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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

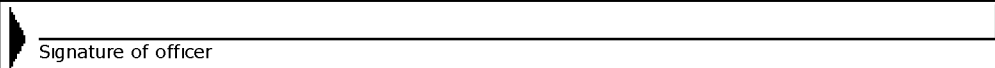
A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization PORTERCARE ADVENTIST HEALTH SYSTEM		<b>D</b> Employer identification number  84-0438224	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	2525 S DOWNING ST		(303) 765-6861	
	City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80210		<b>G</b> Gross receipts \$ 1,071,920,904	
<b>F</b> Name and address of principal officer GARY CAMPBELL 2525 S DOWNING ST DENVER,CO 80210		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number <b>1071</b>		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: <b>www.centura.org</b>				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>1071</b>		<b>L</b> Year of formation 1968	<b>M</b> State of legal domicile CO	

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization’s mission or most significant activities OUR COMPANY, A FAITH BASED ORGANIZATION, INVESTS IN CHARITY CARE, COMMUNITY PROGRAMS AND SPONSORSHIPS DESIGNED TO NURTURE THE HEALTH OF THE PEOPLE OF COLORADO WITH A GOAL TO KEEP THEM HEALTHY
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
Revenue	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 3
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 0
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . . <b>5</b> 7,150
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 1,050
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 2,584,764
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> -445,782
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>Prior Year</b> 1,914,123 <b>Current Year</b> 1,573,045
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 972,284,613 1,058,455,891
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 11,615,849 2,589,087
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,985,127 8,335,265
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 993,799,712 1,070,953,288
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 1,290,340 1,908,179
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 363,306,823 389,608,077
Net Assets or Fund Balances	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 575,630,758 623,089,930
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 940,227,921 1,014,606,186
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . . 53,571,791 56,347,102
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . . <b>Beginning of Current Year</b> 1,415,367,426 <b>End of Year</b> 1,478,784,518
	<b>21</b> Total liabilities (Part X, line 26) . . . . . 469,346,588 481,103,149
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . . 946,020,838 997,681,369

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here			2016-05-13			
	Signature of officer		Date			
Paid Preparer Use Only	Print/Type preparer's name MARK STOCKI		Preparer's signature MARK STOCKI	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642127
	Firm's name <b>CATHOLIC HEALTH INITIATIVES</b>					Firm's EIN <b>47-0617373</b>
	Firm's address <b>198 INVERNESS DRIVE WEST</b>  ENGLEWOOD, CO 80112					Phone no (303) 298-9100

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

WE EXTEND THE HEALING MINISTRY OF CHRIST BY CARING FOR THOSE WHO ARE ILL AND BY NURTURING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 812,062,710 including grants of \$ 1,908,179 ) (Revenue \$ 1,058,455,891 )

SEE SCHEDULE H

4b

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

4c

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

4d












Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses 812,062,710

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records CAROL TRAVIS

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY HAFFNER CHAIRMAN	50 00 ..... 0	X		X				929,758	0	162,371
(2) ROBERT HENDERSCHIEDT BOARD MEMBER	1 00 ..... 50 00	X						0	1,024,371	183,750
(3) TERRY SHAW BOARD MEMBER	1 00 ..... 50 00	X						0	1,506,315	257,610
(4) KRIS ORDELHEIDE SECRETARY	1 00 ..... 0			X				0	0	0
(5) GARY CAMPBELL PRESIDENT/CEO	1 00 ..... 0			X				0	0	0
(6) Dan Enderson SVP Chief Finance Officer	1 00 ..... 0			X				0	0	0
(7) CHERYL CURRY CFO-Littleton Adventist Hosp	50 00 ..... 0				X			313,877	0	34,663
(8) MORRE DEAN CEO-Porter Adventist Hospital	50 00 ..... 0				X			494,748	0	107,977
(9) Jonathan Fisher CFO -Parker Adventist Hospital	50 00 ..... 0				X			206,547	0	28,173
(10) ANDREW GAASCH CFO-PORTER ADVENTIST HOSP	50 00 ..... 0				X			351,249	0	31,292
(11) Brett Spenst CEO-Littleton Adventist Hospital	50 00 ..... 0				X			427,491	0	83,012
(12) Douglas Dennis PHYSICIAN	40 00 ..... 0					X		1,144,709	0	30,371
(13) Raymond Kim Physician	40 00 ..... 0					X		1,549,554	0	39,309
(14) Todd Miner Physician	40 00 ..... 0					X		1,410,689	0	39,241

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Christopher OLIVER PHYSICIAN	40 00 ..... 0					X		932,855	0	35,929
(16) Charlie Yang PHYSICIAN	40 00 ..... 0					X		1,158,953	0	37,792
(17) Dennis Barts CEO - Avista Adventist Hospital	50 00 ..... 0						X	451,925	0	66,050

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	9,372,355	2,530,686	1,137,540

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶415

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER EMERGENCY SERVICES PC 550 S WADSWORTH BLVD SUITE 410 LAKEWOOD, CO 80226	HEALTHCARE SERVICES	1,334,621
CRITICAL CARE PULMONARY & SLEEP ASSOCIATES 274 UNION BLVD SUITE 110 LAKEWOOD, CO 80228	PHYSICIAN SERVICES	1,189,705
CHER LLC PO BOX 974960 DALLAS, TX 75397	HEALTHCARE SERVICES	1,150,386
MORRISON COMMUNITY LIVING PO BOX 102289 ATLANTA, CO 30368	FACILITY MANAGEMENT	1,115,787
COLORADO PULMONARY INTENSIVISTS 15 WEST DRY CREEK DR LITTLETON, CO 80120	PHYSICIAN SERVICES	1,043,235

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization▶48

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	0				
	b	Membership dues . . . . .	1b	0				
	c	Fundraising events . . . . .	1c	0				
	d	Related organizations . . . . .	1d	1,440,374				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	132,671				
	g	Noncash contributions included in lines 1a-1f \$		0				
	h	Total. Add lines 1a-1f . . . . .						1,573,045
Program Service Revenue			Business Code					
	2a	Patient Services	900099	1,051,960,517	1,051,960,517	0	0	
	b	Equity changes of unconsolidated orgs	900099	3,711,026	3,711,026	0	0	
	c	Rental Income	900099	2,586,033	2,586,033	0	0	
	d	Guest Room Fees	721310	105,415	105,415	0	0	
	e	Education	611710	92,900	92,900	0	0	
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f . . . . .			1,058,455,891			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,653,389	0	0	2,653,389	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0	
	5	Royalties . . . . .		0	0	0	0	
	6a	(i) Real						
		(ii) Personal						
		Gross rents						
		65,323						
	b	Less rental expenses						
		19,372						
	c	Rental income or (loss)						
		45,951						
	d	Net rental income or (loss) . . . . .		45,951	0	0	45,951	
	7a	(i) Securities						
		(ii) Other						
		Gross amount from sales of assets other than inventory						
		0						
	b	Less cost or other basis and sales expenses						
		0						
	c	Gain or (loss)						
		0						
	d	Net gain or (loss) . . . . .		-64,302	0	0	-64,302	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						0
	b	Less direct expenses . . . . .						0
	c	Net income or (loss) from fundraising events . . . . .		0		0	0	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						0
	b	Less direct expenses . . . . .						0
	c	Net income or (loss) from gaming activities . . . . .		0	0	0	0	
	10a	Gross sales of inventory, less returns and allowances . . . . .						
		a						838,934
	b	Less cost of goods sold . . . . .						521,972
	c	Net income or (loss) from sales of inventory . . . . .		316,962	0	0	316,962	
	Miscellaneous Revenue		Business Code					
	11a	Cafeteria	722100	4,208,352	0	133,118	4,075,234	
	b	Pharmacy Services	446110	2,166,644	0	2,007,134	159,510	
	c	Research	541700	359,139	0	359,139	0	
	d	All other revenue . . . . .		1,238,217	0	85,373	1,152,844	
	e	Total. Add lines 11a-11d . . . . .		7,972,352				
	12	Total revenue. See Instructions . . . . .		1,070,953,288	1,058,455,891	2,584,764	8,339,588	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,908,179	1,908,179		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	321,738,706	257,390,965	64,347,741	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,783,454	11,026,763	2,756,691	
9	Other employee benefits	32,245,150	25,796,120	6,449,030	
10	Payroll taxes	21,840,767	17,472,614	4,368,153	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,354	1,083	271	
c	Accounting	211,432	169,146	42,286	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	162,848,493	130,274,920	32,573,573	0
12	Advertising and promotion	3,214,466	2,571,573	642,893	
13	Office expenses	9,612,364	7,689,891	1,922,473	
14	Information technology				
15	Royalties				
16	Occupancy	22,604,163	18,083,330	4,520,833	
17	Travel	1,540,325	1,232,260	308,065	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	504,065	403,252	100,813	
20	Interest	14,063,008	11,250,406	2,812,602	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,834,974	63,067,979	15,766,995	
23	Insurance	4,574,883	3,659,906	914,977	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Repairs and Maintenance	15,460,884	12,368,707	3,092,177	
b	Dues and Subscriptions	1,392,484	1,113,987	278,497	
c	Recruitment	144,831	115,865	28,966	
d	Restructuring	461,795	369,436	92,359	
e	All other expenses	307,620,409	246,096,328	61,524,081	0
25	Total functional expenses. Add lines 1 through 24e	1,014,606,186	812,062,710	202,543,476	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,230,184	1	1,350,704
	2	Savings and temporary cash investments		39,301,890	2	18,841,179
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		125,813,285	4	144,501,814
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	77,333
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	
	7	Notes and loans receivable, net		4,278,068	7	7,227,592
	8	Inventories for sale or use		20,699,843	8	22,878,953
	9	Prepaid expenses and deferred charges		3,524,177	9	4,632,646
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a1,047,202,170			
	b	Less: accumulated depreciation	10b406,548,747	589,663,295	10c	640,653,423
	11	Investments—publicly traded securities		0	11	
	12	Investments—other securities. See Part IV, line 11.		15,357,622	12	
	13	Investments—program-related. See Part IV, line 11.		440,699,160	13	454,733,518
	14	Intangible assets		88,074,186	14	88,074,186
	15	Other assets. See Part IV, line 11.		85,725,716	15	95,813,170
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		1,415,367,426	16	1,478,784,518
Liabilities	17	Accounts payable and accrued expenses		81,549,962	17	102,771,713
	18	Grants payable			18	
	19	Deferred revenue		1,424,064	19	1,636,044
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		386,372,562	25	376,695,392
	26	<b>Total liabilities.</b> Add lines 17 through 25.		469,346,588	26	481,103,149
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		945,916,982	27	997,577,513
	28	Temporarily restricted net assets		103,856	28	103,856
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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	<b>Total net assets or fund balances</b>		946,020,838	33	997,681,369
	34	<b>Total liabilities and net assets/fund balances</b>		1,415,367,426	34	1,478,784,518

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,070,953,288
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	1,014,606,186
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	56,347,102
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	946,020,838
5	Net unrealized gains (losses) on investments . . . . .	5	324,716
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-5,011,287
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	997,681,369

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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? . . . . .		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PORTERCARE ADVENTIST HEALTH SYSTEM	Employer identification number 84-0438224
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An 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).**
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

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

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

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

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization PORTERCARE ADVENTIST HEALTH SYSTEM	Employer identification number 84-0438224
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		26,104
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			26,104
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year.		
b	Carryover from last year.		
c	Total.	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	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	
5	Taxable amount of lobbying and political expenditures (see instructions).	5	

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	LINE 1F ANNUAL DUES WERE PAID TO COLORADO HEALTH ASSOCIATION, A PORTION OF WHICH WERE ALLOCATED TO LOBBYING. THE AMOUNT THAT REPRESENTS THIS ENTITY'S SHARE OF THE ALLOCATED LOBBYING EXPENSE IS AS FOLLOWS: COLORADO HEALTH ASSOCIATION \$26,104.

## Part IV

### Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PORTERCARE ADVENTIST HEALTH SYSTEM	Employer identification number 84-0438224
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? 

