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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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ADVENTIST HEALTHCARE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

820 WEST DIAMOND AVE NO 600

City or town, state or province, country, and ZIP or foreign postal code

GAITHERSBURG, MD 208781419

F Name and address of principal officer

TERRY FORDE

820 WEST DIAMOND AVE NO 600

GAITHERSBURG, MD 208781419

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

1071

D Employer identification number

52-1532556

E Telephone number

(301) 315-3030

G Gross receipts \$

761,888,291

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: WWW ADVENTISTHEALTHCARE COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

MD

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

HEALTH-CARE NETWORK SERVICES INCLUDING ACUTE CARE, AMBULATORY AND POPULATION HEALTH MANAGEMENT

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

2,288,283

716,700,609

6,700,442

-2,513,960

723,175,374

1,472,070

0

353,388,205

0

336,459,222

691,319,497

31,855,877

Beginning of Current Year

1,211,155,214

809,152,087

402,003,127

Current Year

3,426,849

722,654,618

2,715,751

-1,265,759

727,531,459

1,862,810

0

362,474,089

0

332,842,289

697,179,188

30,352,271

End of Year

1,245,225,364

813,091,705

432,133,659

Part II

Signature Block

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

Sign Here

Signature of officer

2019-11-13

Date

JAMES G LEE EXEC VICE PRESIDENT & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

P00760402

Firm's name

BAKER TILLY VIRCHOW KRAUSE LLP

Firm's EIN

38-0859910

Firm's address

1570 FRUITVILLE PIKE STE 400

LANCASTER, PA 17601

Phone no

(717) 740-4863

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)



**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 GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	531,486,552	including grants of \$	1,862,810 )	(Revenue \$	650,925,702 )
See Additional Data							

<b>4b</b>	(Code )	(Expenses \$	41,274,275	including grants of \$	)	(Revenue \$	45,549,246 )
See Additional Data							

<b>4c</b>	(Code )	(Expenses \$	20,469,003	including grants of \$	)	(Revenue \$	24,563,859 )
See Additional Data							

<b>4d</b>	Other program services (Describe in Schedule O )					
	(Expenses \$		including grants of \$		(Revenue \$	)

<b>4e</b>	<b>Total program service expenses ▶</b>	593,229,830
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 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	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No



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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 840	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	



<b>2a</b> 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 . . . . .		<b>2a</b>	6,711			
<b>b</b> 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)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</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)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 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? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> 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				<b>13a</b>		
<b>b</b> 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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .						
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>	Yes	No



**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	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		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

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

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: MD

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ 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.  
**JAMES G LEE EXEC VP & CFO 820 WEST DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 (301) 315-3030**



## 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 ☐

□

● 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

[illegible]



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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	9,020,915	0	1,563,476

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 ▶ 480

		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 Yes	
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
TURNER CONSTRUCTION COMPANY  11413 ISAAC NEWTON SQ RESTON, VA 20190	CONSTRUCTION SERVICES	83,661,842
QUEST DIAGNOSTICS  14225 NEWBROOK DR CHANTILLY, VA 191761303	CLINICAL LAB SERVICES	15,821,469
ENERACTIVE SOLUTIONS LLC  613 BANGS AVE ASBURG PARK, NJ 07712	CONSTRUCTION SERVICES	14,934,672
CARETECH SOLUTIONS INC  PO BOX 674271 DETROIT, MI 482674271	IT SERVICES	12,405,339
SODEXO INC  PO BOX 360170 PITTSBURGH, PA 152516170	DIETARY AND PLANT OPS	5,301,946

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 ► 165



Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>						
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	2,934,104			
	<b>e</b> Government grants (contributions)	<b>1e</b>	330,707			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	162,038			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		3,426,849			
Program Service Revenue			Business Code			
	<b>2a</b> ACUTE CARE		900099	641,679,914	641,679,914	
	<b>b</b> BEHAVIORAL HEALTH		900099	45,549,246	45,549,246	
	<b>c</b> PHYSICIAN PRACTICE		900099	24,563,859	24,563,859	
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue			10,861,599	9,245,788	1,615,811
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		722,654,618			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,314,727			5,314,727
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶		112,582			112,582
	<b>5</b> Royalties . . . . . ▶					
			(i) Real	(ii) Personal		
	<b>6a</b> Gross rents		5,231,761			
	<b>b</b> Less rental expenses		7,312,471			
	<b>c</b> Rental income or (loss)		-2,080,710			
	<b>d</b> Net rental income or (loss) . . . . . ▶		-2,080,710		-16,362	-2,064,348
			(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory		23,924,856	215,720		
	<b>b</b> Less cost or other basis and sales expenses		26,852,134	0		
	<b>c</b> Gain or (loss)		-2,927,278	215,720		
	<b>d</b> Net gain or (loss) . . . . . ▶		-2,711,558			-2,711,558
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . ▶					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . ▶					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>		515,053			
<b>b</b> Less cost of goods sold . . . <b>b</b>		192,227				
<b>c</b> Net income or (loss) from sales of inventory . . . ▶		322,826			322,826	
Miscellaneous Revenue		Business Code				
<b>11a</b> PARKING REVENUE		621990	465,969		465,969	
<b>b</b> VENDING REVENUE		621990	26,156		26,156	
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		492,125				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		727,531,459	721,038,807	1,599,449	1,466,354	



**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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,862,810	1,862,810		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	9,068,673		9,068,673	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	294,531,100	259,661,907	33,590,317	1,278,876
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	8,383,156	6,841,195	1,500,603	41,358
<b>9</b> Other employee benefits.	30,623,554	25,143,054	5,346,817	133,683
<b>10</b> Payroll taxes.	19,867,606	16,451,506	3,333,792	82,308
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	10,345,654	8,900,557	1,445,097	
<b>b</b> Legal.	1,260,325		1,260,325	
<b>c</b> Accounting.	453,036		453,036	
<b>d</b> Lobbying.	110,000		110,000	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	581,603		581,603	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	83,572,740	78,668,786	4,744,608	159,346
<b>12</b> Advertising and promotion.	1,455,480	277,227	1,178,253	
<b>13</b> Office expenses.	6,884,733	5,071,952	1,747,318	65,463
<b>14</b> Information technology.	29,862,553	22,396,915	7,465,638	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	44,552,260	34,705,547	9,704,498	142,215
<b>17</b> Travel.	2,018,397	1,330,599	677,620	10,178
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,084,814	770,345	308,117	6,352
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	35,589,240	24,112,957	11,471,010	5,273
<b>23</b> Insurance.	8,604,909	1,461,901	7,143,008	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	102,407,851	102,407,851		
<b>b</b> COLLECTION FEES/LICENSE	3,193,256	3,164,721		28,535
<b>c</b> RECRUITING	865,438		865,438	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	697,179,188	593,229,830	101,995,771	1,953,587
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	629,008	<b>1</b>	663,711
	<b>2</b>	Savings and temporary cash investments . . . . .	85,990,472	<b>2</b>	87,363,386
	<b>3</b>	Pledges and grants receivable, net . . . . .	1,652,537	<b>3</b>	1,505,238
	<b>4</b>	Accounts receivable, net . . . . .	83,351,652	<b>4</b>	85,423,065
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b>	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 . . . . .		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .	11,737,238	<b>7</b>	8,902,214
	<b>8</b>	Inventories for sale or use . . . . .	9,316,870	<b>8</b>	8,517,456
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	12,451,578	<b>9</b>	12,876,893
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	1,145,893,861		
	<b>b</b>	Less: accumulated depreciation	514,372,991		
			489,253,434	<b>10c</b>	631,520,870
	<b>11</b>	Investments—publicly traded securities . . . . .	400,302,964	<b>11</b>	336,397,215
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	57,989,396	<b>12</b>	16,248,324
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .	47,660,070	<b>13</b>	45,404,765
	<b>14</b>	Intangible assets . . . . .	7,339,460	<b>14</b>	7,161,853
<b>15</b>	Other assets. See Part IV, line 11 . . . . .	3,480,535	<b>15</b>	3,240,374	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,211,155,214	<b>16</b>	1,245,225,364	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	123,981,926	<b>17</b>	127,392,635
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .	555,220,782	<b>20</b>	551,564,117
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	56,678,310	<b>23</b>	51,892,843
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	73,271,069	<b>25</b>	82,242,110
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	809,152,087	<b>26</b>	813,091,705
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets	400,573,179	<b>27</b>	430,885,198
	<b>28</b>	Temporarily restricted net assets . . . . .	1,429,948	<b>28</b>	1,248,461
	<b>29</b>	Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	402,003,127	<b>33</b>	432,133,659	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	1,211,155,214	<b>34</b>	1,245,225,364	



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	727,531,459
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	697,179,188
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	30,352,271
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	402,003,127
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,924,999
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,703,260
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	432,133,659

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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



**Software ID:**  
**Software Version:**  
**EIN:** 52-1532556  
**Name:** ADVENTIST HEALTHCARE INC

Form 990 (2018)

