lines 17 through 25		72,834,519	26 72,989,011
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
27	Unrestricted net assets		64,677,197	27 74,677,197
28	Temporarily restricted net assets		-4,177	28 14,648
29	Permanently restricted net assets			29
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
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		64,673,020	33 74,691,845
34	Total liabilities and net assets/fund balances		137,507,539	34 147,680,856

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" 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? . . .	<b>2a</b>	No
b	Were the organization's financial statements audited by an independent accountant? . . .	<b>2b</b>	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? . . .	<b>2c</b>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	<b>3a</b>	No
b	If "Yes," did the organization undergo the required audit or audits? . . .	<b>3b</b>	

2008

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue Service

Employer identification number

84-1335382

**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  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  An 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  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

11  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

e  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 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 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 Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section <b>(See Instructions)</b> )	(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	
CATHOLIC HEALTH INITIATIVES COLORADO	840405257	03	Yes			No		No	0
Portercare Adventist Health System	840438224	03	Yes			No		No	0
<b>Total</b>									0

**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						
<b>4 Total.</b> 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)						
<b>6 Public Support</b> 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 )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

**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**

**Computation of Public Support Percentage**

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

**Part III Support Schedule for Organizations Described in 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> 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 <b>stop here</b>						►

**Computation of Public Support Percentage**

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

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> 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 any other additional information. (see instructions)

**Facts and Circumstances Test**



**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures—</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns—			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a			
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2005</b>	<b>(b) 2006</b>	<b>(c) 2007</b>	<b>(d) 2008</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
<b>a</b> Volunteers?			No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes			
<b>c</b> Media advertisements?			No	
<b>d</b> Mailings to members, legislators, or the public?	Yes			
<b>e</b> Publications, or published or broadcast statements?			No	
<b>f</b> Grants to other organizations for lobbying purposes?			No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		39,200	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			No	
<b>i</b> Other activities If "Yes," describe in Part IV			No	
<b>j</b> Total lines 1c through 1i			39,200	
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Yes	
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			No	

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Lobbying Activities	Form 990, Schedule C, Part II-B	During the Colorado legislative session, a staff member participates and chairs committees that recommend policies related to healthcare issues. Attends meetings, makes phone calls, sends letters via website or email to state and national legislators, and educates Centura and non-Centura associates regarding legislation.

## **Part IV      Supplemental Information**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Centura Health Corporation**Employer identification number**

84-1335382

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 important 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

	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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

	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? . . . . .

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

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

**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 . . . . .		787,754		787,754
b Buildings . . . . .		5,622,183	2,667,118	2,955,065
c Leasehold improvements . . . . .				
d Equipment . . . . .	177,850,820	95,918,868		81,931,952
e Other . . . . .	14,287,522			14,287,522
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				99,962,293

**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 CHI OIP - Fixed Income	1,359,775	F
Other CHI OIP - Equity Securities	1,529,547	F
<b>Total.</b> (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
<b>Total.</b> (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 PENSION EXPENSE	740,048
CASH SURRENDER VALUE LIFE INS	1,482,471
INTERCOMPANY A/R	8,527,148
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	10,749,667

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
UE CLAIMS LIABILITY	66,083
UNCLAIMED PROPERTY	619,567
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	685,650

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	245,257,392
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	234,736,879
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,520,513
4	Net unrealized gains (losses) on investments	4	-501,688
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-501,688
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,018,825

**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

Schedule I  
(Form 990)Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

Name of the organization  
Centura Health CorporationEmployer identification number  
84-1335382

## 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.



(1a) 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
Colorado Physicians Health Program 899 Logan St Suite 410 Denver, CO 80203	74-2425019	501(c)(3)	7,000				Community Benefit
American Heart Association 1280 s Parker Rd Denver, CO 80231	13-5613797	501(c)(3)	10,000				general support
Colorado Business Group on Health 699 Bryant St Site 200 Denver, CO 80204	84-1384777	501(c)(3)	7,500				general support
Set of Colorado Springs 825 E Pikes Peak Ave Colorado Springs, CO 80903	84-1183335	501(c)(3)	10,000				general support
Health SET 4200 W Conejos Place 436 Denver, CO 80204	84-1102943	501(c)(3)	75,000				general support
Health SET 4200 W Conejos Place 436 Denver, CO 80204	84-1102943	501(c)(3)	10,000				general support
CHI Colorado Foundation 961 e colorado avenue colorado springs, CO 80903	84-0902211	501(c)(3)	35,000				general support
Rocky Mtn Adventist healthcare Foundation 7995 e prentice avenue greenwood village, CO 80111	84-0745018	501(c)(3)	15,000				general support

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

8

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.