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	93,840,415			93,840,415
b Buildings . . . . .	643,193,498		267,435,330	375,758,168
c Leasehold improvements . . . . .				
d Equipment . . . . .	245,537,541		139,113,417	106,424,124
e Other . . . . .	64,630,716			64,630,716
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				640,653,423



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	PORTERCARE ADVENTIST HEALTH SYSTEM'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ADVENTIST HEALTH SYSTEM (AHS), A RELATED ORGANIZATION. AHS'S FIN 48 FOOTNOTE FOR THE YEAR ENDED DECEMBER 31, 2014 IS AS FOLLOWS: "HEALTHCARE CORPORATION AND ITS AFFILIATED ORGANIZATIONS, OTHER THAN NORTH AMERICAN HEALTH SERVICES, INC. AND ITS SUBSIDIARIES (NAHS), ARE EXEMPT FROM STATE AND FEDERAL INCOME TAXES. ACCORDINGLY, HEALTHCARE CORPORATION AND ITS TAX-EXEMPT AFFILIATES ARE NOT SUBJECT TO FEDERAL, STATE, OR LOCAL INCOME TAXES EXCEPT FOR ANY NET UNRELATED BUSINESS TAXABLE INCOME. NAHS IS A WHOLLY OWNED, FOR-PROFIT SUBSIDIARY OF HEALTHCARE CORPORATION. NAHS AND ITS SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. NAHS FILES A CONSOLIDATED FEDERAL INCOME TAX RETURN AND, WHERE APPROPRIATE, CONSOLIDATED STATE INCOME TAX RETURNS. ALL TAXABLE INCOME WAS FULLY OFFSET BY NET OPERATING LOSS CARRYFORWARDS FOR FEDERAL INCOME TAX PURPOSES, AS SUCH, THERE IS NO PROVISION FOR CURRENT FEDERAL OR STATE INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013. NAHS ALSO HAS TEMPORARY DEDUCTIBLE DIFFERENCES OF APPROXIMATELY \$63,600 AND \$65,000 AT DECEMBER 31, 2014 AND 2013, RESPECTIVELY, PRIMARILY AS A RESULT OF NET OPERATING LOSS CARRYFORWARDS. AT DECEMBER 31, 2014, NAHS HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$63,400, EXPIRING BEGINNING 2020 THROUGH 2026. DEFERRED TAXES HAVE BEEN PROVIDED FOR THESE AMOUNTS, RESULTING IN A NET DEFERRED TAX ASSET OF APPROXIMATELY \$24,200 AND \$24,700 AT DECEMBER 31, 2014 AND 2013, RESPECTIVELY. A FULL VALUATION ALLOWANCE HAS BEEN PROVIDED AT DECEMBER 31, 2014 AND 2013 TO OFFSET THE DEFERRED TAX ASSET SINCE HEALTHCARE CORPORATION HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THE BENEFIT OF THE NET OPERATING LOSS CARRYFORWARDS WILL NOT BE REALIZED IN FUTURE YEARS. THE INCOME TAXES TOPIC OF THE ASC (ASC 740) PRESCRIBES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN FINANCIAL STATEMENTS. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2014 AND 2013."

[illegible]

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 84-0438224

Name: PORTERCARE ADVENTIST HEALTH SYSTEM

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

1	(a) Description of Liability	(b) Book Value
	Intercompany Payables	359,646,159
	Annuities Payable	62,500
	CRT Obligation	436,056
	Malpractice	13,693,329
	Physician Loan Forgiveness	2,333,507
	Unclaimed Property	19,772
	Environmental Remediation	410,729
	Post Employment Benefits	93,340

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
PORTERCARE ADVENTIST HEALTH SYSTEM

Employer identification number  
84-0438224

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			9,152,494		9,152,494	0 93 %
b Medicaid (from Worksheet 3, column a) . . . . .			55,468,485		55,468,485	5 64 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0		0	0 %
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .	0	0	64,620,979	0	64,620,979	6 57 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			752,858		752,858	0 08 %
f Health professions education (from Worksheet 5) . . . . .			2,545,948		2,545,948	0 26 %
g Subsidized health services (from Worksheet 6) . . . . .			52,289		52,289	0 01 %
h Research (from Worksheet 7) . . . . .			5,517		5,517	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			422,473		422,473	0 04 %
j <b>Total</b> Other Benefits . . . . .	0	0	3,779,085	0	3,779,085	0 38 %
k <b>Total</b> . Add lines 7d and 7j . . . . .	0	0	68,400,064	0	68,400,064	6 96 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing					0	0 %
2Economic development					0	0 %
3Community support					0	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building					0	0 %
7Community health improvement advocacy					0	0 %
8Workforce development					0	0 %
9Other					0	0 %
10Total	0	0	0	0	0	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

231,434,400

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

30

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5192,888,066

6Enter Medicare allowable costs of care relating to payments on line 5.

6275,065,009

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-82,176,943

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system☒ Cost to charge ratio☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

5  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

PORTER ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

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

3

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
	If "Yes," indicate what the CHNA report describes (check all that apply)		
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) https //www porterhospital org/uploadedFiles/Centura/Content/Community/Community_Benefits/PAH_CHNA_2		
b	<input checked="" type="checkbox"/> Other website (list url) See Supplemental Narrative		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	https //www porterhospital org/uploadedFiles/Centura/Content/Community/Community_Benefits/Porter		
a	If "Yes" (list url) -Adv		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

PORTER ADVENTIST HOSPITAL

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 1 0% and FPG family income limit for eligibility for discounted care of 4 0%		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	Yes
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https //www porterhospital org/financial-help/		
<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)		
b https //www centura org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112 pdf		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https //www centura org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112 pdf		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

PORTER ADVENTIST HOSPITAL		
Name of hospital facility or letter of facility reporting group		
	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

LITTLETON ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

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

4

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

Part V

Facility Information (continued)

LITTLETON ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 1 0% and FPG family income limit for eligibility for discounted care of 4 0%		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	Yes
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https //www mylittletonhospital org/Financial-Help/		
<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)		
b https //www centura org/uploadedFiles/Centura/CNA/Patient_Resources/FA -Application-1112 pdf		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https //www centura org/uploadedFiles/Centura/CNA/Patient_Resources/FA -Application-1112 pdf		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

LITTLETON ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

PARKER ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

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

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.parkerhospital.org/uploadedFiles/Centura/Content/Community/Community_Benefits/PKR_CHNA_2</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>See Supplemental Narrative</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https://www.parkerhospital.org/uploadedFiles/Centura/Content/Community/Community_Benefits/Parker</u>	10	Yes
a	If "Yes" (list url) <u>-Adv</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

PARKER ADVENTIST HOSPITAL

	Yes	No
<b>Financial Assistance Policy (FAP)</b>		
<b>13</b> Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>1 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //www.parkerhospital.org/financial-help/</u>		
<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)		
<b>b</b> <u>https //www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>		
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

PARKER ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

AVISTA ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

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

2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) https://www.avistahospital.org/avh/community/community-benefit/		
b	<input checked="" type="checkbox"/> Other website (list url) https://www.centura.org/community-benefits/		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	If "Yes" (list url)		
a	https://www.parkerhospital.org/uploadedFiles/Centura/Content/Community/Community_Benefits/PKR_CHNA_2		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

AVISTA ADVENTIST HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 1 0% and FPG family income limit for eligibility for discounted care of 4 0%			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https //www.avistahospital.org/financial-help/			
<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)			
b https //www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https //www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input type="checkbox"/> None of these actions or other similar actions were permitted			

Part V Facility Information (continued)

AVISTA ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>19</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
<b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		<b>21</b>	Yes
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		<b>24</b>	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

CASTLE ROCK ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

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

5

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

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

CASTLE ROCK ADVENTIST HOSPITAL

	Yes	No
<b>Financial Assistance Policy (FAP)</b>		
<b>13</b> Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>1 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b> Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b> Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https //www.castlerockhospital.org/financial-help/</u>		
<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)		
<b>b</b> <u>https //www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https //www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>		
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

CASTLE ROCK ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission <b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills <b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made	19		No
<b>Policy Relating to Emergency Medical Care</b>				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes	
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged <b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **56**

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 1 CASTLE ROCK ADVENTIST HOSPITAL	CASTLE ROCK ADVENTIST HOSPITAL OPENED IN AUGUST OF 2013 THE COMMUNITY HEALTH NEEDS ASSESSMENT WILL BE COMPLETED IN FY16 AND REPORTED ON THE 2015 FORM 990

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c AVISTA ADVENTIST HOSPITAL	<a href="https://www.avistahospital.org/for-patients-and-families/billing-and-financial-services/financial-help/">https //www avistahospital org/for-patients-and-families/billing-and-financial-services/financial-help/</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a PARKER ADVENTIST HOSPITAL	<a href="https://www.parkerhospital.org/for-patients-and-families/billing-and-financial-services/financial-help/">https //www.parkerhospital.org/for-patients-and-families/billing-and-financial-services/financial-help/</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b PARKER ADVENTIST HOSPITAL	<a href="https://www.parkerhospital.org/for-patients-and-families/billing-and-financial-services/financial-help/">https //www.parkerhospital.org/for-patients-and-families/billing-and-financial-services/financial-help/</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c PARKER ADVENTIST HOSPITAL	<a href="https://www.parkerhospital.org/for-patients-and-families/billing-and-financial-services/financial-help/">https //www.parkerhospital.org/for-patients-and-families/billing-and-financial-services/financial-help/</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a AVISTA ADVENTIST HOSPITAL	<a href="https://www.avistahospital.org/for-patients-and-families/billing-and-financial-services/financial-help/">https //www avistahospital org/for-patients-and-families/billing-and-financial-services/financial-help/</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b AVISTA ADVENTIST HOSPITAL	<a href="https://www.avistahospital.org/for-patients-and-families/billing-and-financial-services/financial-help/">https://www.avistahospital.org/for-patients-and-families/billing-and-financial-services/financial-help/</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Parker Adventist Hospital	<a href="https://www.centura.org/uploadedFiles/Centura/Content/Community/Community_Benefits/PKR_CHNA_2012_Final.pdf">https://www.centura.org/uploadedFiles/Centura/Content/Community/Community_Benefits/PKR_CHNA_2012_Final.pdf</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Porter Adventist Hospital	<a href="https://www.centura.org/uploadedFiles/Centura/Content/Community/Community_Benefits/PAH_CHNA_2012_Final.pdf">https://www.centura.org/uploadedFiles/Centura/Content/Community/Community_Benefits/PAH_CHNA_2012_Final.pdf</a>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Littleton Adventist Hospital	<a href="https://www.centura.org/uploadedFiles/Centura/Content/Community/Community_Benefits/LAH_CHNA_2012_Final.pdf">https://www.centura.org/uploadedFiles/Centura/Content/Community/Community_Benefits/LAH_CHNA_2012_Final.pdf</a>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	31433765

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	PORTERCARE ADVENTIST HEALTH SYSTEM DOES NOT USE A COST ACCOUNTING SYSTEM TO DETERMINE THE COST OF CHARITY CARE PROVIDED THE ESTIMATED COST OF CARE IS CALCULATED BY APPLYING THE RATIO OF EACH FACILITY'S TOTAL EXPENSES TO TOTAL GROSS REVENUE, APPLIED TO THE APPLICABLE GROSS REVENUES (E G MEDICARE, MEDICAID) WORKSHEET 2 WAS NOT USED TO DEVELOP THE COST TO CHARGE RATIO

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Portercare Adventist Health System (PAHS) USES THE OVERALL COST TO GROSS CHARGE RATIO APPLICABLE TO EACH FACILITY TO DETERMINE THE COSTS IN PART III LINES 2 AND 3 PAHS AUTOMATICALLY DISCOUNTS ALL SELF PAY PATIENT ACCOUNTS BY 30% AND ALSO OFFERS A PROMPT PAY DISCOUNT THIS ALLOWANCE IS NOT INCLUDED IN THE CALCULATION OF THE COST OF BAD DEBTS IN INSTANCES WHERE A PATIENT DOES NOT PAY HIS OR HER BILL