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

THE MISSION OF ADVENTIST HEALTHCARE IS TO "EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING " IN MEETING THIS MISSION, AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION'S COMMITMENT TO PROVIDING CONSISTENTLY HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE. TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR SERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY, ENGAGED COMMUNITY. CONTINUES ON SCHEDULE O WE RESPOND PROACTIVELY TO VARIOUS HEALTH CARE NEEDS WITH A CONTINUUM OF EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE POPULATIONS AS WE STRIVE TO: 1. MAINTAIN AND GROW CURRENT SERVICES; 2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE; 3. PROMOTE HEALTH EQUITY AND WELLNESS; 1. MAINTAIN AND GROW CURRENT SERVICES. WE CONTINUE TO GROW PROGRAMS AND SERVICES IN THE AREAS OF ONCOLOGY, HEART/CARDIAC, REHABILITATION, BEHAVIORAL HEALTH AND OTHER HEALTH CARE SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR MISSION. THE BENEFIT TO THE COMMUNITY WILL BE IN SUSTAINING AND GROWING QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY LIFESTYLES FOR SENIORS, FOSTER HEALTHY FAMILIES, AND IN A HOLISTIC WAY, BUILD HEALTHIER COMMUNITIES. ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE SERVICES AT ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL AND ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (FORMERLY KNOWN AS SHADY GROVE ADVENTIST HOSPITAL) ENSURE THAT WE CONTINUE TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES THAT ARE DELIVERED WITH COMPASSION AND A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER. BOTH INPATIENT AND OUTPATIENT SERVICES ARE AVAILABLE TO ACCOMMODATE A RANGE OF PATIENT NEEDS AND PREFERENCES. WE CARE FOR THE WHOLE PATIENT BY OFFERING EDUCATIONAL PROGRAMS AND SPECIAL SERVICES SUCH AS NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS, SUPPORT GROUPS AND SMOKING CESSATION PROGRAMS. IN 2017, BOTH HOSPITALS RECEIVED TWO AWARDS FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION FOR LIFE-SAVING, HIGH-QUALITY STROKE CARE. THIS COMES DURING NATIONAL STROKE MONTH, WHEN WE RAISE AWARENESS OF THE SIGNS AND SYMPTOMS OF STROKE, WHICH AFFECTS 800,000 AMERICANS A YEAR. BOTH HOSPITALS EARNED THE GOLD PLUS ACHIEVEMENT AWARD IN THE ASSOCIATIONS' "GET WITH THE GUIDELINES-STROKE" PROGRAM, WHICH FOCUSES ON IMPROVING STROKE CARE BY PROMOTING CONSISTENT USE OF THE LATEST SCIENTIFIC TREATMENT GUIDELINES. TO RECEIVE THIS AWARD, EACH HOSPITAL ACHIEVED 85 PERCENT OR HIGHER COMPLIANCE WITH THE PROGRAM'S STANDARDS FOR TWO OR MORE CONSECUTIVE 12-MONTH PERIODS. IN ADDITION, BOTH HOSPITALS ACHIEVED 75 PERCENT OR HIGHER COMPLIANCE WITH FIVE OF EIGHT QUALITY MEASURES. ADDITIONALLY, BOTH HOSPITALS RECEIVED THE AMERICAN HEART ASSOCIATION'S "TARGET STROKE HONOR ROLL ELITE PLUS" STATUS FOR MAINTAINING A SHORT TIME PERIOD BETWEEN A PATIENT'S ARRIVAL AND TREATMENT WITH A CLOT-DISSOLVING MEDICATION. PROVIDING MEDICATION WITHIN THE FIRST THREE HOURS AFTER SYMPTOMS HAS BEEN SHOWN TO SIGNIFICANTLY REDUCE THE EFFECTS OF STROKE AND LESSEN THE CHANCE OF PERMANENT DISABILITY. FOR SHADY GROVE MEDICAL CENTER, WHICH BEGAN SERVING THE COMMUNITY IN 1979, IT WAS ALSO HONORED IN 2017 BY A) THE AMERICAN HEART ASSOCIATION FOR ITS ADHERENCE TO QUALITY MEASURES IN TREATING PATIENTS WHO SUFFER SEVERE HEART ATTACKS. THE HOSPITAL RECEIVED THE 2017 MISSION LIFELINE NSTEMI BRONZE QUALITY ACHIEVEMENT AWARD FOR MEETING SPECIFIC CRITERIA AND STANDARDS OF PERFORMANCE FOR THE QUICK AND APPROPRIATE TREATMENT OF THE TYPE OF HEART ATTACKS KNOWN AS NSTEMIS, OR NON-ST SEGMENT ELEVATION MYOCARDIAL INFARCTIONS. SHADY GROVE PROVIDED NSTEMI PATIENTS WITH EMERGENCY PROCEDURES TO RE-ESTABLISH BLOOD FLOW TO BLOCKED ARTERIES WHEN NEEDED, ADHERING TO MEASURES AT A SET LEVEL FOR AT LEAST ONE CONSECUTIVE 90-DAY INTERVAL. B) THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION REGISTRY HONORED ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER WITH THE 2017 PLATINUM PERFORMANCE ACHIEVEMENT AWARD. THE AWARD RECOGNIZES THE HOSPITAL'S COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART ATTACK PATIENTS. SHADY GROVE IS ONE OF ONLY 193 HOSPITALS IN THE COUNTRY TO ACHIEVE PLATINUM. THE SHADY GROVE CAMPUS ALSO FEATURES THE AQUILINO CANCER CENTER, MONTGOMERY COUNTY, MARYLAND'S FIRST FREE-STANDING, COMPREHENSIVE CANCER CENTER. MULTIDISCIPLINARY CANCER CARE TEAM MEMBERS WORK TOGETHER IN ONE FACILITY, SO PATIENTS RECEIVE SEAMLESS, COORDINATED CARE. OUR PHYSICIANS CAN ALSO COLLABORATE WITH SCIENTISTS AT THE NEARBY SHADY GROVE LIFE SCIENCES CENTER AND GREAT SENECA SCIENCE CORRIDOR, WHICH MEANS PATIENTS GET ACCESS TO CLINICAL TRIALS AND CARE BASED ON THE LATEST MEDICAL RESEARCH AT ITS CURRENT LOCATION IN TAKOMA PARK, MARYLAND. WASHINGTON ADVENTIST HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL AND SURGICAL CARE TO THE RESIDENTS OF EASTERN MONTGOMERY COUNTY, WESTERN PRINCE GEORGE'S COUNTY AND WASHINGTON, D.C. FOR MORE THAN 100 YEARS. WHILE WASHINGTON ADVENTIST'S HISTORY REFLECTS THE SPECIAL CARE IT HAS PROVIDED FOR GENERATIONS OF FAMILIES, OF SPECIAL NOTE IS THE HOSPITAL'S CARDIAC SERVICES. THE HOSPITAL WAS THE FIRST IN THE GREATER D.C. AREA TO PERFORM NUMEROUS CARDIAC PROCEDURES DATING FROM ITS FIRST HEART PROCEDURE IN 1962, INCLUDING MITRAL VALVULOPLASTY AND A NUMBER OF SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY. NOT ONLY DOES WASHINGTON ADVENTIST PROVIDE SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, BUT IT ALSO IS THE BACKUP FOR MULTIPLE HOSPITALS WITH PRIMARY AND NONPRIMARY, ELECTIVE PCI PROGRAMS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM. IN 2017, THE SOCIETY OF THORACIC SURGEONS (STS) AWARDED ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL A THREE-STAR RATING - THE HIGHEST POSSIBLE QUALITY RATING - FOR CORONARY ARTERY BYPASS GRAFT SURGERY (CABG). THE STS HAS DEVELOPED A COMPREHENSIVE RATING SYSTEM FOR THE QUALITY OF CARDIAC SURGERY AMONG HOSPITALS ACROSS THE COUNTRY. APPROXIMATELY 10% OF HOSPITALS NATIONWIDE RECEIVED A THREE-STAR RATING FOR HEART SURGERY. THE RATING INCLUDES NOT ONLY OUTCOME MEASURES, BUT ALSO PROCESS MEASURES AND ADHERENCE TO EVIDENCE-BASED CARE THROUGHOUT A PATIENT'S ADMISSION. ALSO IN 2017, THE AMERICAN COLLEGE OF CARDIOLOGY'S NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR) ACTION REGISTRY-SILVER PERFORMANCE ACHIEVEMENT AWARD FOR ITS COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART-ATTACK PATIENTS. THE SILVER AWARD, ONE OF ONLY 105 HANDED OUT NATIONWIDE, SIGNIFIES THAT WASHINGTON ADVENTIST HAS REACHED AN AGGRESSIVE GOAL OF TREATING THESE PATIENTS TO STANDARD LEVELS OF CARE AS OUTLINED BY THE AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION CLINICAL GUIDELINES AND RECOMMENDATIONS. IN 2017, WASHINGTON ADVENTIST HOSPITAL CONTINUED CONSTRUCTION ON A NEW ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER IN THE EASTERN PART OF MONTGOMERY COUNTY, ADJACENT TO THE U.S. FOOD AND DRUG ADMINISTRATION'S (FDA) HEADQUARTERS, THE NEW HOSPITAL IS AT THE CENTER OF THE WHITE OAK SCIENCE GATEWAY, A DEVELOPING LIFE SCIENCES COMMUNITY BRINGING TOGETHER MEDICAL RESEARCHERS, BUSINESSES AND RESIDENTS. WASHINGTON ADVENTIST HOSPITAL MOVED ITS ACUTE-CARE OPERATIONS TO THE NEWLY CONSTRUCTED 170-BED HOSPITAL IN AUGUST OF 2019. THE NEW HOSPITAL WILL EXPAND ACCESS TO PATIENT CARE IN THE REGION AND CONTINUES ADVENTIST HEALTHCARE'S MORE THAN 100-YEAR TRADITION OF CARING FOR COMMUNITY. THE NEW SITE, ALONG THE BORDER OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES, PROVIDES > EASIER ACCESS AND EXPANDED PARKING FOR PATIENTS, VISITORS, STAFF, > ALL PRIVATE PATIENT ROOMS, > STATE-OF-THE-ART MEDICAL EQUIPMENT AND FACILITY, > HEALING ENVIRONMENT USING NATURAL ELEMENTS LIKE LARGE WINDOW VIEWS OF SURROUNDING WOODS AND POND, A GREEN ROOF GARDEN AND WALKING TRAIL AROUND THE POND, > AMPLE SPACE TO COMFORTABLY ACCOMMODATE FAMILY AND OTHER PATIENT/COMMUNITY SUPPORT PERSONS. ONCE THE HOSPITAL MOVES, THE CURRENT TAKOMA PARK LOCATION WILL FEATURE AN URGENT CARE CENTER AND PHYSICIAN OFFICES.



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

SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES SHADY GROVE MEDICAL CENTER'S (SGMC) BEHAVIORAL HEALTH SERVICES, FORMERLY KNOWN AS ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, PROVIDES CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES THE SGMC CAMPUS IS A NOT-FOR-PROFIT, JOINT COMMISSION-ACCREDITED, 117-BED PSYCHIATRIC TREATMENT FACILITY LOCATED IN MONTGOMERY COUNTY CONTINUES ON SCHEDULE O THE FACILITY OFFERS A BROAD RANGE OF BEHAVIORAL HEALTH SERVICES SUCH AS ACUTE CARE, SPECIAL AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, OUTPATIENT PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES AND AN OUTPATIENT WELLNESS CLINIC SGMC'S ACUTE SERVICES INCLUDE THE SPECIALIZED MAGNOLIA UNIT, A 10-BED ACUTE INPATIENT UNIT DEDICATED TO SERVING GERIATRIC ADULTS THE UNIT PROVIDES CRITICAL STABILIZATION AND SHORT-TERM INPATIENT TREATMENT FOR OLDER ADULTS WHO EXPERIENCE SUDDEN LIFE CHANGES AND STRESSORS THAT TRIGGER DEPRESSION, ANXIETY AND OTHER CHALLENGES THAT IMPACT THEIR DAILY ACTIVITIES THE RIDGE SCHOOL IS A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION SGMC OFFERS A TOTAL OF 117 ACUTE CARE BEDS, 16 ASSISTED LIVING BEDS AND A FULL CONTINUUM OF OUTPATIENT SERVICES SGMC CARED FOR APPROXIMATELY 3,662 PATIENTS IN 2018 THE BEHAVIORAL HEALTH UNIT AT ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL THE BEHAVIORAL HEALTH UNIT OFFERS 39 ADULT INPATIENT BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS AT ITS TAKOMA PARK, MARYLAND LOCATION IN 2018, THE BEHAVIORAL HEALTH UNIT CARED FOR APPROXIMATELY 1,005 OF PATIENTS COMMUNITY-BASED RESIDENTIAL SERVICES THE MANOR IS AN ASSISTED LIVING FACILITY IN TAKOMA PARK FOR INDIVIDUALS WITH CHRONIC AND SEVERE MENTAL ILLNESS WHO ARE UNABLE TO LIVE INDEPENDENTLY THE FACILITY PROVIDES A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT AS AN ALTERNATIVE TO LONG-TERM PSYCHIATRIC HOSPITALIZATION COMMUNITY SERVICE SGMC IS COMMITTED TO SERVING AS A MENTAL HEALTH RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE COMMUNITIES IT SERVES THE ORGANIZATION HAS DEDICATED SIGNIFICANT RESOURCES TO PROVIDING CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS AS WELL AS FREE MENTAL HEALTH SUPPORT GROUPS TO THE COMMUNITY SGMC SPONSORS AND SUPPORTS COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS OF MONTGOMERY COUNTY

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

ADVENTIST HEALTHCARE, INC HAS CONTRACTED WITH MEDICAL FACULTY ASSOCIATES, INC (MFA) TO EMPLOY CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE THE MFA IS THE LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE IN THE WASHINGTON, D C AREA THE MFA IS A NON-PROFIT ORGANIZATION INDEPENDENT OF THE GEORGE WASHINGTON UNIVERSITY AND GW HOSPITAL IT HAS MORE THAN 800 DOCTORS IN 51 MEDICAL SPECIALTIES THROUGH THIS CONTRACTUAL RELATIONSHIP, MFA EMPLOYS ABOUT 50 COMMUNITY PHYSICIANS IN A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES TO SERVE ADVENTIST HEALTHCARE'S COMMUNITIES IN CONTINUES ON SCHEDULE O, MONTGOMERY, FREDERICK, AND PRINCE GEORGE'S COUNTIES IN MARYLAND MFA PROVIDES ADMINISTRATIVE, FINANCIAL MANAGEMENT, TECHNICAL AND BUSINESS SUPPORT SERVICES THAT ARE ESSENTIAL FOR PHYSICIANS TO PROVIDE QUALITY CARE AND OPERATE SUCCESSFUL PRACTICES