**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 in US	SCHEDULE I, Q 2	The use of grant funds is monitored by ensuring that only 501(c)(3) organizations receive grants. Those 501(c)(3) organizations are responsible for ensuring that the grant funds are used for their intended purposes.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**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.**

**Name of the organization**

Centura Health Corporation

**Employer identification number**

84-1335382

**Part I Questions Regarding Compensation**

**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 indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input 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

**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?

**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?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**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?

**b** Any related organization?

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?

**b** Any related organization?

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

**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

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		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				
Kenneth Bacon	(i) 296,996 (ii)	62,117	104,974	47,133	63,313	574,533	249,797
Gregory Burfitt	(i) (ii)		1,245,031		24,733	1,269,764	841,923
Arlen Reynolds	(i) 550,650 (ii) 0	81,327 0	205,223 0	56,666 0	58,129 0	951,995 0	419,703 0
Randolph Safady	(i) 411,545 (ii)	57,516	118,296	57,441	50,915	695,713	240,197
Gary Campbell	(i) 343,272 (ii)	50,000	65,285	16,827	65,699	541,083	
Gerald Picerno	(i) (ii)		426,367		9,817	436,184	272,807
Kris Ordelheide	(i) 307,302 (ii)	36,838	53,707	45,700	58,672	502,219	211,825
John Wicklund	(i) 390,519 (ii)	95,715	28,922	30,449	56,986	602,591	197,106
Dana Moore	(i) 317,238 (ii)	37,715	27,474	24,824	60,282	467,533	187,614
Tracy Berry	(i) 251,551 (ii)	30,166	81,078	25,201	77,185	465,181	187,381
Richard Reiner	(i) 774,716 (ii)	174,549	34,600	0	42,045	1,025,910	0
Terry Shaw	(i) 774,716 (ii)	210,663	42,367	0	31,261	1,059,007	0
Karenjo Hoskins	(i) 193,549 (ii)	53,894	207,179	23,673	31,029	509,324	203,214
Peter Makowski	(i) 385,844 (ii)	37,807	108,010	7,424	43,441	582,526	210,291
James O'Connell	(i) 385,221 (ii)		110,990		63,966	560,177	303,960
James BOYLE	(i) 389,530 (ii)	60,975	19,493	17,315	81,377	568,690	214,515

**Part III**      **Supplemental Information**

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.

**Software ID:**  
**Software Version:**  
**EIN:** 84-1335382  
**Name:** Centura Health Corporation

**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				
Kenneth Bacon	(i) (ii) 296,996	62,117	104,974	47,133	63,313	574,533	249,797
Gregory Burfitt	(i) (ii)		1,245,031		24,733	1,269,764	841,923
Arlen Reynolds	(i) (ii) 550,650 0	81,327 0	205,223 0	56,666 0	58,129 0	951,995 0	419,703 0
Randolph Safady	(i) (ii) 411,545	57,516	118,296	57,441	50,915	695,713	240,197
Gary Campbell	(i) (ii) 343,272	50,000	65,285	16,827	65,699	541,083	
Gerald Picerno	(i) (ii)		426,367		9,817	436,184	272,807
Kris Ordelheide	(i) (ii) 307,302	36,838	53,707	45,700	58,672	502,219	211,825
John Wicklund	(i) (ii) 390,519	95,715	28,922	30,449	56,986	602,591	197,106
Dana Moore	(i) (ii) 317,238	37,715	27,474	24,824	60,282	467,533	187,614
Tracy Berry	(i) (ii) 251,551	30,166	81,078	25,201	77,185	465,181	187,381
Richard Reiner	(i) (ii) 774,716	174,549	34,600	0	42,045	1,025,910	0
Terry Shaw	(i) (ii) 774,716	210,663	42,367	0	31,261	1,059,007	0
Karenjo Hoskins	(i) (ii) 193,549	53,894	207,179	23,673	31,029	509,324	203,214
Peter Makowski	(i) (ii) 385,844	37,807	108,010	7,424	43,441	582,526	210,291
James O'Connell	(i) (ii) 385,221		110,990		63,966	560,177	303,960
James BOYLE	(i) (ii) 389,530	60,975	19,493	17,315	81,377	568,690	214,515