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Portercare Adventist Health System does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>PORTERCARE ADVENTIST HEALTH SYSTEM (PAHS) DOES NOT ISSUE SEPARATE AUDITED FINANCIAL STATEMENTS, HOWEVER, PAHS IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ADVENTIST HEALTH SYSTEM (AHS) AND THEIR FOOTNOTE IS REFERENCED BELOW. BAD DEBT EXPENSE IS REPORTED ON PAHS' INTERNAL FINANCIAL STATEMENTS AS AN EXPENSE. THE AMOUNT REPORTED IS BASED ON THE AMOUNT DEEMED TO NOT BE COLLECTIBLE BY PATIENTS WHO HAVE THE ABILITY TO PAY. FINANCIAL STATEMENT FOOTNOTE RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE SYSTEM'S PATIENT ACCEPTANCE POLICY IS BASED ON ITS MISSION STATEMENT AND ITS CHARITABLE PURPOSES. ACCORDINGLY, THE SYSTEM ACCEPTS PATIENTS IN IMMEDIATE NEED OF CARE, REGARDLESS OF THEIR ABILITY TO PAY. PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FOR SERVICES RENDERED. THE SYSTEM RECOGNIZES PATIENT SERVICE REVENUE ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL RATES FOR THE SERVICES RENDERED. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, REVENUE IS RECOGNIZED ON THE BASIS OF DISCOUNTED RATES IN ACCORDANCE WITH THE SYSTEM'S POLICY. PATIENT SERVICE REVENUE IS REDUCED BY THE PROVISION FOR BAD DEBTS AND ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THESE AMOUNTS ARE BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS FOR EACH MAJOR PAYOR SOURCE, CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY REVIEWS COLLECTIONS DATA BY MAJOR PAYOR SOURCES IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE SYSTEM'S SELF-PAY PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED. THUS, THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE PROVIDED RELATED TO SELF-PAY PATIENTS. THE SYSTEM'S ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR SELF-PAY PATIENTS WAS 97% OF SELF-PAY ACCOUNTS RECEIVABLE AS OF DECEMBER 31, 2014 AND 2013. FOR RECEIVABLES ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES. FOR ALL PATIENTS OTHER THAN CHARITY PATIENTS, PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND SELF-PAY DISCOUNTS AND BEFORE THE PROVISION FOR BAD DEBTS, RECOGNIZED FROM MAJOR PAYOR SOURCES IS AS FOLLOWS: THIRD PARTY PAYORS, NET OF CONTRACUTAL ALLOWANCES: 2014 \$8,074,102 2013 \$7,240,083. SELF-PAY PATIENTS, NET OF DISCOUNTS: 2014 \$396,147 2013 \$426,173. THE SYSTEM HAS NOT EXPERIENCED SIGNIFICANT CHANGES IN WRITE-OFF TRENDS AND HAS NOT CHANGED ITS SELF-PAY DISCOUNT OR CHARITY CARE POLICY FOR THE YEARS ENDED DECEMBER 31, 2014 OR 2013. THE SYSTEM HAS DETERMINED, BASED ON AN ASSESSMENT AT THE REPORTING-ENTITY LEVEL, THAT PATIENT SERVICE REVENUE IS PRIMARILY RECORDED PRIOR TO ASSESSING THE PATIENT'S ABILITY TO PAY AND AS SUCH, THE ENTIRE PROVISION FOR BAD DEBTS IS RECORDED AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS.</p>

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

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Portercare Adventist Health System's debt collection policy provides the performance of a reasonable review of each patient's account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment. The review of patient accounts is done to assure that the patient or their guarantor is not eligible for assistance through Portercare Adventist Health System's charity care policy, uninsured discount policy or another financial assistance program (i.e. Medicaid). Portercare Adventist Health System requires the following of its third-party collection agencies: * Neither Portercare Adventist Health System hospitals or their collection agencies will request bench or arrest warrants as a result of non-payment, * Neither Portercare Adventist Health System hospitals or their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and * No Portercare Adventist Health System collection agency may seek court action without hospital approval.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- PARKER ADVENTIST HOSPITAL Line 16a URL <a href="https://www.parkerhospital.org/financial-help/">https://www.parkerhospital.org/financial-help/</a> , - AVISTA ADVENTIST HOSPITAL Line 16a URL <a href="https://www.avistahospital.org/financial-help/">https://www.avistahospital.org/financial-help/</a> , - PORTER ADVENTIST HOSPITAL Line 16a URL <a href="https://www.porterhospital.org/financial-help/">https://www.porterhospital.org/financial-help/</a> , - LITTLETON ADVENTIST HOSPITAL Line 16a URL <a href="https://www.mylittletonhospital.org/Financial-Help/">https://www.mylittletonhospital.org/Financial-Help/</a> , - CASTLE ROCK ADVENTIST HOSPITAL Line 16a URL <a href="https://www.castlerockhospital.org/financial-help/">https://www.castlerockhospital.org/financial-help/</a> ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- PARKER ADVENTIST HOSPITAL Line 16b URL <a href="https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf">https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</a> , - AVISTA ADVENTIST HOSPITAL Line 16b URL <a href="https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf">https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</a> , - PORTER ADVENTIST HOSPITAL Line 16b URL <a href="https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf">https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</a> , - LITTLETON ADVENTIST HOSPITAL Line 16b URL <a href="https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf">https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</a> , - CASTLE ROCK ADVENTIST HOSPITAL Line 16b URL <a href="https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf">https://www.centura.org/uploadedFiles/Centura/CNA/Patient_Resources/FA-Application-1112.pdf</a> ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- PARKER ADVENTIST HOSPITAL Line 16c URL <a href="https://www.parkerhospital.org/financial-help/">https://www.parkerhospital.org/financial-help/</a> , - AVISTA ADVENTIST HOSPITAL Line 16c URL <a href="https://www.avistahospital.org/financial-help/">https://www.avistahospital.org/financial-help/</a> , - PORTER ADVENTIST HOSPITAL Line 16c URL <a href="https://www.porterhospital.org/financial-help/">https://www.porterhospital.org/financial-help/</a> , - LITTLETON ADVENTIST HOSPITAL Line 16c URL <a href="https://www.mylittletonhospital.org/Financial-Help/">https://www.mylittletonhospital.org/Financial-Help/</a> , - CASTLE ROCK ADVENTIST HOSPITAL Line 16c URL <a href="https://www.castlerockhospital.org/financial-help/">https://www.castlerockhospital.org/financial-help/</a> ,

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Information concerning financial assistance is included on Centura's website. The website not only lists phone numbers for patients to call to discuss financial assistance, but also includes Centura's policy for charity care and its policies related to uninsured patients. In addition, at the time of registration, uninsured patients are screened to determine if the patients qualify for any Federal, State or County programs. Uninsured patients are also sent a letter requesting that the patient call to determine eligibility for various assistance programs, including charity.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Portercare Adventist Health System hospitals provides healthcare services to the direct and surrounding communities where they are located. In addition, due to some of the specialized healthcare services available at these hospital facilities, a number of our patients come from what would be considered outside the immediate geographic area. Many Portercare related hospitals serve the Front Range communities, which have diverse populations and different healthcare needs.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Portercare Adventist Health System hospitals implements several efforts and initiatives to promote the health of the community. It provides financial and volunteer support to clinics that provide care to low income patients. Staff volunteer on the boards of community based organizations that provide essential services to disadvantaged patients. Furthermore, the hospitals provides donations to the initiatives of community based organizations, cities and public schools to support events that promote health and wellness.

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	CO



## Additional Data

**Software ID:** 14000329

**Software Version:** 2014v1.0

**EIN:** 84-0438224

**Name:** PORTERCARE ADVENTIST HEALTH SYSTEM

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - PORTER ADVENTIST HOSPITAL Community members were interviewed over a period of one year regarding the needs they perceived in their community for their perspectives on the predominant health issues in their communities They were interviewed in either a one-on-one interview format, focus group, or as part of a Steering Committee The interviewees comprised of representatives of the following groups *Local Fire Departments- Wayne Zygowicz, EMS Division Chief *County Public Health Department- Patty Boyd, RD, MPH, Program Manager *Home Health / Hospice- Melody Wright, CNO *Long Term Care / Assisted Living- Camille Thompson, COO Christian Living Communities *Marry-Well Colorado- Lauren Reitsma, Executive Director for Relationship *Doctors Care- BeBe Kleinman, Executive Director *Adventist Community Services- Michael Bright, Executive Director *Stout Street Clinic- Carol Jenkins, RN

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - PORTER ADVENTIST HOSPITAL Littleton Adventist Hospital Parker Adventist Hospital

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Porter Adventist Hospital Many of the needs identified will be indirectly addressed by addressing health outcomes in an upstream manner For example, substance abuse, suicide, and heart disease will be addressed by targeting the primary health needs of mental health, access to care, and obesity Many of the issues identified are being addressed by strong community groups An internal capacity assessment concluded that it would be more fortuitous to support and partner with successful groups already working in the community, instead of using resources to create new strategies, when success programs and strategies already existed To have the greatest impact on the needs were identified, community benefit resources were carefully planned and allocated towards targeted evidence based strategies known to directly impact and improve the identified needs

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Porter Adventist Hospital Portercare Adventist Health System automatically discounts all self-pay patient accounts by 30% and also offers a prompt pay discount

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - LITTLETON ADVENTIST HOSPITAL Community members were interviewed for their perspectives on the predominant health issues in their communities They were interviewed in either a one-on-one interview format, focus group, or as part of a Steering Committee Data was collected over the period from June 2011 to June 2012 The interviewees comprised of representatives of the following groups *Littleton Fire Department- Wayne Zygowicz, EMS Division Chief *Tri-County Department of Health- Patty Boyd, RD MPH, Program Manager *Arapahoe Douglas Mental Health, Lisa Traudt *Doctors Care- BeBe Kleinman, Executive Director *Highlands Ranch Community Association - Jamie Noebel, Community Manager *Healthy Communities Group of Centura Health's South Denver Operating Group -Colorado Wellness - Bonnie Thomas, Owner and Nurse -Porter Adventist Hospital - Dianne McCallister, Chief Medical Officer -Adventist Community Services - Michael Bright, Executive Director** -Littleton Adventist Hospital - Kim Muramoto, Trauma Director - City of Littleton - Susan Thornton, Ex-Mayor -Littleton Adventist Hospital - Rhonda Ward, Chief Nursing Officer -Emergency Medical Service - Wayne Zygowicz, Chief -Greater Youth Initiative - Kay Wilmesher -Littleton Adventist Hospital - Lawrence Wood, Chief Medical Officer

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - LITTLETON ADVENTIST HOSPITAL Porter Adventist Hospital Parker Adventist Hospital

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Littleton Adventist Hospital Many of the needs identified will be indirectly addressed by addressing health outcomes in an upstream manner For example, substance abuse, suicide, and heart disease will be addressed by targeting the primary health needs of mental health, access to care, and obesity Many of the issues identified are being addressed by strong community groups An internal capacity assessment concluded that it would be more fortuitous to support and partner with successful groups already working in the community, instead of using resources to create new strategies, when successful programs and strategies already existed To have the greatest impact on the needs that were identified, community benefit resources were carefully planned and allocated towards targeted evidence based strategies known to directly impact and improve the identified needs

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Littleton Adventist Portercare Adventist Health System automatically discounts all self-pay patient accounts by 30% and also offers a prompt pay discount

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Parker Adventist Hospital The hospital retained the Center for Health Administration at the University of Colorado Denver to obtain community input Community perspectives were gathered through telephone interviews during February and March 2012 Interview questions were phrased in an open-ended manner so that respondents could identify whatever issues were most important to them They were also asked for ideas on ways that the hospital could assist them in improving the health of their community Residents were also asked for ideas on ways that the hospital could assist them in improving the health of their community The following organizations were chosen to provide input *City of Parker *Crossroads Community Church *Parker Chamber of Commerce *Parker Police Department *Parker Senior Center *Parker Task Force Food Bank *Ponderosa High School *South Metro Fire Rescue Authority *Tri-County Health Department *Women's Crisis and Family Outreach Center