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DAVID E WEIGLEY ..... BOARD CHAIR	1 00 .....	X						0	0	0
ROBERT T VANDEMAN ..... BOARD VICE CHAIR	1 00 .....	X						0	0	0
EMMANUEL ASIEDU ..... BOARD MEMBER	1 00 .....	X						0	0	0
PAUL ALPUCHE ..... BOARD MEMBER	1 00 .....	X						0	0	0
JAMES BOYLE ..... BOARD MEMBER	1 00 .....	X						0	0	0
WALTER FENNELL ..... BOARD MEMBER	1 00 .....	X						0	0	0
NICHOLAS CACCIABEVE MD ..... BOARD MEMBER	1 00 .....	X						3,000	0	0
FRANKLIN DAVID ..... BOARD MEMBER	1 00 .....	X						0	0	0
NANCY E HARDWICK ..... BOARD MEMBER (TERM END 9/18)	1 00 .....	X						0	0	0
BRETT GAMMA MD ..... BOARD MEMBER	1 00 .....	X						13,000	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CHERYL KISUNZU ..... BOARD MEMBER	1 00 .....	X						0	0	0
DONALD MELNICK MD ..... BOARD MEMBER	1 00 .....	X						0	0	0
RICK REMMERS ..... BOARD MEMBER	1 00 .....	X						0	0	0
MARISSA LESLIE MD ..... BOARD MEMBER, MEDICAL DIRECTOR, BH&WS	1 00 .....	X						320,317	0	22,623
ROSEMARIE MELENDEZRNBSCNEN ..... BOARD, DIR ED & NURSING ADMIN, WAH	1 00 .....	X						170,711	0	31,696
TERRY FORDE ..... PRESIDENT & CEO, AHC, BOARD, SECRETARY	45 00 ..... 20 00	X		X				1,456,416	0	242,843
JAMES G LEE ..... EVP & CFO, AHC	44 00 ..... 20 00			X				749,703	0	122,578
JOHN SACKETT ..... EVP/COO, AHC, PRESIDENT, SGMC & BH&WS	43 00 ..... 12 00			X				851,182	0	170,861
ERIK WANGSNESS ..... PRESIDENT, WAH	44 00 ..... 6 00				X			663,401	0	129,091
KEITH BALLENGER ..... PRESIDENT, HOME HEALTH	10 00 ..... 40 00				X			289,839	0	69,909



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
BRENT REITZ ..... PRESIDENT, ARHM	10 00 ..... 45 00				X			462,300	0	93,863
KENNETH B DESTEFANO ..... SVP, GENERAL COUNSEL, AHC	50 00 .....				X			602,859	0	101,919
EUNMEE SHIM ..... SVP, AMB NETWORKS & CSO, AHC	15 00 ..... 40 00				X			624,724	0	104,689
MARTA BRITO PEREZ ..... SVP,POP HEALTH/POST-ACUTE CARE SER	48 00 ..... 7 00					X		750,808	0	39,976
DANIEL L COCHRAN ..... VP & CFO, SGMC	51 00 ..... 4 00					X		493,839	0	102,255
SUSAN L GLOVER ..... SVP, SYSTEM QUALITY, AHC	50 00 ..... 10 00					X		468,432	0	110,971
JAMES ROST ..... CMO, WAH	50 00 .....					X		467,190	0	125,269
CHRISTOPHER GHION ..... VP, CHIEF INFORMATION OFFICER, AHC	40 00 .....					X		443,895	0	78,286
KEVIN YOUNG ..... FORMER PRESIDENT, BH&WS	38 00 ..... 12 00						X	189,299	0	16,647



<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> ADVENTIST HEALTHCARE INC	<b>Employer identification number</b> 52-1532556

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

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

Provide the following information about the supported organization(s)

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



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <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.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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



<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E</div></div>			
<b>Section A - Adjusted Net Income</b>		(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	
<b>Section B - Minimum Asset Amount</b>		(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	
<b>Section C - Distributable Amount</b>			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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			



Additional Data

Software ID:  
Software Version:  
EIN: 52-1532556  
Name: ADVENTIST HEALTHCARE INC

**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



<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2018</b>
Department of the Treasury Internal Revenue Service	<b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b>	<b>Open to Public Inspection</b>

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

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

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

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

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

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

Name of the organization ADVENTIST HEALTHCARE INC	<b>Employer identification number</b> 52-1532556
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

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



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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		110,000
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			110,000
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	IN 2018, ADVENTIST HEALTHCARE, INC. ENGAGED IN LOBBYING ACTIVITIES AT THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS WITH MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY OFFICIALS ABOUT VARIOUS REGIONAL HEALTH CARE MATTERS, PARTICULARLY INVOLVING ISSUES OF ACCESS TO CARE. AT THE STATE LEVEL, LEGISLATORS WERE CONTACTED REGARDING ACCESS TO CARE, MENTAL HEALTH POLICY, AND WORKFORCE DEVELOPMENT. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WORKED WITH LEGISLATORS ON ISSUES RELATED TO FEDERAL HEALTH REFORM AND ACCESS TO CARE.



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SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

ADVENTIST HEALTHCARE INC

Employer identification number

52-1532556

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

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

2d

Number of conservation easements included in (c) acquired after 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ►

7

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

8

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

Yes

No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018



Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	16,370,349	8,160,353		24,530,702
b Buildings		386,568,640	245,969,144	140,599,496
c Leasehold improvements		40,132,324	24,170,930	15,961,394
d Equipment		344,298,748	211,218,789	133,079,959
e Other		350,363,447	33,014,128	317,349,319
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				631,520,870

Schedule D (Form 990) 2018



Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
INTEREST RATE SWAPS LIABILITY	503,251	
DEFERRED COMPENSATION	5,093,555	
PROFESSIONAL LIABILITY INS SE	16,725,085	
OTHER LONG TERM LIABILITIES	32,723,593	
CONSTRUCTION PAYABLE	27,196,626	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	82,242,110	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



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

Return Reference	Explanation



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 52-1532556  
**Name:** ADVENTIST HEALTHCARE INC

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	FIN 48 NOTES THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2018 OR 2017 THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES



SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ADVENTIST HEALTHCARE INC

Employer identification number

52-1532556

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 60000 0000000000 %		
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		
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)			9,236,674		9,236,674	1 320 %
b Medicaid (from Worksheet 3, column a)			14,125,469	11,845,551	2,279,918	0 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			23,362,143	11,845,551	11,516,592	1 650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			12,293,215	104,728	12,188,487	1 750 %
f Health professions education (from Worksheet 5)			3,143,138	109,610	3,033,528	0 440 %
g Subsidized health services (from Worksheet 6)			34,886,103	367,631	34,518,472	4 950 %
h Research (from Worksheet 7)			1,946,887	332,458	1,614,429	0 230 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,691,940		1,691,940	0 240 %
j Total. Other Benefits			53,961,283	914,427	53,046,856	7 610 %
k Total. Add lines 7d and 7j			77,323,426	12,759,978	64,563,448	9 260 %



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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			12,463		12,463	0 %
<b>3</b> Community support			359,961		359,961	0 050 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			311,614	1,412	310,202	0 040 %
<b>7</b> Community health improvement advocacy			1,936,427		1,936,427	0 280 %
<b>8</b> Workforce development			67,303		67,303	0 010 %
<b>9</b> Other						
<b>10 Total</b>			2,687,768	1,412	2,686,356	0 380 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	26,507,366	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	233,200,951
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	210,377,136
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	22,823,815
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management 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 %
<b>1</b> 2 PREMIER MEDICAL NETWORK INC	PHYSICAN HOSPITAL ORGANIZATION	50 000 %		50 000 %
<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>				
<b>11</b>				
<b>12</b>				
<b>13</b>				



**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?

**4**

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)  
SHADY GROVE MEDICAL CENTER**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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE URL ON SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SHADY GROVE MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input 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 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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URL ON SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URL ON SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URL ON SECTION C			
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

SHADY GROVE MEDICAL CENTER

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

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

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
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)		



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SHADY GROVE MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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



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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE URL ON SECTION C</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WASHINGTON ADVENTIST HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input 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 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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URL ON SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URL ON SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URL ON SECTION C			
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

WASHINGTON ADVENTIST HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
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)		



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

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

WASHINGTON ADVENTIST HOSPITAL

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

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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



**Part V Facility Information** (continued)**Section 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)  
**ADVENTIST REHABILITATION HOSPITAL OF MAR**

**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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE URL ON SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVENTIST REHABILITATION HOSPITAL OF MAR			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input 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 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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URLS ON SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URLS ON SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URLS ON SECTION C		
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)**Billing and Collections**

ADVENTIST REHABILITATION HOSPITAL OF MAR

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

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

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
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)		



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ADVENTIST REHABILITATION HOSPITAL OF MAR

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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



**Part V Facility Information** (continued)**Section 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)  
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK**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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE URL ON SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



Part V Facility Information (continued)

Financial Assistance Policy (FAP)

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input 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 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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URLS ON SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URLS ON SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URLS ON SECTION C			
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** (continued)**Billing and Collections**

## BEHAVIORAL HEALTH&amp;WELLNESS SERVICES-ROCK

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

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

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
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)		



**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BEHAVIORAL HEALTH&amp;WELLNESS SERVICES-ROCK

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



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

[illegible]



**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? 5

Name and address	Type of Facility (describe)
<b>1</b> 1 - ADVENTIST HOME HEALTH SERVICES INC 12041 BORNEFIELD WAY SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
<b>2</b> 2 - REGINALD S LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	NAME CONT AND YOUNG CHILDREN, INC INFANT & CHILDREN DEVELOPMENT CARE CTR
<b>3</b> 3 - SHADY GROVE ADVENTIST RADIATION 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	NAME CONTINUED ONCOLOGY CENTER OUTPATIENT CANCER TREATMENT CENTER
<b>4</b> 4 - ADVENTIST HEALTHCARE URGENT CARE 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	NAME CONTINUED CENTERS, INC CENTERS ALSO IN GERMANTOWN & LAUREL
<b>5</b> 5 - ADVENTIST REHABILITATION INC 831 E UNIVERSITY BOULEVARD 14 SILVER SPRING, MD 20903	REHABILITATION
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

- 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
- 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
- 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
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 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.)
- 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
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, ADVENTIST HEALTHCARE ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. THE PATIENT'S CIRCUMSTANCES COULD INCLUDE THE NEEDS OF THE PATIENT AND/OR FAMILY AND OTHER FINANCIAL RESOURCES. IT IS OUR MISSION TO PROVIDE NECESSARY MEDICAL CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE. IN GENERAL, ADVENTIST HEALTHCARE HAS 15 LEVELS OF FINANCIAL ASSISTANCE. THEY ARE AS FOLLOWS - ANNUAL INCOME ≤ 1.0X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1.00X AND ≤ 1.25X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1.25X AND ≤ 1.50X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1.50X AND ≤ 1.75X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1.75X AND ≤ 2.00X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2.00X AND ≤ 2.25X OF FPL, 10% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2.25X AND ≤ 2.50X OF FPL, 20% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2.50X AND ≤ 2.75X OF FPL, 30% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2.75X AND ≤ 3.00X OF FPL, 40% PATIENT RESPONSIBILITY- ANNUAL INCOME > 3.00X AND ≤ 3.50X OF FPL, 50% PATIENT RESPONSIBILITY- ANNUAL INCOME > 3.50X AND ≤ 4.00X OF FPL, 60% PATIENT RESPONSIBILITY- ANNUAL INCOME > 4.00X AND ≤ 4.50X OF FPL, 70% PATIENT RESPONSIBILITY- ANNUAL INCOME > 4.50X AND ≤ 5.00X OF FPL, 80% PATIENT RESPONSIBILITY- ANNUAL INCOME > 5.00X AND ≤ 5.50X OF FPL, 90% PATIENT RESPONSIBILITY- ANNUAL INCOME > 5.50X AND ≤ 6.00X OF FPL, 95% PATIENT RESPONSIBILITY