**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990****2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► 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.****Name of the organization**  
Centura Health Corporation**Employer identification number**

84-1335382

Identifier	Return Reference	Explanation
Procedures for monitoring and enforcing the COI policy	FORM 990, PART VI, Q 12	<p>PROCEDURE 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 email 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 form 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.</p> <p>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.</p> <p>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.</p> <p>4 RECORDS OF PROCEEDINGS 4 1 The minutes of the board and any committees with board delegated powers shall contain:</p> <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> <li>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.</li> </ul> <p>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.</p> <p>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.</p> <p>6 ANNUAL STATEMENTS 6 1 All interested persons must complete a Disclosure Statement annually. 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.</p> <p>7 PERIODIC REVIEWS 7 1 Annually Internal Audit will review compensation and financial arrangements for potential conflicts of interest.</p>

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

Identifier	Return Reference	Explanation
Members or Stockholders	990 Part VI Line 6	THE MEMBERS OF CENTURA HEALTH CORPORATION ARE CATHOLIC HEALTH INITIATIVES AND PORTERCARE ADVENTIST HEALTH SYSTEM

Identifier	Return Reference	Explanation
ABILITY OF MEMBERS TO APPOINT MEMBERS OF THE GOVERNING BODY	FORM 990, PART VI, Q 7A	PURSUANT TO SECTION 3 2 OF THE ORGANIZATION'S BYLAWS, UP TO 7 MEMBERS OF THE BOARD OF TRUSTEES MAY BE APPOINTED BY CHI, AND UP TO 7 MEMBERS MAY BE APPOINTED BY PAHS. THE NUMBER OF CHI TRUSTEES MUST EQUAL THE NUMBER OF PAHS TRUSTEES, AND VICE VERSA, AT ALL TIMES

Identifier	Return Reference	Explanation
RESERVED POWERS	FORM 990, PART VI, Q 7B	PURSUANT TO SECTION 2 7 OF THE ORGANIZATION'S BYLAWS, CHI AND PAHS HAVE THE FOLLOWING RESERVED APPROVAL POWERS (a) To sell, transfer or otherwise dispose of any real estate owned by the Corporation or any Managed Facility with a fair market value in excess of the threshold established from time to time by the members. The initial threshold shall be one million dollars (\$1,000,000) (b) To sell, transfer or otherwise dispose, (collectively the "Transfer") other than in the ordinary course of business, of any other asset by the Corporation or a Managed Facility with a fair market value (individually or collectively) at the time of such Transfer in excess of the threshold established from time to time by the members. The initial threshold shall be one million dollars (\$1,000,000) (c) To enter into any promissory note or debt instrument or guaranty any indebtedness by or on behalf of the Corporation or a Managed Facility in excess of two hundred fifty thousand dollars (\$250,000) or to perform under any capital lease with future payments in excess of two hundred fifty thousand dollars (\$250,000) (d) To alter, amend, restate or repeal the Articles of Incorporation, Bylaws or mission statement of the Corporation or a Managed Facility. Action on these matters may also be initiated by one or both of the members (e) To approve the admission of a new sponsor or other affiliation by a health care system or facility with the Corporation or a Managed Facility (f) To approve a plan of merger, dissolution, consolidation or corporate reorganization involving the Corporation or a Managed Facility (g) To waive, settle or compromise any legal proceeding, suit, claim or action (collecting a "Claim") against or brought by or on behalf of the Corporation or a Managed Facility if the uninsured portion of the amount in controversy is in excess of two million dollars (\$2,000,000), provided, however, the approval of the members shall be required to contest, settle or compromise any Claim brought by or on behalf of the federal or state government relating to matters within the scope of the corporate compliance plan of a Managed Facility, regardless of the amount in controversy or the existence of insurance coverage (h) To acquire any real estate, personal property, membership, ownership or investment interest for the Corporation or a Managed Facility or make any capital expenditure other than pursuant to an annual budget, or substitutions for capital expenditures within a capital budget, which exceed individually, or in the aggregate of two million dollars (\$2,000,000) in any fiscal year