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - PARKER ADVENTIST HOSPITAL Porter Adventist Hospital Littleton Adventist Hospital

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Parker Adventist Hospital Many of the needs identified will be indirectly addressed by addressing health outcomes in an upstream manner For example, substance abuse, suicide, and heart disease will be addressed by targeting the primary health needs of mental health, access to care, and obesity Many of the issues identified are being addressed by strong community groups Rather than create new strategies where there existing successful strategies, Parker Hospital has decided to align its efforts with these successful community groups (e g Doctors Care)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Parker Adventist Hospital PorterCare Adventist Health System automatically discounts all self-pay patient accounts by 30% and also offers a prompt pay discount

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - AVISTA ADVENTIST HOSPITAL Rather than repeat a duplicative community engagement with the same stakeholders, Avista chose to utilize the community feedback obtained through BCPH's PHIP Primetime Research and Evaluation conducted interviews with the BCPH PHIP Core Team, as well as selected BCPH employees and a variety of community stakeholders The interviews consisted of a review of a list of 30+ health outcomes and were followed by a discussion of what the interviewee felt were the most important health outcomes to prioritize over the next five years Primetime Research and Evaluation also completed the formal health system capacity assessment in Boulder County, which was conducted through a series of ten 3-hour meetings held during the month of May 2011 Each meeting focused on one of the Ten Essential Public Health Services These meetings were conducted through facilitated focus groups consisting of 6-10 invited participants These participants' tasks were 1) to review the evaluation measures developed by the NPHSP for that session's essential service, 2) participate in the group discussion about the health system's capacity and performance of that public health function, 3) come to a consensus on a rating score of the current capacity, and 4) to express concerns and provide recommendations for improvement Participants selected for each meeting were chosen based on area of expertise or interest and relationship to the essential service to be discussed Invitations were sent to a broad range of key partners from the local public health agency, state service agencies, community based organizations, academic institutions, hospitals, school systems, foundations, law enforcement agencies, and non-profit organizations Additionally, invitations were sent to people in local governmental or quasi-governmental entities including first responders, elected officials, social service providers, administrators, diversity advocates, and others Invitations were also extended to individuals in the business community, media, and judicial institutions Approximately 70 key participants (6-10 per meeting) responded to the request to participate in the assessment sessions

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Avista Adventist Hospital Key health needs for Avista were identified as access to health services, diabetes, mental health/substance abuse, obesity, and immunizations After doing an assessment of existing capacity and community efforts, Avista hospital decided to focus on access to services and diabetes The needs not addressed were already being addressed by strong community organizations, and hospital resources were better used towards creating targeted strategies to impact the prioritized needs For example, Boulder County Public Health has an extensive immunization program Instead of duplicating efforts, Avista decided to align and refer to Boulder County for immunizations Efforts were strategically targeted towards areas where the largest need existed, and where Avista could have the greatest impact

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Avista Adventist Hospital Portercare Adventist Health System automatically discounts all self pay patient accounts by 30% and also offers a prompt pay discount

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Castle Rock Adventist Hospital Portercare Adventist Health System automatically discounts all self-pay patient accounts by 30% and also offers a prompt pay discount

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
DIMENSION PAIN MANAGEMENT 400 W 144TH AVE STE 240 WESTMINSTER,CO 80023	EMP PHYSICIAN GROUP
COLORADO HEAD AND NECK SPECIALISTS 2555 S DOWNING ST STE 100 DENVER,CO 80210	EMP PHYSICIAN GROUP
CLEMENT PARK FAMILY MEDICINE 6901 S PIERCE ST STE 110 LITTLETON,CO 80128	EMP PHYSICIAN GROUP
MOUNTAIN VIEW FAMILY PHYSICIANS 2020 ONEIDA ST DENVER,CO 80224	EMP PHYSICIAN GROUP
COLORADO NEUROVASCULAR SPECIALISTS 7780 S BROADWAY LITTLETON,CO 80122	EMP PHYSICIAN GROUP
ACCESS FAMILY MEDICINE 19284 COTTONWOOD DRIVE SUITE 201 PARKER,CO 80138	EMP PHYSICIAN GROUP
SOUTH SUBURBAN INTERNAL MEDICINE 7750 S BROADWAY LITTLETON,CO 80122	EMP PHYSICIAN GROUP
CENTURA HEALTH AT SOUTHLANDS 6240 SO MAIN ST STE 255 AURORA,CO 80016	EMP PHYSICIAN GROUP
BOULDER HOLISTIC MEDICINE 805 S BROADWAY SUITE 103 BOULDER,CO 80305	EMP PHYSICIAN GROUP
AVISTA FAMILY MEDICINE GUNBARREL 5365 SPINE ROAD SUITE C BOULDER,CO 80301	EMP PHYSICIAN GROUP
NORTHWEST GASTROENTEROLOGY 80 HEALTH PARK DRIVE LOUISVILLE,CO 80027	EMP PHYSICIAN GROUP
RIDGELINE FAMILY MEDICINE 2352 MEADOWS BLVD STE 300 CASTLE ROCK,CO 80108	EMP PHYSICIAN GROUP
COLORADO JOINT REPLACEMENT 2535 S DOWNING ST DENVER,CO 80210	EMP PHYSICIAN GROUP
AVISTA INTERNAL MEDICINE 90 HEALTHPARK DR STE 350 LOUISVILLE,CO 80027	EMP PHYSICIAN GROUP
COMPREHENSIVE BREAST CARE 2555 S DOWNING ST SUITE 130 DENVER,CO 80210	EMP PHYSICIAN GROUP

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
CENTER FOR ORTHOPEDICS 7720 S BROADWAY LITTLETON, CO 80122	EMP PHYSICIAN GROUP
CHATFIELD WOMEN'S CARE 7720 S BROADWAY LITTLETON, CO 80122	EMP PHYSICIAN GROUP
PARKER ENDOCRINOLOGY 9397 CROWN CREST BLVD STE 220 PARKER, CO 80138	EMP PHYSICIAN GROUP
APOLLO INTERNAL MEDICINE 950 E HARVARD AVE SUITE 530 DENVER, CO 80210	EMP PHYSICIAN GROUP
PRIMARY CARE (HARVARD PARK) 950 E HARVARD AVE SUITE 660 DENVER, CO 80210	EMP PHYSICIAN GROUP
CENTURA HEALTH PHYSICIAN GROUP AT CLERMONT PARK 2479 S CLERMONT ST DENVER, CO 80222	EMP PHYSICIAN GROUP
PORTER HOSPICE 1391 SPEER BLVD 600 DENVER, CO 80204	EMP PHYSICIAN GROUP
PINNACLE WOMEN'S HEALTHCARE AT PARKER 9397 CROWN CREST BLVD STE 331 PARKER, CO 80138	EMP PHYSICIAN GROUP
COMPREHENSIVE OBGYN AT PARKER 9397 CREOWN CREST BLVD STE 431 PARKER, CO 80138	EMP PHYSICIAN GROUP
HIGHLANDS RANCH MEDICAL ASSOCIATES 9135 S RIDGELINE BLVD STE 190 HIGHLANDS RANCH, CO 80129	EMP PHYSICIAN GROUP
AVISTA WOMEN'S HEALTH 611 MITCHELL WAY STE 103 ERIE, CO 80516	EMP PHYSICIAN GROUP
MILE HIGH ONCOLOGY 7780 S BROADWAY STE 380 LITTLETON, CO 80122	EMP PHYSICIAN GROUP
CYPRESS HEMOTOLOGY AND ONCOLOGY 2555 S DOWNING ST STE 240 DENVER, CO 80210	EMP PHYSICIAN GROUP
AVISTA FAMILY MEDICINE (ERIE) 611 MITCHELL WAY ERIE, CO 80516	EMP PHYSICIAN GROUP
FLATRONS HEART AND VASCULAR 90 HEALTHPARK DRIVE STE 350 LOUISVILLE, CO 80027	EMP PHYSICIAN GROUP

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

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

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

Name and address	Type of Facility (describe)
ENDOSCOPY CENTER AT PORTER LLC 1001 SOUTH PARK DRIVE LITTLETON,CO 80120	EMP PHYSICIAN GROUP
COLORADO ENT SPECIALISTS 9397 CROWN CREST BLVD STE 431 PARKER,CO 80138	EMP PHYSICIAN GROUP
CYPRESS ONCOLOGY - PKR 9399 CROWN CREST BLVD SUITE 215 PARKER,CO 80138	EMP PHYSICIAN GROUP
ARACEA WOMEN'S CENTER 300 S JACKSON ST DENVER,CO 80209	EMP PHYSICIAN GROUP
South Denver Cardiology Associates 1000 SouthPark Drive LITTLETON,CO 80120	EMP PHYSICIAN GROUP
CHATFIELD FAMILY MEDICINE 10789 BRADFORD RD STE 150 LITTLETON,CO 80127	EMP PHYSICIAN GROUP
TIMBERVIEW CLINIC AT PARKER 9399 CROWN CREST BLVD STE 200 PARKER,CO 80138	EMP PHYSICIAN GROUP
INTEGRATED OBGYN AT PARKER 9397 CROWN CREST BLVD STE 220 PARKER,CO 80138	EMP PHYSICIAN GROUP
CENTER ENDOCRINOLOGY AND DIABETES 7750 S BROADWAY STE 220 LITTLETON,CO 80122	EMP PHYSICIAN GROUP
PORTER PRIMARY CARE 300 S JACKSON ST DENVER,CO 80209	EMP PHYSICIAN GROUP
BARIATRIC AND METABOLIC CENTER 9399 CROWN CREST BLVD STE 110 PARKER,CO 80138	EMP PHYSICIAN GROUP
EP CLINIC 2525 S DOWNING ST CARDIAC CATH LAB DENVER,CO 80210	EMP PHYSICIAN GROUP
CENTURA MEDICAL ASSOCIATES 2525 S DOWNING ST DENVER,CO 80210	EMP PHYSICIAN GROUP
SOUTH QUEBEC FAMILY MEDICINE 6081 S QUEBEC ST STE 100 CENTENNIAL,CO 80111	EMP PHYSICIAN GROUP
AFFILIATED EAR NOSE AND THROAT PHYSICIANS 8000 E PRENTICE AVE STE D12 GRENWOOD VILLAGE,CO 80111	EMP PHYSICIAN GROUP

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

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

\_\_\_\_\_

Name and address	Type of Facility (describe)
Castle Rock Affiliated ENT 2352 Meadows Blvd Castle Rock, CO 80109	EMP PHYSICIAN GROUP
Castle Rock Orthopedics 2352 Meadows Blvd Castle Rock, CO 80109	EMP PHYSICIAN GROUP
Castle Rock Oncology 2352 Meadows Blvd Castle Rock, CO 80109	EMP PHYSICIAN GROUP
Castle Rock Hospitalists 2353 Meadows Blvd Castle Rock, CO 80109	EMP PHYSICIAN GROUP
Ridgeline Family Medicine at Castle Pines 250 Max Drive Castle Pines, CO 80109	EMP PHYSICIAN GROUP
CHPG Ridgeline OBGYN at CRAH 2352 Meadows Blvd Castle Rock, CO 80109	EMP PHYSICIAN GROUP
CHPG Ridgeline OBGYN at Lone Tree 10099 Ridgeline Parkway Lone Tree, CO 80124	EMP PHYSICIAN GROUP
CHPG Senior Care PAHS Holly Creek 5500 East Peakview Ave Centennial, CO 80121	EMP PHYSICIAN GROUP
Center for Endocrinology and Diabetes 7750 S Broadway Littleton, CO 80122	EMP PHYSICIAN GROUP
South Quebec Family Medicine 6081 South Quebec St Centennial, CO 80111	EMP PHYSICIAN GROUP
South Suburban Internal Medicine 7750 South Broadway Littleton, CO 80122	EMP PHYSICIAN GROUP