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	<p>MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR INCLUDING UNCOMPENSATED CARE IN EACH PROVIDER'S RATES. FOR PURPOSES OF COMPLETING ADVENTIST HEALTHCARE'S FORM 990, THESE UNCOMPENSATED CARE ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID BUDGET DEFICIT, THESE ASSESSMENTS (NET OF AMOUNT'S BUILT IN RATES) ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS FOR PURPOSES OF PREPARING SCHEDULE H OF FORM 990, ADVENTIST HEALTHCARE CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2018 AUDITED FINANCIAL STATEMENTS. THE COST TO CHARGE RATIO WAS USED TO REDUCE THE YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST. IN ADDITION, ADVENTIST HEALTHCARE ALSO CONSIDERED GOVERNMENT ASSESSMENTS THROUGH THE STATE'S HEALTH SERVICE COST REGULATORY AGENCY AND OTHER RELATED STATE GOVERNMENT AGENCIES. ADVENTIST HEALTHCARE COMPUTED THE COMMUNITY BENEFITS BY ITS HOSPITAL FACILITIES AND AGGREGATED THE TOTAL.</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES INCLUDED PAYMENTS FOR NON-EMPLOYED BUT HOSPITAL-BASED PHYSICIANS, NON-RESIDENT HOSPITAL STAFF, HOSPITALISTS, EMERGENCY ON-CALL, OFF-CAMPUS EMERGENCY CENTER, AND WOMEN'S AND CHILDREN'S SERVICES SUBSIDIES



Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>ADVENTIST HEALTHCARE, INC. CONTRIBUTED TO NUMEROUS COMMUNITY BUILDING ACTIVITIES AS PART OF FULFILLING ADVENTIST HEALTHCARE'S MISSION. ADVENTIST HEALTHCARE'S MISSION IS "WE EXTEND GOD'S CARE THROUGH THE MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE GOES BEYOND TRADITIONAL HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES THAT HELP STRENGTHEN THE COMMUNITY'S INFRASTRUCTURE IN A WAY THAT PROMOTES HEALTH AND WELL-BEING. IN 2018, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES CONSISTED OF POPULATION HEALTH INITIATIVES AND ASSISTING PHYSICIANS IN ESTABLISHING ELECTRONIC MEDICAL RECORDS (EMR) SYSTEMS, ADVOCATING ON COMMUNITY HEALTH IMPROVEMENTS THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT, PERFORMING DISASTER PREPAREDNESS ACTIVITIES, CREATING HEALTH PARTNERSHIPS WITHIN THE COMMUNITY THROUGH OUR DIVISION OF THE CENTER FOR HEALTH EQUITY &amp; WELLNESS DEPARTMENT, AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS POPULATION HEALTH INITIATIVES &amp; THE AMBULATORY CARE EMR SUPPORT (ACES) PROGRAM 1) CLINICALLY INTEGRATE D NETWORK. ADVENTIST HEALTHCARE MANAGES THE ONE HEALTH QUALITY ALLIANCE, LLC (OHQA) PARTNERSHIP 100%, A CLINICALLY INTEGRATED NETWORK DESIGNED TO HELP PROVIDERS ENHANCE THE QUALITY OF HEALTHCARE AND LOWER TOTAL COSTS FOR THE WASHINGTON, D.C. REGION. OHQA, MANAGED BY ADVENTIST HEALTHCARE, IS AN INNOVATIVE HEALTHCARE DELIVERY NETWORK IN WHICH PARTICIPATING PRACTICES AND THEIR PATIENTS BENEFIT FROM THE VALUE CREATED BY THE ALLIANCE. 2) PRIMARY CARE ADVENTIST HEALTHCARE, INC. CONTRACTS WITH MEDICAL FACULTY ASSOCIATES, INC. (MFA) TO EMPLOY CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE. THE MFA IS THE LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE IN THE WASHINGTON, D.C. AREA. THE MFA IS A NON-PROFIT ORGANIZATION INDEPENDENT OF THE GEORGE WASHINGTON UNIVERSITY AND GW HOSPITAL. IT HAS MORE THAN 800 DOCTORS IN 51 MEDICAL SPECIALTIES. THROUGH THIS CONTRACTUAL RELATIONSHIP, MFA EMPLOYS ABOUT 50 COMMUNITY PHYSICIANS IN A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES TO SERVE ADVENTIST HEALTHCARE'S COMMUNITIES IN MONTGOMERY, FREDERICK, AND PRINCE GEORGE'S COUNTIES IN MARYLAND. MFA PROVIDES ADMINISTRATIVE, FINANCIAL MANAGEMENT, TECHNICAL AND BUSINESS SUPPORT SERVICES THAT ARE ESSENTIAL FOR PHYSICIANS TO PROVIDE QUALITY CARE AND OPERATE SUCCESSFUL PRACTICES. 3) AMBULATORY CARE EMR SUPPORT (ACES) PROGRAM. ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS IS A CORE STRATEGY IN ACHIEVING ADVENTIST HEALTHCARE'S MISSION. A PROGRAM THAT ADVENTIST HEALTHCARE OFFERS, WHICH IS AT THE CORE OF ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS, IS AMBULATORY CARE EMR SUPPORT (ACES). THE ACES PROGRAM ASSISTS COMMUNITY PHYSICIANS WITH THE ACQUISITION AND IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS (EMRS). EMRS ENHANCE PATIENT CARE AND MAKES PRACTICES MORE EFFICIENT. GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES. IN 2018, ADVENTIST HEALTHCARE PARTNERED WITH NUMEROUS COMMUNITY ORGANIZATIONS TO PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE SERVE AND TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. BASED ON THE RESULTS OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT, WE HAVE FOCUSED OUR EFFORTS TO ADDRESS THE MOST PREVALENT HEALTH NEEDS WITHIN OUR REGION. WE HAVE CONTINUED OUR SUPPORT FOR MANA FOOD CENTER AS THEY WORK TO EXPAND THEIR ABILITY TO BRING HEALTHY FOOD TO COMMUNITIES IN NEED. ENSURING RESIDENTS HAVE ACCESS TO HEALTHY FOOD WILL HELP THEM LEAD HEALTHIER LIVES AND REDUCE OCCURRENCES OF DIABETES IN OUR COMMUNITY. IN 2018, ADVENTIST HEALTHCARE LED AN EFFORT TO ADDRESS A WORK FORCE SHORTAGE WITHIN CARDIAC CATHETERIZATION LABS ACROSS THE STATE. WE WORKED WITH HOSPITALS, PHYSICIANS, AND THE STATE BOARD OF PHYSICIANS TO RECOGNIZE A NEW MEDICAL PROFESSIONAL THAT CAN SUPPORT OPERATIONS WITHIN THIS CRITICAL SERVICE LINE. THROUGH OUR PARTNERSHIP WITH THE MARYLAND HOSPITAL ASSOCIATION, WE SUPPORTED EFFORTS TO EXPAND ACCESS TO CARE BY EXPANDING ACCESS TO QUALITY AFFORDABLE HEALTHCARE. WE WORK CLOSELY WITH LOCAL CHAMBERS OF COMMERCE TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT PROJECTS ACROSS MONTGOMERY COUNTY. DISASTER PREPAREDNESS ACTIVITIES. ADVENTIST HEALTHCARE HAS TAKEN MANY MEASURES TO ENSURE OUR COMMUNITY HOSPITALS ARE READY AND PREPARED FOR EMERGENCY SITUATIONS, SUCH AS A MEDICAL SURGE IN PATIENTS, ACTIVE SHOOTER/ARMED INTRUDER SCENARIOS AND UNFORESEEN DISASTERS. THE SAFETY AND EMERGENCY MANAGEMENT TEAM OF EMPLOYEES SPENDS A LARGE PART OF THEIR TIME ON EMERGENCY MANAGEMENT. THIS INCLUDES MONTHLY MEETINGS WITH ALL ADVENTIST HEALTHCARE HOSPITALS AS WELL AS OTHER HOSPITALS AND RELATED AGENCIES IN THE COUNTY AND LARGER REGION, SUCH AS MONTGOMERY COUNTY HEALTH DEPARTMENT AND THE MARYLAND INSTITUTE FOR EMERGENCY MEDICINE SERVICE SYSTEMS (MIEMSS). THESE REGULAR MEETINGS OCCUR ON A COUNTY LEVEL THROUGH THE MOCEP GROUP, AND ON A LARGER REGIONAL LEVEL THROUGH MIEMSS REGION V. OUR TEAM PERFORMS TWO FULL SCALE EXERCISES EVERY YEAR TO TEST OUR EMERGENCY MANAGEMENT.</p>



Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>PROGRAMS, WHICH INVOLVES THE SIMULATION OF AN EMERGENCY OR DISASTER TO WHICH WE AND THE REST OF THE REGION MUST BE READY TO RESPOND TOGETHER. ADVENTIST HEALTHCARE ALSO HAS AN ENVIRONMENT OF CARE COMMITTEE, WHICH MEETS MONTHLY AT EACH OF OUR HOSPITALS. TIME IS ALLOCATED TO DISCUSS EMERGENCY MANAGEMENT MATTERS AT THESE MEETINGS. HEALTH PARTNERSHIPS WITHIN THE COMMUNITY. ADVENTIST HEALTHCARE AIMS TO IMPROVE THE HEALTH OF COMMUNITIES IT SERVES. IT DOES THIS BY RAISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING COMMUNITY WELLNESS OUTREACH AND EDUCATION. A TEAM OF HEALTH EDUCATORS, CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS, PUBLIC HEALTH RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE SERVE. ADVENTIST HEALTHCARE WORKS TO ADDRESS NOT JUST THE PHYSICAL AND MENTAL HEALTH NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS, BUT TO ADDRESS WHOLE- PERSON HEALTH. TO DO THIS, WE DEVELOP PARTNERSHIPS AND COLLABORATE WITH KEY STAKEHOLDERS IN THE COMMUNITY. THROUGH COLLABORATION, WE CAN EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE IMPACT ON THE HEALTH AND WELL-BEING OF OUR COMMUNITY. A SAMPLING OF OUR PARTNERSHIPS IS DESCRIBED BELOW:</p> <p>1) FAITH COMMUNITY NURSE NETWORK (FCN): ADVENTIST HEALTHCARE, THROUGH OUR FAITH COMMUNITIES HEALTH NETWORK, SERVES THE LOCAL COMMUNITIES OF FAITH BY "PROVIDING GUIDANCE AND EXPERTISE, EMPOWERING THEM TO BECOME PLACES OF HEALTH AND HEALING, RESULTING IN IMPROVED WHOLE PERSON HEALTH" (MISSION). OUR VISION SPEAKS TO THE PARTNERSHIP WITH COMMUNITIES OF FAITH. WE PROMOTE HEALTH THROUGH FAITH LEADERS, AND TOGETHER WE CAN HELP ACHIEVE A "THRIVING CULTURE DEMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL HEALING." LASTLY, OUR COMMITMENT IS TO HELP OUR COMMUNITIES OF FAITH TO DEVELOP STRONG HEALTH MINISTRIES TO REACH THE MEMBERS AND SURROUNDING COMMUNITIES. THIS IS ACCOMPLISHED THROUGH THE ON-GOING TRAINING OF THE FAITH COMMUNITY NURSES, HEALTH MINISTERS, HEALTH TEAMS AND ADMINISTRATORS, SUPPLYING EVIDENCE-BASED EDUCATION AND TOOLS NECESSARY TO ASSESS THE NEEDS, OUTLINE LIFESTYLE STRATEGIES, IMPLEMENT HEALTH PROGRAMMING (BASED ON ASSESSMENT RESULTS), IDENTIFICATION AND MANAGEMENT OF DISEASE RISK FACTORS TO LOWER RISKS, ON-GOING MEASUREMENT AND EVALUATION OF HEALTH OUTCOMES, THEREBY INCREASING THE POTENTIAL FOR OPTIMAL HEALTH AND WHOLENESS. LOCAL CHURCHES CAN BRING A HOLISTIC PERSPECTIVE TO AN UNDERSTANDING OF HEALTH AS BEING IN HARMONY WITH ONESELF, ONE'S GOD, OTHERS AND THE ENVIRONMENT. THE CHURCH IS A KNOWN AND TRUSTED PLACE WHERE PEOPLE FEEL COMFORTABLE IN THEIR MOST VULNERABLE HOUR. IT IS A NATURAL "REFERENCE POINT." IT IS NOT A NEW IDEA FOR CHURCHES TO DEVELOP AND IMPLEMENT HEALTH PROGRAMS. AT ADVENTIST HEALTHCARE, WE BELIEVE THIS TO BE A NATURAL, SYMBIOTIC PARTNERSHIP.</p> <p>2) HEALTHY MONTGOMERY: HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR MONTGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY. REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY STEERING COMMITTEE, THE HEALTH IN ALL POLICY WORKGROUP, AND THE HOSPITAL WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY.</p>