Identifier	Return Reference	Explanation
process for determining executive compensation	form 990, part vi, q 15a and 15b	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 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 executives WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP. IN ADDITION, CERTAIN OFFICERS AND BOARD MEMBERS, AS DETAILED IN SCHEDULE J, PART III, ARE COMPENSATED BY ADVENTIST HEALTH SYSTEM ("AHS"). A SISTER ORGANIZATION AHS USES THE FOLLOWING POLICY FOR SETTING EXECUTIVE COMPENSATION. Compensation and benefits provided to Adventist Health System Sunbelt Healthcare Corporation's (AHSSHC) CEO, CFO, Vice Presidents or key employees are determined pursuant to policies, procedures, and processes that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions. The AHSSHC Board Strategy and Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC. Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC. As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present. The Committee is advised by an independent third party compensation advisor. This advisor prepares all the benchmark studies for the Committee. Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AHS and each of its affiliated entities.

Identifier	Return Reference	Explanation
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
FINANCIAL STATEMENTS - ORGANIZING DOCUMENTS - COI POLICY AVAILABLE	FORM 990, PART VI, Q 19	CENTURA HEALTH CORPORATION'S organizing and governing documents ARE AVAILABLE AT THE COLORADO SOS WEBSITE. The conflict of interest policy and the financial statements are NOT PUBLICLY AVAILABLE

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 84-1335382  
**Name:** Centura Health Corporation

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Gary Campbell , CEO /President	40 0	X		X			458,557		82,526
Richard Reiner , Board Chairman	1 0	X		X			983,865		42,045
Terry Shaw , Board Treasurer	1 0	X		X			1,027,746		31,261
Michael Rowan , Board Vice Chairman	1 0	X		X					
COLLEN Blye , Board Member	1 0	X							
MARK JOHNSON , BOARD MEMBER	1 0	X							
ANITA LANE , BOARD MEMBER	1 0	X							
JAMES MAUCK , BOARD MEMBER	1 0	X							
KATHLEEN SANDFORD , BOARD MEMBER	1 0	X							
BLAIR TIKKER , BOARD MEMBER	1 0	X							
Arlen Reynolds , part yr EVP OP& CHIEF OPS OFF	40 0			X			837,200	0	114,795
Randolph Safady , EVP Chief Finance officer	40 0			X			587,357		108,356
Kris Ordelheide , SVP Legal SVCS& GEN COUNCEL	40 0			X			397,847		104,372
Dana Moore , SVP Information Services	40 0			X			382,427		85,106
Tracy Berry , SVP REVENUE MANAGEMENT	40 0			X			362,795		102,386
John Wicklund , part year SVP Human Resources	40 0				X		515,156		87,435
Kenneth Bacon , CEO - LITTLETON ADVENTIST HOSP	40 0				X		464,087		110,446
Karenjo Hoskins , HOSPITAL CEO	40 0				X		454,622		54,702
Peter Makowski , CEO - ST ANTHONY HOSPITALS	40 0				X		531,661		50,865
James O'Connell , EXEC LIASON - COMM OUTREACH	40 0				X		496,211		63,966
James BOYLE , CEO - PORTER ADVENTIST HOSP	40 0				X		469,998		98,692
Gregory Burfitt , Former CEO /President						X	1,245,031		24,733
Gerald Picerno , Former EVP Chief Finance OFF						X	426,367		9,817