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PORTERCARE ADVENTIST HEALTH SYSTEM

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
84-0438224

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2

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

19

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	GRANTS ARE MADE AT THE DISCRETION OF THE FACILITY CEOS THE CEOS MAKE REQUESTS FOR FUNDING, WHICH CAN BE EITHER A DONATION TO A SPECIFIC ENTITY OR AN INVOICE FOR A SPECIFIC EXPENSE MOST RECIPIENTS OF MONIES ARE 501(C)(3) ENTITIES AS SUCH, THEY ENSURE THAT ALL MONIES RECEIVED ARE USED FOR THEIR INTENDED PURPOSE ONLY FOR ALL TUITION REIMBURSEMENTS, RECIPIENTS ARE REQUIRED TO MAINTAIN MINIMUM ACADEMIC STANDARDS AND PROVIDE DOCUMENTATION THAT THEY ARE MEETING THESE STANDARDS RECIPIENTS MUST SUBMIT WRITTEN SUBSTANTIATION OF ALL EXPENSES INCURRED BEFORE REIMBURSEMENTS WILL BE PAID
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANTS ARE MADE AT THE DISCRETION OF THE FACILITY CEOS THE CEOS MAKE REQUESTS FOR FUNDING, WHICH CAN BE EITHER A DONATION TO A SPECIFIC ENTITY OR AN INVOICE FOR A SPECIFIC EXPENSE MOST RECIPIENTS OF MONIES ARE 501(C)(3) ENTITIES AS SUCH, THEY ENSURE THAT ALL MONIES RECEIVED ARE USED FOR THEIR INTENDED PURPOSE ONLY FOR ALL TUITION REIMBURSEMENTS, RECIPIENTS ARE REQUIRED TO MAINTAIN MINIMUM ACADEMIC STANDARDS AND PROVIDE DOCUMENTATION THAT THEY ARE MEETING THESE STANDARDS RECIPIENTS MUST SUBMIT WRITTEN SUBSTANTIATION OF ALL EXPENSES INCURRED BEFORE REIMBURSEMENTS WILL BE PAID

Additional Data

Software ID: 14000329  
Software Version: 2014v1.0  
EIN: 84-0438224  
Name: PORTERCARE ADVENTIST HEALTH SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Doctors Care191 E Orchard Rd 102NE Littleton,CO 80121	84-1150815	501(c)(3)	0	40,000	Book	Drugs	Donation for 2015
Arthritis Foundation2280 S Albion St Denver,CO 80222	38-3826066	501(c)(3)	19,750				Sponsorship
University of Denver2201 S Gaylord St Denver,CO 80208	84-0404231	501(c)(3)	12,500				Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Wellness Connection4960 E Mineral Circle Centennial, CO 80122	84-1504515	501(c)(3)	7,500				Health Fair
Clinica Campesina345 Plaza Court N 1A Lafayette, CO 80026	84-0743432	501(c)(3)	166,129				Mission Support
Portercare Foundation7995 E Prentice Ave 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	29,160				Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Denver Botanic Gardens909 York St Denver, CO 80206	84-0440359	501(c)(3)	14,750				Sponsorship
Women's Crisis CenterPO Box 367 Castle Rock, CO 80104	74-2385006	501(c)(3)	7,500				Sponsorship
Classic Bicycle Racing1515 Arapahoe St Denver, CO 80202	27-3045655		6,250				2014 Pro Challenge

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Douglas County Libraries Foundation9292 Ridgeline Blvd Highlands Ranch, CO 80129	84-1207775	501(c)(3)	5,175				Sponsorship
Greater Parker Foundation20120 East Main St Parker, CO 80138	26-3664272	501(c)(3)	10,000				Sponsorship
Highlands Ranch Community Association9568 S University Blvd Highlands Ranch, CO 80126	84-0869474	501(c)(3)	6,667				Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Littleton Adventist Hospital Dept 1640 Denver, CO 80291	84-0438224	501(c)(3)	19,527				Sponsorship
Littleton Public Schools Foundation5776 S Crocker St Littleton, CO 80120	84-1185005	501(c)(3)	15,000				Sponsorship
Parker Chamber of Commerce19590 East Main St 100 Parker, CO 80138	84-0721419	501(c)(6)	6,200				Membership

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Parker Task ForcePO Box 2645 Parker, CO 80134	74-2494265	501(c)(3)	10,000				Sponsorship
The Community Foundation1123 Spruce St Boulder, CO 80302	84-1171836	501(c)(3)	6,000				Sponsorship
Town of Castle Rock100 N Wilcox Castle Rock, CO 80104	84-6000640	501(c)(3)	10,296				Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes421 South Tejon 310 Colorado Springs, CO 80903	13-1846366	501(c)(3)	7,500				Sponsorship

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
PORTERCARE ADVENTIST HEALTH SYSTEM

Employer identification number  
84-0438224

Part I

Questions Regarding Compensation

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

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

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

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

Return Reference	Explanation
REPORTABLE INDIVIDUALS COMPENSATED BY UNRELATED ORGANIZATIONS	ALL KEY EMPLOYEES AND HOSPITAL CEOS ARE COMPENSATED BY CENTURA HEALTH CORPORATION, WHO MANAGES THE DAILY ACTIVITIES OF PORTERCARE ADVENTIST HOSPITALS UNDER A JOINT OPERATING AGREEMENT DATED DECEMBER 8, 1995 BETWEEN THE ADVENTIST HEALTHCARE SYSTEM AND CATHOLIC HEALTH INITIATIVES AS SUCH, THEIR SALARIES ARE PAID TO THEM BY CENTURA, AN UNRELATED ORGANIZATION, FOR SERVICES RENDERED IN THEIR CAPACITY AS KEY EMPLOYEES OR OFFICERS OF PAHS ALL OF THEIR REPORTABLE COMPENSATION IS DISCLOSED ON FORM 990, SCHEDULE J, PART II, ROW (I) AND FORM 990, PART VII, COLUMN (D) AS REPORTING ORGANIZATION COMPENSATION IN ADDITION, THE CEO AND CFO OF PAHS WERE APPOINTED AS SUCH BY THE PAHS BOARD OF DIRECTORS WHILE THEY ARE OFFICERS OF THESE ENTITIES, A VERY SMALL PORTION OF THEIR TIME IS DIRECTLY RELATED TO THE OPERATIONS OF PAHS THEY ARE COMPENSATED BY CENTURA, WHICH IS CHARGED WITH MANAGING THE FACILITIES THEIR RESPECTIVE COMPENSATION IS NOT REPORTED ON THE FILING ORGANIZATION'S 990 BUT IN FACT IS REPORTED IN FULL ON PART VII AND SCHEDULE J OF CENTURA HEALTH CORPORATION'S FORM 990
Schedule J, Part I, Line 1a Travel for companions	SENIOR VPS AND HOSPITAL CEOS ARE PAID THROUGH CENTURA HEALTH CORP AND ARE ELIGIBLE FOR THE FOLLOWING BENEFITS TRAVEL FOR COMPANIONS, HEALTH OR SOCIAL CLUB DUES, AND REIMBURSEMENT UP TO \$10,000 FOR PERSONAL SERVICES SUCH AS TAX, FINANCIAL, AND ESTATE PLANNING SERVICES, ALONG WITH TAX GROSS-UP PAYMENTS FOR ANY REIMBURSEMENTS INCLUDED IN TAXABLE COMPENSATION ALL BENEFITS ARE PROVIDED PURSUANT TO A WRITTEN POLICY GOVERNING PAYMENT AND REIMBURSEMENT, SUBSTANTIATION IS REQUIRED FOR ALL EXPENSES SUBMITTED FOR REIMBURSEMENT, AND REIMBURSEMENTS ARE INCLUDED IN TAXABLE COMPENSATION WHERE APPROPRIATE
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
Schedule J, Part I, Line 1a Personal services	SEE SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS DISCLOSURE
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Portercare Adventist Health System's (PAHS) CEO IS PAID BY CENTURA HEALTH CORPORATION (CENTURA) OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOS THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO AND APPROVED BY THE COMPENSATION COMMITTEE
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	CENTURA OFFERS A NON-QUALIFIED RETIREMENT PLAN IN WHICH SENIOR EXECUTIVES (SENIOR VPS AND ABOVE) ARE PROVIDED A 10% OF SALARY ALLOWANCE TO PURCHASE INSURANCE PRODUCTS OR CONTRIBUTED INTO THE DEFERRED COMPENSATION PLAN IN ADDITION, A PENSION RESTORATION BENEFIT IS PROVIDED WHICH CREDITS PARTICIPANTS WITH A BENEFIT WHICH IS CALCULATED BASED ON THE EXCESS OF THE PARTICIPANT'S COMPENSATION OVER THE MAXIMUM ALLOWED FOR PENSION CONTRIBUTIONS AMOUNTS DEFERRED ARE NOT REPORTED AS TAXABLE INCOME UNTIL/UNLESS A TRIGGERING EVENT OCCURS THIS DEFERRED COMPENSATION PLAN HAS A SUBSTANTIAL RISK OF FORFEITURE PROVISION AND AN ELECTED VESTING SCHEDULE THE FOLLOWING RECEIVED CONTRIBUTIONS TO A NON-QUALIFIED PLAN FOR THE CALENDAR YEAR 2014 Morre Dean \$48,191 Brett Spenst \$47,725 Dennis Barts \$31,801 Randy Haffner \$134,104 During 2014 the following Distributions were made Morre Dean \$31,506 Randy Haffner \$109,812 IN ADDITION, TWO OF THE BOARD MEMBERS ARE COMPENSATED BY ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHS) AND IN RECOGNITION OF THE CONTRIBUTION THAT EACH EXECUTIVE MAKES TO THE SUCCESS OF AHS, AHS PROVIDES TO ELIGIBLE EXECUTIVES PARTICIPATION IN THE AHS EXECUTIVE FLEX BENEFIT PROGRAM (THE PLAN) THE PURPOSE OF THE PLAN IS TO OFFER ELIGIBLE EXECUTIVES AN OPPORTUNITY TO ELECT FROM AMONG A VARIETY OF SUPPLEMENTAL BENEFITS, INCLUDING DEFERRED COMPENSATION BENEFITS TAXABLE UNDER INTERNAL REVENUE CODE (IRC) SECTION 457(F), TO INDIVIDUALLY TAILOR A BENEFITS PROGRAM APPROPRIATE TO EACH EXECUTIVE'S NEEDS THE PLAN PROVIDES ELIGIBLE PARTICIPANTS A PRE-DETERMINED BENEFITS ALLOWANCE CREDIT THAT IS EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE PAY FROM WHICH IS DEDUCTED THE COST OF MANDATORY AND ELECTIVE EMPLOYEE BENEFITS THE PRE-DETERMINED BENEFITS ALLOWANCE CREDIT PERCENTAGE IS APPROVED BY THE AHS BOARD STRATEGY & COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF AHS ANY FUNDS THAT REMAIN AFTER THE COST OF MANDATORY AND ELECTIVE BENEFITS ARE SUBTRACTED FROM THE PRE-DETERMINED BENEFITS ANNUAL AMOUNT ARE CONTRIBUTED, AT THE EMPLOYEE'S OPTION, TO EITHER AN IRC 457(F) DEFERRED COMPENSATION ACCOUNT OR TO AN IRC 457(B) ELIGIBLE DEFERRED COMPENSATION PLAN UPON ATTAINMENT OF AGE 65, ALL PREVIOUS 457(F) DEFERRED AMOUNTS ARE PAID IMMEDIATELY TO THE PARTICIPANT AND ANY FUTURE EMPLOYER CONTRIBUTIONS ARE MADE QUARTERLY FROM THE PLAN DIRECTLY TO THE PARTICIPANT THE PLAN DOCUMENTS DEFINE AN EMPLOYEE WHO IS ELIGIBLE TO PARTICIPATE IN THE PLAN TO GENERALLY INCLUDE THE CHIEF EXECUTIVE OFFICERS OF AHS ENTITIES AND VICE PRESIDENTS OF ALL AHS ENTITIES WHOSE BASE SALARY IS AT LEAST \$210,000 THE PLAN PROVIDES FOR A CLASS YEAR VESTING SCHEDULE (2 YEARS FOR EACH CLASS YEAR) WITH RESPECT TO AMOUNTS ACCUMULATED IN THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT DISTRIBUTIONS COULD ALSO BE MADE FROM THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT UPON ATTAINMENT OF AGE 65 OR UPON AN INVOLUNTARY SEPARATION THE ACCOUNT IS FORFEITED BY THE EXECUTIVE UPON A VOLUNTARY SEPARATION IN ADDITION TO THE PLAN, AHS HAS INSTITUTED A DEFINED BENEFIT, NON-TAX-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES WHO HAVE PROVIDED LENGTHY SERVICE TO AHS AND/OR TO OTHER SEVENTH-DAY ADVENTIST CHURCH HOSPITAL OR HEALTH CARE INSTITUTIONS PARTICIPATION IN THE PLAN IS OFFERED TO AHS EXECUTIVES ON A PRORATA SCHEDULE BEGINNING WITH 20 YEARS OF SERVICE AS AN EMPLOYEE OF AHS AND/OR ANOTHER HOSPITAL OR HEALTHCARE INSTITUTION CONTROLLED BY THE SEVENTH-DAY ADVENTIST CHURCH AND WHO SATISFY CERTAIN OTHER QUALIFYING CRITERIA THIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS DESIGNED TO PROVIDE ELIGIBLE EXECUTIVES WITH THE ECONOMIC EQUIVALENT OF AN ANNUAL INCOME BEGINNING AT NORMAL RETIREMENT AGE EQUAL TO 60% OF THE AVERAGE OF THE PARTICIPANT'S THREE HIGHEST YEARS OF BASE SALARY FROM AHS ACTIVE EMPLOYMENT INCLUSIVE OF INCOME FROM ALL OTHER SEVENTH-DAY ADVENTIST CHURCH HEALTHCARE EMPLOYER-FINANCED RETIREMENT INCOME SOURCES AND INVESTMENT INCOME EARNED ON THOSE CONTRIBUTIONS THROUGH SOCIAL SECURITY NORMAL RETIREMENT AGE AS DEFINED IN THE PLAN THE NUMBER OF YEARS INCLUDED IN HIGHEST AVERAGE COMPENSATION IS DETERMINED BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE SERP AND BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE AHS EXECUTIVE FLEX BENEFIT PROGRAM 457(F) EMPLOYER CONTRIBUTIONS FOR CALENDAR YEAR 2014 WERE ROBERT HENDERSCHEDT \$124,603 TERRY SHAW \$190,258 457(F) EMPLOYER DISTRIBUTIONS FOR CALENDAR YEAR 2014 WERE ROBERT HENDERSCHEDT \$121,878 TERRY SHAW \$176,733 SERP PAYMENTS FOR CALENDAR YEAR 2014 WERE Terry Shaw \$176,733
Schedule J, Part I, Line 7 Non-fixed payments	PARTICIPANTS IN CENTURA'S INCENTIVE COMPENSATION PLANS INCLUDE DIRECTORS AND ABOVE PAYOUTS ARE BASED ON METRICS ESTABLISHED AND APPROVED BY CENTURA'S COMPENSATION COMMITTEE THE METRICS INCLUDE QUANTIFIABLE MEASURES PERTAINING TO FINANCIAL PERFORMANCE, SAFETY AND QUALITY AND ASSOCIATE SATISFACTION WITH EACH METRIC WEIGHTED IN DETERMINING THE OVERALL SCORE THE INCENTIVE COMPENSATION PAYOUT IS CALCULATED BASED ON THE CUMULATIVE SCORE FOR ALL METRICS AND THE PAYOUT IS BASED ON A COMBINATION OF THE SCORE, THE INDIVIDUAL'S BASE COMPENSATION AMOUNT AND POSITION (E G DIRECTOR, VICE PRESIDENT)