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Form and Line Reference	Explanation
PART III, LINE 2	TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED ON SCHEDULE H, WE MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR) TIMES THE BAD DEBT PROVISION THAT HAS BEEN REPORTED IN THE 2018 AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN TOTAL OPERATING EXPENSE IS DIVIDED BY TOTAL CHARGES AS REFLECTED ON THE ORGANIZATION'S AUDITED INCOME STATEMENT THE BAD DEBT EXPENSE THAT IS RECORDED IN THE GENERAL LEDGER REFLECTS THE AMOUNT OF PROVISION MANAGEMENT DEEMS NECESSARY TO REPORT PATIENT ACCOUNTS RECEIVABLE AT THEIR NET REALIZABLE VALUE IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, WE ANALYZE PAST HISTORY AND TRENDS FOR EACH MAJOR PAYOR AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL COLLECTIONS



Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED</p>	<p>HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS , HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS, AMONG OTHERS, REVIEWS THE NEEDS AN D RESOURCES IN THE COUNTY AND WORKS TO SET PRIORITIES FOR IMPROVING HEALTH AND WELL-BEING THE OVERALL GOALS OF HEALTHY MONTGOMERY ARE TO IMPROVE ACCESS TO HEALTH AND SOCIAL SERVIC ES, ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS, AND ENHANCE THE PHYSICAL AND SOCIAL ENVIRONME NT TO SUPPORT OPTIMAL HEALTH AND WELL-BEING AMONG ITS MANY ACCOMPLISHMENTS, HEALTHY MONTG OMERY HAS BEEN ABLE TO PROVIDE LOCAL LEVEL DATA THAT IS STRATIFIED BY SEX, AGE, RACE, AND ETHNICITY BY MAKING THIS DATA MORE EASILY AVAILABLE, COMMUNITY STAKEHOLDERS, ADVENTIST HE ALTHCARE INCLUDED, ARE BETTER ABLE TO IDENTIFY NEEDS IN THE COMMUNITY THAT MAY HAVE OTHERW ISE BEEN MASKED BY LESS GRANULAR DATA THIS ALLOWS FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION PROGRAMMING TO BE DEVELOPED 3) NEXUS MONTGOMERY NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY COUNTY, MARYLAND, INCLUDING ADVENTIS T HEALTHCARE THE PARTNERSHIP IS FOCUSED ON IMPROVING THE WELL-BEING OF PATIENTS AND COMMU NITY MEMBERS AND REDUCING POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE EXAMPLES OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE WELLNESS A ND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE TRANSITIONS, UNINSURED/PROJECT A CCESS AND SEVERELY MENTALLY ILL/BEHAVIORAL HEALTH THE GOALS OF THESE PROGRAMS ARE TO STAB ILIZE HEALTH OF OLDER ADULTS TO REDUCE HOSPITAL ADMISSIONS, IMPROVE TRANSITIONS FROM HOSPI TAL-TO-HOME, CONNECT UNINSURED TO SPECIALTY CARE, IMPROVE COMMUNITY-BASED RESOURCES FOR TH E SEVERELY MENTALLY ILL 4) REBUILDING TOGETHER THE ADVENTIST HEALTHCARE COMMUNITY PARTNERS HIP FUND (CPF) PROVIDED REBUILDING TOGETHER MONTGOMERY COUNTY (RTMC) A \$25,000 GRANT IN 20 18 TO PROVIDE FREE HOME REPAIR AND ACCESSIBILITY MODIFICATION SERVICES (E G STAIRLIFTS AN D RAMPS) FOR ELIGIBLE ADVENTIST HEALTHCARE (AHC) PATIENTS RESIDING IN MONTGOMERY COUNTY, M D THE PARTNERSHIP ALLOWED RTMC TO IMPROVE THE HOMES AND LIVES OF LOW-INCOME AND DISADVANT AGED PATIENTS DISCHARGED FROM AHC FACILITIES (WAH AND SGM C), AND REFERRALS WERE OPEN TO BO TH HOMEOWNERS AND RENTERS UPON RECEIPT OF A REFERRAL, RTMC CONDUCTED AN EVALUATION OF THE ELIGIBLE CANDIDATE'S LIVING SITUATION AND CONDITIONS AND CONTACTED CONTRACTORS AS NEEDED TO COMPLETE THE MODIFICATIONS AND REPAIRS OVERALL, RTMC MADE IMPROVEMENTS TO SEVEN HOMES WITH PEST AND HOARDING REMEDIATION, ACCESSIBILITY MODIFICATIONS, AND HVAC REPAIR AND REPLA CEMENT SERVICES SIX OF THE SEVEN HOUSEHOLDS REPORTED AN IMPROVEMENT IN QUALITY OF LIFE 5 ) CASA THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDED CASA DE MARYLAND \$110,000 TO SUPPORT THE LANGLEY PARK PROMISE NEIGHBORHOOD (LPPN) PROGRAM, AND JUSTICE AWA RDS NIGHT IN 2018 THE LPPN AIMED TO SUPPORT PARENT ENGAGEMENT IN THEIR CHILDREN'S ACADEMI C CAREER, IMPROVE EARLY CHILDCARE PROGRAMMING AND SUPPORT, INCREASE HEALTHCARE ACCESS AND DEVELOP A MEDICAL HOME FOR LANGLEY PARK RESIDENTS, DEVELOP NEIGHBORHOOD SAFETY PROGRAMS, S UPPORT SMALL BUSINESSES, AND ADVOCATE FOR AFFORDABLE, HIGHER QUALITY HOUSING CASA PRODUCED MANY POSITIVE OUTCOMES ACROSS THEIR PROGRAM AREAS FROM OUR PARTNERSHIP REGARDING FAMILY ENGAGEMENT, CASA PILOTED AN ESOL CLASS DESIGNED TO INCREASE PARENTS' ENGLISH PROFICIENCY T O ENABLE THEM TO ADVOCATE EFFECTIVELY FOR THEIR CHILDREN WITHIN THE PUBLIC SCHOOL SYSTEM, 13 PRINCE GEORGE'S COUNTY PUBLIC SCHOOL (PGCPS) TEACHERS PARTICIPATED IN THE TEACHER-PAREN T CONNECTIONS INSTITUTE, AND 43 PARENTS PARTICIPATED IN A FAMILY ENGAGEMENT SERIES ON COLL EGE AND CAREER READINESS CASA ALSO ENROLLED 1,227 RESIDENTS IN ACA HEALTH INSURANCE PLANS AND 422 LANGLEY PARK FAMILIES (527 INDIVIDUALS) WERE ASSISTED IN ENROLLING IN AN ACA HEAL TH INSURANCE PLAN THROUGH THE HEALTH HOTLINE, CASA INFORMED 529 LANGLEY PARK RESIDENTS ON HEALTH INSURANCE ENROLLMENT PROCEDURES AND MADE 1,509 REFERRALS FOR PRIMARY CARE AND HEAL TH SCREENINGS ADDITIONALLY, CASA COUNSELED AND PROVIDED TECHNICAL ASSISTANCE TO 79 ENTREP RENEURS AND SMALL BUSINESS OWNERS AND 63 PEOPLE ATTENDED SMALL BUSINESS LEADERSHIP DEVELOP MENT MEETINGS CASA ALSO COMPLETED SIX CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN (CPTE D) ASSESSMENTS OF CRIME HOTSPOTS IN LANGLEY PARK, INITIATED SPANISH LANGUAGE COURSES FOR 1 5 POLICE OFFICERS, AND COMPLETED THE FIRST YEAR OF A GANG PREVENTION AND INTERVENTION PROG RAM FOR 50 GRADUATING STUDENTS 6) MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY (MCAEL) MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY (MCAEL) LEADS A NETWORK OF MORE THAN 60 A DULT ENGLISH LANGUAGE INSTRUCTION PROGRAMS IN MONTGOMERY COUNTY THEY BUILD LOCAL CAPACITY AND ADVOCATE FOR IMPROVED SERVICES AND RESOURCES FOR ADULT ENGLISH LANGUAGE LEARNERS AND ENABLE THEM TO DEVELOP LITERACY SKILLS THROUGH ENGLISH AS A SECOND LANGUAGE (ESOL) CLASSES THE GOAL OF THE PROGRAM IS TO STRENGTHEN THE ENG</p>



Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED	<p>LISH LANGUAGE LEARNERS' SKILLS AND KNOWLEDGE SO THAT THEY ARE BETTER ABLE TO ACCESS EMPLOYMENT, EARN FAMILY-SUSTAINING WAGES, HELP THEIR CHILDREN WITH ACADEMICS, OR ACHIEVE CITIZENSHIP THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED MCAEL WITH \$10,000 IN 2018 TO WORK WITH BF SAUL AND GEICO TO HOLD ESOL CLASSES FOR THEIR EMPLOYEES FOR BF SAUL, THEY HELD THREE BEGINNING LEVEL AND LITERACY LEVEL CLASSES TWICE A WEEK TOTALING 60 HOURS OF INSTRUCTIONS FOR 11 EMPLOYEES OF THE BEGINNING LEVEL CLASS, 80% (4/5 STUDENTS) WERE ABLE TO DESCRIBE THREE THINGS THEY DO AT WORK AND THREE APPLIANCES USED AT WORK, NAME 10 BODY PARTS AND THREE SYMPTOMS OF DISEASE, WRITE A PERSONAL CHECK, AND DESCRIBE HOW TO RETURN AN ITEM AT A STORE OF THE LITERACY LEVEL CLASS, 100% (6 STUDENTS) REPORTED THEY WERE ABLE TO UNDERSTAND MORE ENGLISH, WRITE THEIR ADDRESS AND PHONE NUMBER, NAME WORK TOOLS, ANSWER QUESTIONS AND ASK FOR HELP AT WORK, AND NAME THREE BODY PARTS AND TELL SOMEONE IF THEY HAD A STOMACHACHE OR HEADACHE FOR GEICO, TWO CLASSES (40 HOURS OF INSTRUCTION) FOCUSED ON BUSINESS WRITING WERE HELD FOR NINE MALE LEARNERS ALL REPORTED INCREASED CONFIDENCE AND SKILLS IN BUSINESS WRITING THEY WERE EQUIPPED WITH THE SKILLS TO WRITE AN RFP TO OUTSIDE CONTRACTORS, COMPLETE PERFORMANCE APPRAISALS, SET SMART GOALS, AND COMPLETE WORK ORDERS 7) ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON (ACSGW) ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON (ACSGW) PROVIDES CASE MANAGEMENT, FOOD, CLOTHING, EMERGENCY FINANCIAL ASSISTANCE, COMMUNITY HEALTH PROGRAMS, AND WORKFORCE DEVELOPMENT TRAINING (E.G. ESOL, GED, AND BASIC TO ADVANCED COMPUTER SKILLS) TO SEVERAL LOCAL CHURCH CONGREGATIONS ACSGW CURRENTLY SERVES OVER 6,000 FAMILIES IN THE GREATER WASHINGTON COMMUNITY THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED ACSGW \$5,000 FOR THEIR 2018 MAKING TRACKS ACADEMIC ENRICHMENT PROGRAM THE FOOD, FUN, FITNESS &amp; FUNDAMENTALS SUMMER CAMP HOSTED 150 STUDENTS FROM GALWAY ELEMENTARY SCHOOL THE STUDENTS PARTICIPATED IN ACADEMIC ENRICHMENT, FITNESS AND RECREATIONAL ACTIVITIES AND LIFE-SKILLS TRAINING OVER THE SIX-WEEK CAMP, STUDENTS RECEIVED 6,000 MEALS FOR THE WEEKEND BY THE END OF THE CAMP, ACSGW OBSERVED A 20% ACADEMIC IMPROVEMENT WITH MATH, READING AND LANGUAGE ARTS SKILLS AMONG STUDENTS 8) COMMUNITY BRIDGES COMMUNITY BRIDGES IS A YOUTH DEVELOPMENT ORGANIZATION COMMITTED TO SERVING LOW-INCOME AND IMMIGRANT GIRLS IN MONTGOMERY COUNTY THEY PROVIDE DAILY, WEEKEND, AND AFTER-SCHOOL PROGRAMMING IN TWELVE ELEMENTARY, MIDDLE AND HIGH SCHOOLS IN MONTGOMERY COUNTY THEIR PROGRAMS INCLUDE POSITIVE YOUTH DEVELOPMENT, HEALTH AND NUTRITION, AND INTERVENTION SERVICES THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND SPONSORED THE GIRL LEGACY FUNDRAISING EVENT AT THE \$5,000 LEVEL THE FUNDS RAISED FROM THE GALA SUPPORTED THE HEALTHY BRIDGES PROGRAM WHICH TEACHES GIRLS THE IMPORTANCE OF A HEALTHY LIFESTYLE THROUGH FITNESS, NUTRITION, GOAL-SETTING, AND BODY IMAGE/SELF-ESTEEM WORKSHOPS</p>