# Additional Data

**Software ID:** 14000329  
**Software Version:** 2014v1.0  
**EIN:** 84-0438224  
**Name:** PORTERCARE ADVENTIST HEALTH SYSTEM

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RANDY HAFFNER CHAIRMAN	(i) (ii)	591,435 0	219,184 0	119,139 0	140,604 0	21,767 0	1,092,129 0	109,812 0
ROBERT HENDERSCHIEDT BOARD MEMBER	(i) (ii)	0 650,059	0 222,556	0 151,756	0 138,708	0 45,042	0 1,208,121	0 98,094
TERRY SHAW BOARD MEMBER	(i) (ii)	0 936,467	0 320,728	0 249,120	0 204,363	0 53,247	0 1,763,925	0 175,971
Dennis Barts CEO - Avista Adventist Hospital	(i) (ii)	318,011 0	126,615 0	7,299 0	53,702 0	12,348 0	517,975 0	12,835 0
CHERYL CURRY CFO-Littleton Adventist Hosp	(i) (ii)	248,095 0	63,508 0	2,274 0	15,600 0	19,063 0	348,540 0	0 0
MORRE DEAN CEO-Porter Adventist Hospital	(i) (ii)	373,371 0	74,132 0	47,245 0	86,482 0	21,495 0	602,725 0	31,506 0
Jonathan Fisher CFO -Parker Adventist Hospital	(i) (ii)	176,013 0	29,136 0	1,398 0	10,089 0	18,084 0	234,720 0	0 0
ANDREW GAASCH CFO-PORTER ADVENTIST HOSP	(i) (ii)	284,365 0	66,061 0	823 0	12,900 0	18,392 0	382,541 0	0 0
Brett Spenst CEO-Littleton Adventist Hospital	(i) (ii)	301,218 0	115,089 0	11,184 0	69,950 0	13,062 0	510,503 0	0 0
Douglas Dennis PHYSICIAN	(i) (ii)	738,413 0	400,080 0	6,216 0	15,600 0	14,771 0	1,175,080 0	0 0
Raymond Kim Physician	(i) (ii)	1,147,849 0	400,580 0	1,125 0	15,600 0	23,709 0	1,588,863 0	0 0
Todd Miner Physician	(i) (ii)	979,666 0	429,330 0	1,693 0	15,600 0	23,641 0	1,449,930 0	0 0
Christopher OLIVER PHYSICIAN	(i) (ii)	932,071 0	0 0	784 0	15,600 0	20,329 0	968,784 0	0 0
Charlie Yang PHYSICIAN	(i) (ii)	758,039 0	400,000 0	914 0	15,600 0	22,192 0	1,196,745 0	0 0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2014**  
Open to Public Inspection

Name of the organization PORTERCARE ADVENTIST HEALTH SYSTEM	Employer identification number 84-0438224
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Christopher Oliver	Employee	Physician Remuneration		X	290,000	77,333		No	Yes		Yes	

Total	▶ \$	77,333			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization PORTERCARE ADVENTIST HEALTH SYSTEM	Employer identification number  84-0438224
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Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURE POLICY	PORTERCARE ADVENTIST HEALTH SYSTEM HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER, ADVENTIST HEALTH SYSTEM'S (AHS) SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATIONS, AT ALL TIMES, RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S LENGTH, WITH PRICES SET AT FAIR MARKET VALUE.

Return Reference	Explanation
Form 990, Part VI, Line 15 PROCESS USED TO ESTABLISH COMPENSATION	OUTSIDE CONSULTANTS ARE ENGAGED TO PROVIDE RECOMMENDATIONS TO CENTURA'S COMPENSATION COMMITTEE REGARDING THE COMPENSATION OF FACILITY CEOS AND CENTURA SENIOR EXECUTIVES. THE CONSULTANT'S RECOMMENDATIONS ARE THEN PRESENTED TO, CONSIDERED BY, AND APPROVED BY THE COMPENSATION COMMITTEE. CENTURA'S HUMAN RESOURCES DEPARTMENT PERFORMS ANALYSES OF THE MARKET TO DETERMINE COMPENSATION RANGES FOR THE REMAINDER OF CENTURA ASSOCIATES WHICH ARE REVIEWED AND APPROVED BY CENTURA'S SENIOR LEADERSHIP.

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>PURSUANT TO ARTICLE IV OF THE BYLAWS OF PORTERCARE ADVENTIST HEALTH SYSTEM, THE BOARD OF TRUSTEES MAY, BY RESOLUTION OR RESOLUTIONS PASSED BY A MAJORITY OF THE TRUSTEES THEREOF, APPOINT AN EXECUTIVE COMMITTEE OR SUCH OTHER COMMITTEES FOR ANY PURPOSE AND DELEGATE TO SUCH COMMITTEES ANY OF THE POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES AS IS PERMITTED BY LAW COLORADO LAW PRECLUDES A COMMITTEE OF THE BOARD FROM (I) AUTHORIZING DISTRIBUTIONS, (II) APPROVING OR PROPOSING TO THE MEMBER ACTIONS THAT ARTICLES 121-137 OF TITLE 7 OF THE COLORADO REVISED STATUTES REQUIRE TO BE APPROVED BY THE MEMBER, (III) AMENDING THE CORPORATION'S AMENDED AND RESTATED ARTICLES OF INCORPORATION, (IV) ADOPTING, AMENDING OR REPEALING THE BYLAWS, (V) APPROVING A PLAN OF MERGER NOT REQUIRING APPROVAL OF THE MEMBER, OR (VI) APPROVING A SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF ITS PROPERTY, WITH OR WITHOUT GOOD WILL, OTHERWISE THAN IN THE USUAL AND REGULAR COURSE OF BUSINESS SUBJECT TO APPROVAL OF THE MEMBER SUCH COMMITTEES SHALL HAVE THE POWER TO ACT ONLY IN INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES AND SHALL, AT ALL TIMES, BE SUBJECT TO THE CONTROL OF THE BOARD OF TRUSTEES THE BOARD OF TRUSTEES, OR IF THE BOARD DOES NOT ACT, THE COMMITTEES, SHALL ESTABLISH RULES AND REGULATIONS FOR MEETINGS AND SHALL MEET AT SUCH TIMES AS ARE DEEMED NECESSARY, PROVIDED THAT A REASONABLE NOTICE OF ALL MEETINGS SHALL BE GIVEN TO COMMITTEE MEMBERS NO ACT OF A COMMITTEE SHALL BE VALID UNLESS APPROVED BY THE VOTE OR WRITTEN CONSENT OF A MAJORITY OF ITS MEMBERS COMMITTEES SHALL KEEP REGULAR MINUTES OF PROCEEDINGS AND REPORT THE SAME TO THE BOARD FROM TIME TO TIME AS THE BOARD MAY REQUIRE</p>

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE CORPORATE MEMBER OF PAHS IS ADVENTIST HEALTH SY STEM SUNBELT HEALTHCARE CORPORATION (AHS), A FLORIDA NONPROFIT CORPORATION

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	AHS, THE SOLE CORPORATE MEMBER, HAS THE POWER TO APPOINT OR REMOVE THE MEMBERS OF THE GOVERNING BODY

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE CORPORATE MEMBER, AHS, ACTING THROUGH THE BOARD OF TRUSTEES, MAINTAINS ALL RIGHTS PERMITTED TO BE EXERCISED BY DIRECTORS OF A COLORADO CORPORATION EXCEPT AS LIMITED BY THE ORGANIZATIONS' ARTICLES, BYLAWS, OR AFFILIATION AGREEMENT WITH CATHOLIC HEALTH INITIATIVES (CHI) THE AGREEMENT OF BOTH AHS AND CHI IS REQUIRED FOR CERTAIN SIGNIFICANT DECISIONS INVOLVING CENTURA FACILITIES IN ADDITION, PURSUANT TO THE AFFILIATION AGREEMENT BETWEEN CHI, CHIC, CENTURA HEALTH CORPORATION, AND PORTERCARE ADVENTIST HEALTH SYSTEM, CERTAIN MATTERS AFFECTING CHIC MUST BE APPROVED BY BOTH PORTERCARE AND CHI THOSE ITEMS INCLUDE - THE TRANSFER OF ASSETS VALUED AT OVER \$1,000,000 - THE ISSUANCE OF A DEBT INSTRUMENT IN EXCESS OF \$250,000 - THE AMENDMENT OF THE ORGANIZING DOCUMENTS - THE ADMISSION OF A NEW SPONSOR - A MERGER OR DISSOLUTION OR REORGANIZATION - SETTLEMENT OF LEGAL PROCEEDINGS IN EXCESS OF \$2,000,000 - CAPITAL EXPENDITURES IN EXCESS OF \$2,000,000

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A DRAFT OF THE FORM 990 IS PROVIDED TO MANAGEMENT, INCLUDING THE CFO, FOR REVIEW. THE RETURN IS E-MAILED TO THE ENTIRE BOARD FOR REVIEW PRIOR TO FILING. AFTER PRESENTATION TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>PORTERCARE ADVENTIST HEALTH SYSTEM HAS ADOPTED CENTURA HEALTH'S CONFLICT OF INTEREST POLICY 1 CONFLICT OF INTEREST POLICY 1 1 CONSISTENT WITH CENTURA INTEGRITY STANDARDS, IT IS POLICY THAT EACH BOARD OF TRUSTEE MEMBER, CORPORATE OFFICER, AND KEY EMPLOYEE ACT AT ALL TIMES IN A MANNER THAT IS CONSISTENT WITH CENTURA'S MISSION AND VALUES BASED SERVICE TO THE COMMUNITY AND EXERCISE CARE THAT HE OR SHE DOES NOT HAVE ANY PERSONAL INTEREST WHICH MIGHT CONFLICT WITH OR APPEAR TO CONFLICT WITH THE INTEREST OF CENTURA OR WHICH MIGHT INFLUENCE THEIR JUDGMENT OR ACTIONS IN PERFORMING THEIR DUTIES 1 1 1 IN CONNECTION WITH AN ACTUAL OR POSSIBLE TRANSACTION OR ARRANGEMENT INVOLVING CENTURA, ANY BOARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST MUST DISCLOSE AND BE GIVEN THE OPPORTUNITY TO SHARE ALL MATERIAL FACTS WITH THE BOARD CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT 1 1 2 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS ON AN ANNUAL BASIS THROUGH THE CONFLICT OF INTEREST QUESTIONNAIRE 2 PROCEDURE FOR DISCLOSING AND REVIEWING TRANSACTION OR ARRANGEMENT CONFLICT OF INTERESTS 2 1 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES THAT HAVE A FINANCIAL INTEREST IN ANY ACTUAL OR POSSIBLE TRANSACTION INVOLVING CENTURA ARE REQUIRED TO DISCLOSE THE FINANCIAL INTEREST 2 1 1 IN ORDER TO DETERMINE IF A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WHO IS CONSIDERED TO HAVE A FINANCIAL INTEREST MAY MAKE A PRESENTATION AT THE BOARD OR BOARD COMMITTEE MEETING AFTER SUCH PRESENTATION, THE INDIVIDUAL SHALL LEAVE THE MEETING FOR DISCUSSION AND A VOTE ON THE ISSUE 2 1 2 AFTER EXERCISING DUE DILIGENCE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE WHETHER CENTURA CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS FROM ANOTHER PERSON OR ENTITY IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY ATTAINABLE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER THE TRANSACTION IS IN CENTURA'S BEST INTEREST AND IS FAIR 3 PROCEDURE FOR DISCLOSING AND REVIEWING OTHER CONFLICT OF INTERESTS 3 1 BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES SHALL ALSO DISCLOSE IN ADVANCE TO CENTURA LEADERS ANY NON-TRANSACTIONAL ACTIONS OR RELATIONSHIPS THAT HAVE THE POTENTIAL TO CREATE A CONFLICT OF INTEREST 3 1 1 THE BOARD OR BOARD COMMITTEE SHALL CAREFULLY REVIEW AND SCRUTINIZE ANY CONFLICT OF INTEREST BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS, THE BOARD SHALL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE BOARD MEMBER, CORPORATE OFFICER, OR KEY EMPLOYEE UNDER THE CIRCUMSTANCES, INCLUDING POSSIBLE CORRECTIVE ACTION, IN ORDER TO BEST PROTECT THE INTERESTS OF CENTURA 3 1 2 ON AN ANNUAL BASIS, BOARD MEMBERS, CORPORATE OFFICERS, AND KEY EMPLOYEES WILL ALSO BE SENT AN EMAIL REQUESTING THEY COMPLETE THE BOARD MEMBER AND CORPORATE OFFICER CONFLICT OF INTEREST QUESTIONNAIRE BY THE SPECIFIED DUE DATE IN THE EMAIL 3 1 3 THE CORPORATE RESPONSIBILITY DEPARTMENT SHALL NOTIFY THE CHAIRPERSON OF THE BOARD OF ANY POTENTIAL CONFLICTS AND THE CHAIRPERSON, OR DESIGNEE, SHALL PERFORM FURTHER INVESTIGATION AS HE OR SHE DEEMS APPROPRIATE 4 RECORD OF PROCEEDINGS 4 1 THE MINUTES OF THE BOARD AND BOARD COMMITTEE SHALL CONTAIN 4 1 1 THE NAMES OF PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST AND THE NATURE OF THE FINANCIAL INTEREST 4 1 2 THE NAMES OF PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO ANY FINANCIAL INTEREST, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES, AND A RECORD OF THE BOARD OR BOARD COMMITTEE DECISION 5 VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY 5 1 IF THE BOARD OR BOARD COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INDIVIDUAL HAS FAILED TO DISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POSSIBLE CONFLICT, THE INDIVIDUAL WILL BE GIVEN A CHANCE TO EXPLAIN 5 1 1 AFTER HEARING THE RESPONSE, THE BOARD WILL CONDUCT SUCH ADDITIONAL INVESTIGATION AS APPROPRIATE IF THE BOARD DETERMINES THAT THE INDIVIDUAL HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THE CONFLICT OF INTEREST POLICY, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION</p>

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	See Above

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE COLORADO SECRETARY OF STATE'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 1238217, Related or Exempt Function Revenue , Unrelated Business Revenue 85373, Revenue Excluded from Tax Under Sections 512, 513, or 514 1152844,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Fees for Services - Total Expense 162848493, Program Service Expense 130274920, Management and General Expenses 32573573, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Expenses	All other expenses - Total Expense 307620409, Program Service Expense 246096328, Management and General Expenses 61524081, Fundraising Expenses 0,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers to Affiliates - -4966616, Minority Interest Distribution - -44671,

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
PORTERCARE ADVENTIST HEALTH SYSTEM

Employer identification number  
84-0438224

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

No

Yes

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION	C	1,440,374	FMV

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

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

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

Return Reference	Explanation
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Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 84-0438224