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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED	<p>9) IDENTITY IDENTITY IS A NON-PROFIT AIMED AT CREATING OPPORTUNITIES FOR LATINO AND OTHER MULTICULTURAL YOUTH IN MONTGOMERY COUNTY TO REALIZE THEIR HIGHEST POTENTIAL THROUGH INCREASED RESILIENCE AGAINST NEGATIVE BEHAVIORS AND INCREASED SELF-MANAGEMENT AND SELF-EFFICACY THEIR PROGRAMS PROVIDE SOCIAL AND EMOTIONAL SUPPORT, ACADEMIC AID, AND WORKFORCE DEVELOPMENT SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES, INCLUDING FAMILY CASE MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY UTILIZING BOTH TRADITIONAL AND NON-TRADITIONAL TECHNIQUES), ACCESS TO HEALTHCARE AND FITNESS AND RECREATION ALL PROGRAMS ARE TRAUMA-INFORMED AND ARE BASED ON THE POSITIVE YOUTH DEVELOPMENT MODEL THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED IDENTITY \$15,000 IN 2018 FOR THEIR SOCIAL AND EMOTIONAL HEALTH FOR VULNERABLE YOUTH AND FAMILIES PROGRAM THE FUNDING ALLOWED IDENTITY TO PROVIDE SOCIAL-EMOTIONAL SUPPORTS FOR LOW-INCOME, ELEMENTARY, MIDDLE AND HIGH SCHOOL YOUTH, THEIR PARENTS/CAREGIVERS, AND DISCONNECTED OLDER YOUTH THROUGH SOCIAL-EMOTIONAL HEALTH CURRICULA, A SOCCER AND MENTORING PROGRAM, RECREATION AND PHYSICAL FITNESS PROGRAMS, AND MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING 10) ANTI-TOBACCO ADVOCACY MARYLAND'S LEGISLATURE PROPOSED A LAW RAISING THE MINIMUM AGE TO BUY TOBACCO PRODUCTS FROM 18 TO 21 ADVENTIST HEALTHCARE ADVOCATED IN SUPPORT OF THIS LAW BY SUBMITTING WRITTEN TESTIMONY TO THE LEGISLATIVE COMMITTEES AND MEETING WITH LEGISLATORS IN SUPPORT OF THE BILL WORKING ALONGSIDE MANY OTHER STAKEHOLDERS, WE SUCCESSFULLY PERSUADED THE MARYLAND GENERAL ASSEMBLY TO PASS THE BILL AND RAISE THE AGE TO PURCHASE TOBACCO TO 21 ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY BUILDING ACTIVITIES IN 2019 PROVIDING COMMUNITY BUILDING ACTIVITIES IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION</p>



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Form and Line Reference	Explanation
PART III, LINE 4	THE CORPORATION ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE RECOGNITION OF NET PATIENT SERVICE REVENUES PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT THEIR NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF THROUGH BAD DEBT EXPENSE WHEN THE CORPORATION HAS EXHAUSTED ALL COLLECTION EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT CREDIT WORTHINESS PATIENT ACCOUNTS RECEIVABLE ALSO INCLUDES MANAGEMENT'S ESTIMATE OF THE IMPACT OF CERTAIN UNDERCHARGES TO BE RECOUPED OR OVERCHARGES TO BE PAID BACK FOR INPATIENT AND OUTPATIENT SERVICES IN SUBSEQUENT YEARS RATES AS DISCUSSED EARLIER



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PART III, LINE 8	ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY HOSPITALS' CHARGES, WHICH ARE REGULATED BY THE STATE'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) SPECIFICALLY, MEDICARE IS AWARDED A DISCOUNT OF 6% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS, AS WELL AS A 2% REDUCTION FOR SEQUESTRATION THERE SHOULD BE NO SHORTFALL AND THEREFORE NOTHING TO COUNT TOWARD COMMUNITY BENEFIT ADVENTIST HEALTHCARE USES ITS INCOME STATEMENT TO COMPUTE A COST TO CHARGE RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS



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Form and Line Reference	Explanation
PART III, LINE 9B	<p>&gt; THAT ALL PATIENTS RECEIVE A NOTICE ON FINANCIAL ASSISTANCE AND A PHONE CALL, BY ADVENTIST HEALTHCARE'S STAFF AND OUTSOURCED VENDORS, MENTIONING THE OPPORTUNITY TO HAVE THEIR BILL REDUCED IF THE DEBTOR QUALIFIES FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE &gt; WHEN A DEBTOR HAS AFFIRMED A DEBT AND HAS BEEN GIVEN AN OPPORTUNITY TO APPLY FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE, AND, HAS APPLIED FOR AND BEEN GRANTED ASSISTANCE THAT REDUCED THE OUTSTANDING BALANCE BUT LEAVING AN AMOUNT STILL OWED TO AN ADVENTIST HEALTHCARE FACILITY OR HAS NOT APPLIED FOR ASSISTANCE IN THE ALLOTTED TIME PERIOD 1) FOR EXISTING ACCOUNTS, THE COLLECTION AGENCY WILL RECEIVE "DAILY NOTIFICATION TO REDUCE THE OUTSTANDING BALANCE OF ANY DEBTOR WHO QUALIFIES FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE THE AGENCY WILL SEND A LETTER TO THE DEBTOR, ACKNOWLEDGING THE NEW BALANCE WITHIN 15 DAYS OF THE NOTICE TO ADJUST 2) ONCE THE DEBTOR AFFIRMS THE DEBT, THE AGENCY WILL INFORM THE DEBTOR ABOUT ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, AND ASK IF THEY HAD RECEIVED INFORMATION ON HOW TO COMPLETE THE APPLICATION, OR THE CRITERIA FOR QUALIFICATION 3) WHEN A DEBTOR EXPRESSES A DESIRE TO COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE, THEY WILL BE REFERRED TO THE OFFICE OF ADVENTIST HEALTHCARE'S MANAGER OF COLLECTIONS / CUSTOMER SERVICE (301-315-3660) THE COLLECTION AGENCY WILL PLACE THE ACCOUNT ON "HOLD" FOR 2 WEEKS TO ALLOW THE DEBTOR AMPLE TIME TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION 4) WHEN THE DEBTOR HAS COMPLETED THE APPLICATION FOR FINANCIAL ASSISTANCE, AND BEEN APPROVED, THE AGENCY WILL RECEIVE IMMEDIATE NOTIFICATION FROM THE MANAGER OF COLLECTIONS/CUSTOMER SERVICE NOTIFICATION WILL INCLUDE THE AMOUNT OF DEBT REDUCTION THE DEBTOR QUALIFIED FOR THE MANAGER OF COLLECTIONS/CUSTOMER SERVICE WILL ADJUST THE DEBTOR'S BALANCE ON ADVENTIST HEALTHCARE'S BOOKS</p>



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Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT ADVENTIST HEALTHCARE, INCLUDING ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST HEALTHCARE REHABILITATION, AND ADVENTIST HEALTHCARE BEHAVIORAL HEALTH &amp; WELLNESS SERVICES, FORMED A COMMUNITY BENEFIT COUNCIL (CBC) IN 2011 TO GUIDE ITS COMMUNITY BENEFIT ACTIVITIES AND STRATEGY THE COMMUNITY BENEFIT COUNCIL HAS REPRESENTATION FROM EACH OUR HOSPITAL ENTITIES AS WELL AS ADDITIONAL KEY SYSTEM-WIDE DEPARTMENTS SUCH AS FINANCE, POPULATION HEALTH AND MISSION INTEGRATION THE COUNCIL IS CHAIRED BY MARILYN LYNK, PHD, EXECUTIVE DIRECTOR OF THE CENTER FOR HEALTH EQUITY AND WELLNESS THE COUNCIL ALSO LEADS THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND THE DEVELOPMENT AND MONITORING OF EACH HOSPITAL'S IMPLEMENTATION STRATEGY IN ADDITION TO COMPLETING OUR CHNAS EVERY THREE YEARS, ADVENTIST HEALTHCARE ASSESSES THE NEEDS OF THE COMMUNITY WE SERVE THROUGH SEVERAL METHODS &gt; REPRESENTATIVES FROM ADVENTIST HEALTHCARE SERVE ON THE STEERING COMMITTEE FOR HEALTHY MONTGOMERY, THE LOCAL HEALTH IMPROVEMENT COALITION BY SERVING ON THE STEERING COMMITTEE, AS WELL AS SEVERAL SUB-COMMITTEES, WE ARE ABLE TO STAY APPRISED OF EXISTING AND DEVELOPING HEALTH NEEDS IN THE COMMUNITY AND ARE ABLE TO WORK WITH OTHER STAKEHOLDERS TO DEVELOP STRATEGIES FOR ADDRESSING THEM &gt; ON A QUARTERLY BASIS, ADVENTIST HEALTHCARE ALSO CREATES INTERNAL EQUITY REPORTS THESE REPORTS PROVIDE A SNAPSHOT OF THE PATIENT POPULATION THAT WE ARE SEEING IN OUR HOSPITALS WE REVIEW DATA SUCH AS RACE, ETHNICITY, INSURANCE STATUS, READMISSIONS AND LANGUAGE THIS DATA HELPS US TO BETTER UNDERSTAND WHO WE ARE SERVING AND GUIDES INTERNAL EFFORTS TO ADDRESS HEALTH EQUITY FOR EXAMPLE, IT HELPS TO GUIDE DEVELOPMENT OF CULTURAL COMPETENCE TRAININGS AND RESOURCES AND INFORMS LANGUAGE ACCESS SERVICES PLANNING TO ENSURE WE HAVE SUFFICIENT RESOURCES IN PLACE TO MEET THE NEEDS OF OUR PATIENTS &gt; WE ARE ALSO ABLE TO GATHER INFORMATION AROUND COMMUNITY NEEDS THROUGH OUR NUMEROUS COMMUNITY PARTNERSHIPS AND OUTREACH EFFORTS THROUGH OUR PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, WE ARE ABLE TO LEARN ABOUT THE NEEDS OF THE STAKEHOLDERS THOSE ORGANIZATIONS REPRESENT ONE EXAMPLE OF THIS IS OUR COMMUNITY PARTNERSHIP FUND THROUGH WHICH WE DEVELOP COLLABORATIONS WITH OTHER ORGANIZATIONS AND ALSO AWARD GRANT AND SPONSORSHIP FUNDING &gt; ADDITIONALLY, WE ARE ABLE TO GATHER DATA DIRECTLY FROM THE COMMUNITY MEMBERS WE SERVE THROUGH OUTREACH AND EDUCATIONAL PROGRAMMING</p>