Name: PORTERCARE ADVENTIST HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Adventist Bolingbrook Hospital  500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3	3	Adventist Hlth SystemSunbelt Inc		No
(1) Adventist Care Centers - Courtland Inc  730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(2) Adventist GlenOaks Hospital  701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3	3	Adventist Hlth SystemSunbelt Inc		No
(3) Adventist Hlth Mid-America Inc  9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Hlthcare Related Services	KS	501(c)(3	Type I	Adventist Hlth SystemSunbelt Inc		No
(4) Adventist Hlth Partners Inc  1000 Remington Bvd St 200 Bolingbrook, IL 60440 36-4138353	Operate out-patient physician clinics	IL	501(c)(3	3	AHS Midwest Management Inc		No
(5) Adventist Hlth System Sunbelt Hlthcare Corp  900 Hope Way Altamonte Springs, FL 32714 59-2170012	Management Services	FL	501(c)(3	Type I	NA		No
(6) Adventist Hlth System Georgia Inc  1035 Red Bud Road Calhoun, GA 30701 58-1425000	Operation of Hospital & Related Services	GA	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(7) Adventist Hlth SystemSunbelt Inc  900 Hope Way Altamonte Springs, FL 32714 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(8) Adventist Hlth System Texas Inc  11801 S Freeway Burleson, TX 36028 74-2578952	Leasing Personnel to Affiliated Hospital	TX	501(c)(3	Type III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(9) ADVENTIST HINSDALE HOSPITAL  120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3	3	Adventist Hlth SystemSunbelt Inc		No
(10) Adventist University of Health Sciences Inc  671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3	2	Adventist Hlth SystemSunbelt Inc		No
(11) AHS Midwest Management Inc  1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3	Type I	Adventist Hlth SystemSunbelt Inc		No
(12) AHSCentral Texas Inc  1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3	Type III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(13) Apopka Hlth Care Properties Inc  305 E Oak Street Apopka, FL 32703 51-0605694	Lease to Related Organization	GA	501(c)(3	Type III-O	Sunbelt Hlth Care Centers Inc		No
(14) Battle Creek Adventist Hospital  1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 38-1359189	Inactive	MI	501(c)(3	3	Adventist Hlth SystemSunbelt Inc		No
(15) Bolingbrook Hospital Foundation  1000 Remington Blvd Bolingbrook, IL 60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3	7	Midwest Hlth Foundation		No
(16) Bradford Heights Hlth and Rehab Center Inc  950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(17) Burleson Nursing & Rehab Center Inc  301 Huguley Blvd Burleson, TX 76028 20-5782243	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(18) Caldwell Hlth Care Properties Inc  1333 West Main Princeton, KY 42445 51-0605680	Lease to Related Organization	GA	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(19) Central Texas Hlthcare Collaborative  1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3	Type I	Adventist Hlth SystemSunbelt Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?  <div>YesNo</div>	
(21) Central Texas Medical Center Foundation  1301 Wonder World Drive San Marcos, TX 78666 74-2259907	Fund-raising for Tax-exempt hospital	TX	501(c)(3)	7	NA		No
(1) Chickasaw Hlth Care Properties Inc  250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(2) Chippewa Valley Hospital and Oakview Care Center Inc  1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(3) Cobb Medical Associates LLC  3949 South Cobb Drive SE Smyrna, GA 30080 58-2617089	Operation of Physician Practices & Medical Services	GA	501(c)(3)	3	Emory-Adventist Inc		No
(4) Courtland Hlth Care Properties Inc  730 Courtland Street Orlando, FL 32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(5) Creekwood Place Nursing and Rehab Center Inc  683 E Third Street Russellville, KY 42276 20-5782260	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(6) Dairy Road Hlth Care Properties Inc  7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(7) East Orlando Hlth and Rehab Center Inc  250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(8) Emory Adventist Inc  3949 South Cobb Drive Smyrna, GA 30080 58-2171011	Operation of Hospital & Related Svcs	GA	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(9) Fletcher Hospital Inc  100 Hospital Drive Hendersonville, NC 28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(10) FLNC Inc  3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(11) FLORIDA HOSPITAL HEALTHCARE PARTNERS INC  770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804	Operation of Physician Practices & Medical Services	FL	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(12) Florida Hospital Medical Group Inc  2600 Westhall Ln Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(13) Florida Hospital Physician Group Inc  14055 Riveredge Drive Ste 250 Tampa, FL 33637 46-2021581	Operation of Physician Practices & Medical Services	FL	501(c)(3)	3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(14) Florida Hospital Waterman Inc  1000 Waterman Way Tavares, FL 32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(15) Florida Hospital Zephyrhills Inc  7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(16) Foundation for Shawnee Mission Medical Center Inc  9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	Type I	Shawnee Mission Medical Center Inc		No
(17) Fountain Inn Nursing & Rehab CenterInc  602 Courtland St Ste 200 Orlando, FL 32804 47-2180518	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(18) GlenOaks Hospital Foundation  701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	7	Midwest Hlth Foundation		No
(19) Helen Ellis Memorial Hospital Auxiliary Inc  1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fund-raising for Tax-exempt hospital/foundation	FL	501(c)(3)	Type III-FI	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?  <div>YesNo</div>	
(41) Helen Ellis Memorial Hospital Foundation Inc  1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fund-raising for Tax-exempt hospital	FL	501(c)(3	Type III-FI	NA		No
(1) Hinsdale Hospital Foundation  7 Salt Creek Lane Suite 203 Hinsdale, IL 60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3	7	Midwest Hlth Foundation		No
(2) Hospice of the Comforter Inc  480 W Central Parkway Altamonte Springs, FL 32714 59-2935928	Operation of Hospice	FL	501(c)(3	9	The Comforter Health Care Group Inc		No
(3) Hospice of the Comforter Foundation Inc  480 W Central Parkway Altamonte Springs, FL 32714 27-1858033	Fund Raising for Affiliated Tax-Exempt Hospice	FL	501(c)(3	7	The Comforter Health Care Group Inc		No
(4) In-Motion Rehab Inc  602 Courtland Street Ste 200 Orlando, FL 32804 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3	Type II	Sunbelt Hlth Care Centers Inc		No
(5) Jellico Community Hospital Inc  188 Hospital Lane Jellico, TN 37762 62-0924706	Operation of Hospital & Related Services	TN	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(6) La Grange Memorial Hospital Foundation  5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3	7	Midwest Hlth Foundation		No
(7) Lake County Health Care Properties Inc  602 Courtland St Ste 200 Orlando, FL 32804 47-2179868	Lease to Related Organization	FL	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(8) Memorial Hlth Systems Foundation Inc  770 West Granada Blvd Ormond Beach, FL 32174 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3	7	NA		No
(9) Memorial Hlth Systems Inc  301 Memorial Medical Pkwy Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3	3	Adventist Hlth SystemSunbelt Inc		No
(10) Memorial Hospital West Volusia Inc  701 West Plymouth Avenue Deland, FL 32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3	3	Memorial Hlth Systems Inc		No
(11) Memorial Hospital Flagler Inc  60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3	3	Memorial Hlth Systems Inc		No
(12) Memorial Hospital Inc  210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(13) Merriam Hlth Care Properties Inc  9700 West 62nd Street Merriam, KS 66203 36-4595806	Lease to Related Organization	KS	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(14) Metroplex Adventist Hospital Inc  2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(15) Metroplex Clinic Physicians Inc  2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Physician Hlthcare services to the community	TX	501(c)(3	3	Metroplex Adventist Hospital Inc		No
(16) Metroplex Hospital Inc  900 Hope Way Altamonte Springs, FL 32714 46-1256516	Future Operation of Hospital & Related Svcs	FL	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(17) Midwest Hlth Foundation  120 North Oak Street Hinsdale, IL 60521 35-2230515	Support of subsidiary Foundations	IL	501(c)(3	Type II	NA		No
(18) Mills Hlth & Rehab Center Inc  500 Beck Lane Mayfield, KY 42066 20-5782320	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(19) Mission Strategies of Georgia Inc  3949 S Cobb Drive Smyrna, GA 30080 90-0866024	Provision of support to the nursing home division	GA	501(c)(3	Type II	Sunbelt Hlth Care Centers Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(61) Missouri Adventist Hlth Inc  9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3	Type III-O	Adventist Hlth Mid-America Inc		No
(1) North Regional EMS Inc  188 Hospital Lane Jellico, TN 37762 26-2653616	EMS Services	TN	501(c)(3	9	Jellico Community Hospital Inc		No
(2) Ormond Beach Memorial Hospital Auxiliary Inc  301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Volunteer support services	FL	501(c)(3	Type III-FI	NA		No
(3) Overland Park Nursing & Rehab Center Inc  6501 West 75th Street Overland Park, KS 66204 20-5774821	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(4) Paragon Hlth Care Properties Inc  950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Lease to Related Organization	GA	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(5) Pasco-Pinellas Hillsborough Community Hlth System Inc  2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 20-8488713	Operation of Hospital & Related Services	FL	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(6) Portercare Adventist Hlth System  2525 S Downing Street Denver, CO 80210 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(7) Princeton Hlth and Rehab Center Inc  1333 West Main Princeton, KY 42445 20-5782272	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(8) Princeton Professional Services Inc  601 E Rollins Street Orlando, FL 32803 59-1191045	Provision of Hlthcare Services	FL	501(c)(3	9	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(9) Quality Circle for Hlthcare Inc  900 Hope Way Altamonte Springs, FL 32714 26-3789368	Hlthcare Quality Services	FL	501(c)(3	Type I	Adventist Hlth System Sunbelt Hlthcare Corp		No
(10) Resource Personnel Inc  602 Courtland Street Ste 200 Orlando, FL 32804 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3	Type II	Sunbelt Hlth Care Centers Inc		No
(11) Rocky Mountain Adventist Hlthcare Foundation  7995 E Prentice Ave 204 Greenwood Village, CO 80111 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3	7	NA		No
(12) Rollins Brook Community Care Corp  2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Inactive	TX	501(c)(3	Type I	Adventist Hlth SystemSunbelt Inc		No
(13) Russellville Hlth Care Properties Inc  683 East Third Street Russellville, KY 42276 51-0605691	Lease to Related Organization	GA	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(14) San Marcos Hlth Care Properties Inc  1900 Medical Parkway San Marcos, TX 78666 51-0605693	Lease to Related Organization	GA	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(15) San Marcos Nursing and Rehab Center Inc  1900 Medical Parkway San Marcos, TX 78666 20-5782224	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(16) Shawnee Mission Hlth Care Inc  6501 West 75th Street Overland Park, KS 66204 48-0952508	Lease to Related Organization	KS	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(17) Shawnee Mission Medical Center Inc  9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3	3	Adventist Hlth Mid-America Inc		No
(18) South Central Inc  900 Hope Way Altamonte Springs, FL 32714 59-3689740	Management Support	GA	501(c)(3	Type III-FI	NA		No
(19) South Pasco Hlth Care Properties Inc  38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(81) Southwest Volusia Hlth Services Inc  1055 Saxon Blvd Orange City, FL 32763 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	Type I	Southwest Volusia Hlthcare Corp		No
(1) Southwest Volusia Hlthcare Corp  1055 Saxon Blvd Orange City, FL 32763 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(2) Specialty Physicians of Central Texas Inc  1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(3) Spring View Hlth and Rehab Center Inc  718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(4) Sunbelt Hlth and Rehab Center Apopka Inc  305 East Oak Street Apopka, FL 32703 20-5774856	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(5) Sunbelt Hlth Care Centers Inc  602 Courtland Street Ste 200 Orlando, FL 32804 58-1473135	Management Services	TN	501(c)(3)	Type II	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(6) SunSystem Development Corp  900 Hope Way Altamonte Springs, FL 32714 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	7	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(7) Takoma Regional Hospital Inc  401 Takoma Ave Greeneville, TN 37743 51-0603966	Operation of Hospital & Related Services	TN	501(c)(3)	3	Adventist Hlth SystemSunbelt Inc		No
(8) TAKOMA REGIONAL HOSPITAL Foundation INC  401 Takoma Ave Greeneville, TN 37743 47-1334302	Fund Raising for Affiliated Tax-Exempt Hospital	TN	501(c)(3)	7	Takoma Regional Hospital Inc		No
(9) Tarpon Springs Hospital Foundation Inc  1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Operation of Hospital & Related Services	FL	501(c)(3)	3	University Community Hospital Inc		No
(10) Tarrant County Hlth Care Properties Inc  301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(11) Taylor Creek Hlth Care Properties Inc  718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(12) The Comforter Health Care Group Inc  605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Lease to Related Organization	FL	501(c)(3)	Type III-FI	Adventist Hlth System Sunbelt Hlthcare Corp		No
(13) The Volunteer Auxiliary of Florida Hospital Flagler Inc  60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Type III-FI	NA		No
(14) TRI-COUNTY NURSING AND REHAB Center Inc  602 Courtland St Ste 200 Orlando, FL 32804 47-2219363	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(15) Trinity Nursing and Rehab Center Inc  9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	9	Sunbelt Hlth Care Centers Inc		No
(16) University Community Hospital Foundation Inc  3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax- exempt hospital	FL	501(c)(3)	Type I	NA		No
(17) University Community Hospital Specialty Care Inc  3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	Type I	University Community Hospital Inc		No
(18) University Community Hospital Inc  3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(19) West Florida Health Home Care Inc fka South Cent Nurs Home Prop  PO Box 1289 Tampa, FL 33601 59-3686109	Will be operating Home Health Agency	GA	501(c)(3)	Type III-O	Adventist Hlth System Sunbelt Hlthcare Corp		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(101) West Kentucky Hlth Care Properties Inc  500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3	Type III-FI	Sunbelt Hlth Care Centers Inc		No
(1) Zephyr Haven Hlth and Rehab Center Inc  38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No
(2) Zephyrhills Hlth and Rehab Center Inc  7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3	9	Sunbelt Hlth Care Centers Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Appalachian Therapy Services LLC  100 Hospital Drive Hendersonville, NC 28792 20-2463851	Therapy Staffing	NC	Fletcher Hospital Inc	N/A								50 %
Clear Creek MOB Ltd  2201 S Clear Creek Rd Killeen, TX 76549 74-2609195	Real Estate	TX	Clear Creek MOB Inc	N/A								61 %
Endoscopy Center at Porter LLC  1001 South Park Drive Littleton, CO 80120 20-5855038	Medical Services	CO	Portercare Adventist Health System	Related	27,350	131,570		No	0		No	51 %
Florida Hospital DMERT LLC  2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 20-2392253	Medical Equipment	FL	Princeton Prof Services Inc	N/A								67 %
Florida Hospital Home Infusion  2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 59-3142824	Home Infusion Services	FL	Princeton Prof ServsFH Waterman	N/A								57 %
KCCCSMMC Cancer Center LLC (11-4813)  9100 W 74th Street Shawnee Mission, KS 66204 27-0909763	Equipment Rental	KS	Shawnee Mission Med Ctr Inc	N/A								50 %
PAHSUSP Surgery Centers LLC  15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75010 26-3057950	Medical Services	CO	Portercare Adventist Health System	Related	1,101,609	904,818		No	0		No	51 %
San Marcos MRI LP  1330 Wonder World Dr Ste 202 San Marcos, TX 78666 77-0597972	Imaging & Testing	TX	Adventist Hlth SystemSunbelt Inc	N/A								60 %
Shawnee Mission Open MRI LLC  9100 W 74th Street Box 2923 Shawnee Mission, KS 66201 27-0011796	Imaging & Testing	KS	Shawnee Mission Med Ctr Inc	N/A								55 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
<b>Yes</b>	<b>No</b>							
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	NA	C Corporation				No
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	NA	C Corporation				No
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	NA	C Corporation				No
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Physician Clinics	TX	NA	C Corporation				No
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	NA	C Corporation				No
Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	NA	C Corporation				No
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL 32804 59-3215680	PHO/TPA	FL	NA	C Corporation				No
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	NA	C Corporation				No
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org	FL	NA	C Corporation				No
HUGULEY ALLIANCE FOUNDATION (11-8414) 11801 South Freeway Fort Worth, TX 76115 75-2642209	Inactive	TX	NA	C Corporation				No
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	NA	C Corporation				No
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Real Estate Rental	KS	NA	C Corporation				No
North American Health Services Inc & Subs 900 Hope Way Altamonte Springs, TN 32714 62-1041820	Lessor/Holding Co	TN	NA	C Corporation				No
ORMOND PROF Associates CONDO ASSOC'N Inc (430 YR END) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	NA	C Corporation				No
Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC 28732 03-0380531	Condo Association	NC	NA	C Corporation				No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
<b>Yes</b>	<b>No</b>							
Porter Affiliated Hlth Services Inc dba Diversified Affiliated Hlth Svcs 2525 S Downing Street Denver, CO 80210 84-0956175	Healthcare Services	CO	NA	C Corporation				No
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	NA	C Corporation				No
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL 32804 59-3414055	Real Estate Rental	FL	NA	C Corporation				No
Winter Park Medical Office Building I Condo Assoc Inc 200 Lakemont Ave Winter Park, FL 32792 45-2228478	Physician Clinics	FL	NA	C Corporation				No