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Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY ADVENTIST HEALTHCARE EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) ADVENTIST HEALTHCARE HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' WEBSITES, (2) DURING PRE-REGISTRATION AND REGISTRATION, PATIENTS WHO ARE REGISTERED AS SELF-PAY, OR EXPRESS A FINANCIAL HARDSHIP, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND MAILED OR GIVEN A CHARITY APPLICATION ADDITIONALLY, AN ADVENTIST HEALTHCARE PATIENT FINANCIAL ADVISOR WILL VISIT ADMITTED PATIENTS TO REVIEW FINANCIAL OPTIONS, INCLUDING AHC'S FINANCIAL ASSISTANCE PROGRAM, (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF-PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID, (4) WHEN PATIENTS WITH A BALANCE RECEIVES A STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE, (5) WHEN PATIENTS WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL HARDSHIP, CUSTOMER SERVICE REPS AND SELF-PAY COLLECTORS WILL NOTIFY THE PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE AND MAIL A CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS WHO PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY, ETC , ARE INFORMED OF ADVENTIST HEALTHCARE'S CHARITY PROGRAM PRIOR TO RECEIVING SERVICES</p>



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Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER &amp; ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES PRIMARILY SERVE RESIDENTS OF MONTGOMERY COUNTY, MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED SHADY GROVE MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE AREA "CBSA " WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/CITIES IN 2018 GERMANTOWN (20874, 20876), GAITHERSBURG (20877, 20878, 20879), ROCKVILLE (20850, 20852), MONTGOMERY VILLAGE (20886), POTOMAC (20854), CLARKSBURG (20871) SHADY GROVE MEDICAL CENTER DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES ROCKVILLE (20851, 20853), DERWOOD (20855), SILVER SPRING (20901, 20902, 20904, 20906, 20910), DAMASCUS (20872), BOYDS (20841), GAITHERSBURG (20882), POOLESVILLE (20837), OLNEY (20832), BETHESDA (20814, 20817), FREDERICK (21702, 21703), MOUNT AIRY (21771) ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL PRIMARILY SERVES RESIDENTS OF PRINCE GEORGE'S COUNTY AND MONTGOMERY COUNTY, MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED WASHINGTON ADVENTIST HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA "CBSA" WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/CITIES IN 2018 COLLEGE PARK (20740), HYATTSVILLE (20784, 20783, 20782), RIVERDALE (20737), SILVER SPRING (20903, 20901, 20904, 20910), TAKOMA PARK (20912), LANHAM (20706) WASHINGTON ADVENTIST HOSPITAL DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES BELTSVILLE (20705), BLADENSBURG (20710), BRENTWOOD (20722), CAPITOL HEIGHTS (20743), GREENBELT (20770), HYATTSVILLE (20781, 20785), LAUREL (20707, 20708), MOUNT RAINIER (20712), UPPER MARLBORO (20774), WASHINGTON (20011, 20012), SILVER SPRING (20905, 20902, 20906), BURTONSVILLE (20866), FORT WASHINGTON (20744), OXON HILL (20745), DISTRICT HEIGHTS (20747), SUITLAND (20746), TEMPLE HILLS (20748) ADVENTIST HEALTHCARE SERVES ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES IN THE UNITED STATES, NON-HISPANIC WHITES NOW COMPRISE ONLY 43 4 PERCENT OF THE POPULATION OF MONTGOMERY COUNTY, MARYLAND, MAKING IT A MAJORITY-MINORITY COUNTY ACCORDING TO THE U S CENSUS BUREAU, THE PERCENTAGE OF HISPANICS OR LATINOS IN MONTGOMERY COUNTY IS NEARLY DOUBLE THE PERCENTAGE OF HISPANICS OR LATINOS IN THE STATE OF MARYLAND THE U S CENSUS BUREAU HAS ALSO FOUND THAT MARYLAND IS ONE OF THE TOP 10 DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS CURRENTLY, 32 6 PERCENT OF MONTGOMERY RESIDENTS ARE FOREIGN-BORN, AND 40 5 PERCENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IN MONTGOMERY COUNTY, 91 1 PERCENT OF ADULTS HAVE AT LEAST A HIGH SCHOOL DEGREE WHILE 58 3 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER SEVEN PERCENT OF RESIDENTS ARE CURRENTLY LIVING IN POVERTY AND 8 PERCENT OF RESIDENTS UNDER 65 YEARS OF AGE ARE UNINSURED PRINCE GEORGE'S COUNTY IS ONE OF THE STATE'S MOST POPULOUS JURISDICTIONS, WITH A POPULATION INCREASE OF 7 7 PERCENT IN THE LAST DECADE TO A TOTAL OF MORE THAN 909,308 RESIDENTS SINCE 2000, IT HAS EXPERIENCED THE SECOND-LARGEST POPULATION GROWTH IN MARYLAND, DUE LARGELY OR IN PART TO AN INCREASE IN HISPANIC RESIDENTS EVERY RACE OR ETHNICITY, INCLUDING BLACK OR AFRICAN AMERICAN, ASIAN AND PACIFIC ISLANDER, HISPANIC OR LATINO, MULTIPLE RACES, AND OTHER RACES, HAS INCREASED ITS PRESENCE IN THE PAST DECADE, EXCEPT THE WHITE POPULATION, WHICH HAS DECREASED BY OVER 23 PERCENT PRINCE GEORGE'S COUNTY'S FOREIGN-BORN POPULATION HAS ALSO STEADILY INCREASED OVER THE LAST TWO DECADES, FROM 2000 - 2007 IT INCREASED AT THE HIGHEST RATE IN MARYLAND - 199 9 PERCENT COMPARED TO A STATE AVERAGE OF 70 7 PERCENT CURRENTLY, 21 9 PERCENT OF THE COUNTY'S RESIDENTS ARE FOREIGN-BORN AND 24 3 PERCENT SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY AND OUR HOSPITAL PROVIDERS ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER IN PRINCE GEORGE'S COUNTY, 86 1 PERCENT OF ADULTS HAVE AT LEAST A HIGH SCHOOL DEGREE WHILE 31 9 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER AMONG CURRENT RESIDENTS, 8 6 PERCENT ARE LIVING IN POVERTY AND 10 8 PERCENT OF RESIDENTS UNDER 65 YEARS OF AGE ARE UNINSURED</p>



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Form and Line Reference	Explanation
PART VI, LINE 5	<p>COMMUNITY HEALTH PROMOTION IN KEEPING WITH OUR MISSION, ADVENTIST HEALTHCARE CONTINUES TO PROMOTE GOOD HEALTH IN THE COMMUNITY THROUGH A WIDE VARIETY OF HEALTH AND WELLNESS SERVICES OFFERED THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN MARYLAND, AS WELL AS SOME AREAS IN WASHINGTON D C AND THE SURROUNDING REGION BELOW IS A BRIEF SUMMARY OF THE HEALTH PROMOTION ACTIVITIES IN 2018, INCLUDING HEALTH EDUCATION/LECTURES, HEALTH SCREENINGS, SUPPORT GROUPS, AS WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND UNDERINSURED RESIDENTS WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND CULTURALLY COMPETENT SERVICES TO VULNERABLE POPULATIONS &gt; A VARIETY OF HEALTH SCREENINGS AND EDUCATIONAL LECTURES WERE HELD IN COMMUNITY SETTINGS, SUCH AS SENIOR LIVING COMMUNITIES, LOW-INCOME APARTMENT COMPLEXES, COMMUNITY AND SENIOR CENTERS, SCHOOLS, SHOPPING CENTERS/MALLS, FARMER'S MARKETS, BARBER SHOPS/BEAUTY SALONS AND OTHER BUSINESSES, AND RELIGIOUS CONGREGATIONS &gt; MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED SUPPORT AND ASSISTANCE TO THOUSANDS OF NEW AND EXPERIENCED MOTHERS, FATHERS AND GRANDPARENTS THROUGH CLASSES AND SUPPORT GROUPS INCLUDING CHILDBIRTH CLASSES, BREASTFEEDING CLASSES AND SUPPORT GROUPS, BABY CARE BASICS CLASSES, SIBLING CLASSES, GRANDPARENT CLASSES AND NEW MOTHER AND NEW FATHER SUPPORT GROUPS WE ALSO OFFER A FREE WARM LINE THAT IS STAFFED BY A CERTIFIED LACTATION CONSULTANT WHO IS ABLE TO ANSWER BREASTFEEDING QUESTIONS &gt; DIABETES PREVENTION EFFORTS INCLUDED FREE PRE-DIABETES CLASSES AS WELL AS INDIVIDUAL COUNSELING AND DIABETES SELF-MANAGEMENT CLASSES FOR THOSE WITH DIABETES FREE DIABETES EDUCATION WAS ALSO PROVIDED IN THE COMMUNITY &gt; OTHER HEALTH EDUCATION CLASSES TO THE COMMUNITY INCLUDED CPR CLASSES (INFANT AND ADULT), FIRST AID/SAFETY CLASSES, HEALTHY EATING/NUTRITION CLASSES, COOKING DEMONSTRATIONS, ZUMBA CLASSES, AND A WIDE VARIETY OF HEALTH LECTURES &gt; INFLUENZA AND PNEUMONIA VACCINATIONS WERE OFFERED FOR FREE OR REDUCED COST IN MANY COMMUNITY SETTINGS MANY OF THESE VACCINATIONS WERE OFFERED IN PARTNERSHIP WITH SAFETY NET CLINICS SERVING LOW-INCOME AND UNINSURED RESIDENTS IN MONTGOMERY COUNTY &gt; ADVENTIST HEALTHCARE HAS A HEALTH MINISTRY PROGRAM THAT SPECIFICALLY SUPPORTS FAITH COMMUNITY NURSES AND CONGREGATIONS TO ADDRESS HEALTH ISSUES IN FAITH-BASED COMMUNITIES MORE THAN 140 CONGREGATIONS OF VARIOUS FAITHS ARE INVOLVED IN OUR PROGRAM, RECEIVING ONGOING SUPPORT AND RESOURCES &gt; PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING ON VARIOUS BOARDS, COALITIONS AND COMMITTEES TO HELP ADDRESS HEALTH IN THE COMMUNITY, PARTICULARLY THE HEALTH OF THE UNDERSERVED AND AT-RISK POPULATIONS &gt; EACH OF THE HOSPITALS SUPPORTS ACCESS TO CARE BY PROVIDING FINANCIAL AND IN-KIND SUPPORT TO THE SAFETY NET CLINICS IN MONTGOMERY COUNTY THIS SUPPORT INCLUDES FINANCIAL CONTRIBUTIONS AND PROVISION OF LABORATORY AND RADIOLOGY SERVICES &gt; TO MEET THE CONTINUING NEEDS OF OUR DIVERSE COMMUNITY, THE ADVENTIST HEALTHCARE CENTER FOR HEALTH EQUITY AND WELLNESS PROVIDES CULTURAL AND LINGUISTIC COMPETENCY TRAINING TO MEDICAL AND SUPPORT STAFF, BOTH INTERNALLY AND FOR OTHER HEALTH CARE ORGANIZATIONS &gt; THROUGH ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND, GRANT AND SPONSORSHIP FUNDING IS PROVIDED TO NON-PROFIT ORGANIZATIONS IN THE COMMUNITY ACROSS THREE FUNDING OBJECTIVES HEALTH AND WELLNESS, PARTNERSHIPS, AND CAPACITY BUILDING FUNDING IS AWARDED TO ORGANIZATIONS ADDRESSING NEEDS IDENTIFIED IN ONE OF AHC'S COMMUNITY HEALTH NEEDS ASSESSMENTS ADVENTIST HEALTHCARE IS COMMITTED TO ENSURING THAT THE COMMUNITIES IT SERVES THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL WELLBEING</p>



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Form and Line Reference	Explanation
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE ADVENTIST HEALTHCARE, BASED IN GAITHERSBURG, MD , IS A FAITH-BASED, NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE SERVICES TO THE COMMUNITY WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK VICTIMS, CANCER PATIENTS, PREMATURE BABIES AND THE COMMUNITY AS A WHOLE OUR UNWAVERING FOCUS HAS ALWAYS BEEN ON THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE WE ARE ALREADY A STEP AHEAD AS HEALTH CARE REFORM IS CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF POPULATIONS, OUR INTEGRATED, HEALTH-CARE DELIVERY NETWORK INCLUDES FOUR NATIONALLY ACCREDITED, ACUTE-CARE AND SPECIALTY HOSPITALS, MENTAL HEALTH SERVICES, HOME HEALTH AGENCIES AND URGENT CARE CENTERS, SERVING THE WASHINGTON, D C METROPOLITAN AREA ADVENTIST HEALTHCARE INCLUDES ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH &amp; WELLNESS SERVICES, ADVENTIST HEALTHCARE REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S LOURIE CENTER FOR CHILDREN'S SOCIAL &amp; EMOTIONAL WELLNESS, ADVENTIST HEALTHCARE URGENT CARE CENTERS, AND OTHER HEALTH SERVICES TOGETHER, WITH OUR CENTER FOR HEALTH EQUITY AND WELLNESS, AND MORE THAN 2,000 AFFILIATED PRIMARY AND SPECIALTY CARE PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY CARE DELIVERY COMPONENTS NEEDED TO DELIVER POPULATION-BASED CARE ACROSS THE CONTINUUM OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE MOST VULNERABLE AND UNDERSERVED IN 2018, THERE WERE APPROXIMATELY 766,386 OVERALL ENCOUNTERS ACROSS ALL OF OUR FACILITIES AND PROGRAMS WE ALSO PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT OF MORE THAN \$72.7 MILLION AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 6,711 EMPLOYEES AND ALMOST 1,615 VOLUNTEERS THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO IMPROVE ACCESS TO HEALTH CARE FOR LOW-INCOME AND UNINSURED INDIVIDUALS, AS WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND IMMIGRANTS OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS VISIT <a href="http://WWW.ADVENTISTHEALTHCARE.COM">WWW.ADVENTISTHEALTHCARE.COM</a> TO LEARN EVEN MORE ABOUT OUR SERVICES AND OUR LONGSTANDING BELIEF THAT A HEALTHY LIFESTYLE IS THE BEST WAY TO PREVENT DISEASE, AND THAT PREVENTION IS MUCH BETTER THAN A CURE</p>



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MD



**Additional Data****Software ID:****Software Version:****EIN:** 52-1532556**Name:** ADVENTIST HEALTHCARE INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>4</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SHADY GROVE MEDICAL CENTER 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-315	X	X					X			
2	WASHINGTON ADVENTIST HOSPITAL 7600 CARROLL AVENUE TAKOMA PARK, MD 20912 SEE PART VI FOR WEBSITE 15-031	X	X					X			
3	ADVENTIST REHABILITATION HOSP OF MARYLAND 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-077	X								SEPARATE LEGAL ENTITY MANAGED BY AHC	
4	BEHAVIORAL HEALTH & WELLNESS SVS-ROCK 14901 BROSCART ROAD ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-039	X								BEHAVIORAL TREATMENT CENTER	



**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
SHADY GROVE MEDICAL CENTER	<p>PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2016 THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT F ROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES (1) HEALTHY MONTGOMERY SHADY GROVE MEDICAL CENTER, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH H EALTHY MONTGOMERY, WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY CO UNTY HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY BASE D STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS THE GROU P WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZ ED NEEDS IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY A REAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY THE DASHBOARD ENCOMPASSES IND ICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS S GMC CONTRIBUTES \$25,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY IN A DDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING TH E HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP REPRESENTA TIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE, BEHAVIORAL HEALTH WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE IN COMPLETING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, SGM C UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSID ERATION WHEN COMPLETING THE PRIORITIZATION PROCESS THE HEALTHY MONTGOMERY COMMUNITY CONVE RSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS, W ERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY SGM C, A S DESCRIBED IN THE PREVIOUS SECTION (2) DIRECT INPUT FROM THE COMMUNITY FROM JUNE-NOVEMBE R OF 2015, A 19-ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE NEEDS , STRENGTHS, AND RESOURCES IN THE COMMUNITY THE SURVEY CONSISTED OF THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPHICS A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED THE HEALTHY MONTGOMERY COMMUNITY C ONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATION S, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY SGM C THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS YOUTH, SENIORS, PEOPLE WITH D ISABILITIES, HOMELESS MEN, HOMELESS WOMEN, LATINO COMMUNITY (TOOK PLACE IN SPANISH), KOREA N COMMUNITY (TOOK PLACE IN KOREAN), CHINESE COMMUNITY (TOOK PLACE IN MANDARIN), VIETNAMESE COMMUNITY (TOOK PLACE IN VIET</p>



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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	NAMESE), ASIAN AMERICAN HEALTH INITIATIVE, AFRICAN AMERICAN HEALTH PROGRAM, AFRICAN ADVISO RY GROUP, AND CARIBBEAN ADVISORY, FAITH COMMUNITY, GENERAL PUBLIC EAST COUNTY, GENERAL PU BLIC SOUTH COUNTY, GENERAL PUBLIC UP COUNTY A DETAILED OVERVIEW OF THE METHODS USED TO C ONDUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULT S OF THE ANALYSIS CAN BE FOUND IN THE CHNA IN SECTION IV, PART A PRIMARY DATA FINDINGS (3 ) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD THE CENTER FOR HEALTH EQUITY AND W ELLNESS ADVISORY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS OF THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS THE BOARD WAS CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY COMMUN ITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE BOARD WAS CONSUL TED AT MULTIPLE POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT > APRIL 2015 A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT > MAY 2015 A PROGRESS UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD AT W HICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMMENDATION S FOR FUTURE DIRECTIONS > OCTOBER 2015 A TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUN ITY HEALTH NEEDS ASSESSMENT WAS PRESENTED FOR INPUT > MAY 2016 A DETAILED PRESENTATION W AS DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE BOARD PROVIDED I NPUT ON THE HEALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVED POPULATIONS IN THE COMMUNITY THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIO NS IN THE COMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIELD AD VISORY BOARD MEMBERS INCLUDE > CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES,> CAROL E WORKING, PRINCIPAL, QUINCE ORCHARD HIGH SCHOOL,> CHRISTOPHER KING, PHD, DIRECTOR, EXPERI ENTIAL LEARNING, GEORGETOWN UNIVERSITY,> DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENTER,> HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS,> JO CIMINO, DIRECTOR, CASE MANAG EMENT, ADVENTIST HEALTHCARE,> JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CEN TER,> KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE,> KEV IN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER,> LESLIE GRAHAM, PRESID ENT AND CEO, PRIMARY CARE COALITION,> LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED,> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, MARYLA ND HOSPITAL ASSOCIATION,> OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCH OOL OF PUBLIC HEALTH,> PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATIVE,> SONIA MORA, MPH, PROGRAM MANA



**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
SHADY GROVE MEDICAL CENTER	GER, LATINO HEALTH INITIATIVE,> STEPHEN B THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY,> SUSAN GLOVER, SR VP QUALITY, ADVENTIST HEALTHCARE,> UMA AHLUWALIA, DIRECTOR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,> HEATHER ROSS, MHS, PROGRAM MAN AGER, AFRICAN AMERICAN HEALTH PROGRAM



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Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	<p>PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2016 THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT F ROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES (1) HEALTHY MONTGOMERY WASHINGTON ADVENTIST HOSPITAL, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WIT H HEALTHY MONTGOMERY, WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY COUNTY HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEM S, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY B ASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS THE G ROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORI TIZED NEEDS IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORIT Y AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS WAH CONTRIBUTES \$25,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY A N ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP REPRESEN TATIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE, BEHAVIORAL HEALT H WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE IN COMPLETING THIS COMMUNIT Y HEALTH NEEDS ASSESSMENT, WAH UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSI DERATION WHEN COMPLETING THE PRIORITIZATION PROCESS THE HEALTHY MONTGOMERY COMMUNITY CONV ERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY WAH, A S DESCRIBED IN THE PREVIOUS SECTION (2) DIRECT INPUT FROM THE COMMUNITY FROM JUNE-NOVEMBE R OF 2015, A 19-ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE NEEDS , STRENGTHS, AND RESOURCES IN THE COMMUNITY THE SURVEY CONSISTED OF THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPHICS A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED THE HEALTHY MONTGOMERY COMMUNITY C ONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATION S, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY WAH THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS YOUTH, SENIORS, PEOPLE WITH DIS ABILITIES, HOMELESS MEN, HOMELESS WOMEN, LATINO COMMUNITY (TOOK PLACE IN SPANISH), KOREAN COMMUNITY (TOOK PLACE IN KOREAN), CHINESE COMMUNITY (TOOK PLACE IN MANDARIN), VIETNAMESE C OMMUNITY (TOOK PLACE IN VIETNA</p>



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Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	MESE), ASIAN AMERICAN HEALTH INITIATIVE, AFRICAN AMERICAN HEALTH PROGRAM, AFRICAN ADVISORY GROUP, AND CARIBBEAN ADVISORY, FAITH COMMUNITY, GENERAL PUBLIC EAST COUNTY, GENERAL PUBLIC SOUTH COUNTY, GENERAL PUBLIC UP COUNTY A DETAILED OVERVIEW OF THE METHODS USED TO CONDUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE ANALYSIS CAN BE FOUND IN THE CHNA IN SECTION IV, PART A PRIMARY DATA FINDINGS (3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD THE CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS OF THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS THE BOARD WAS CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE BOARD WAS CONSULTED AT MULTIPLE POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT > APRIL 2015 A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT > MAY 2015 A PROGRESS UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD AT WHICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMMENDATIONS FOR FUTURE DIRECTIONS > OCTOBER 2015 A TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS PRESENTED FOR INPUT > MAY 2016 A DETAILED PRESENTATION WAS DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE BOARD PROVIDED INPUT ON THE HEALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVED POPULATIONS IN THE COMMUNITY THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIONS IN THE COMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIELD ADVISORY BOARD MEMBERS INCLUDE > CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES,> CAROLE WORKING, PRINCIPAL, QUINCE ORCHARD HIGH SCHOOL,> CHRISTOPHER KING, PHD, DIRECTOR, EXPERIENTIAL LEARNING, GEORGETOWN UNIVERSITY,> DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENTER,> HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS,> JO CIMINO, DIRECTOR, CASE MANAGEMENT, ADVENTIST HEALTHCARE,> JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER,> KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE,> KEVIN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER,> LESLIE GRAHAM, PRESIDENT AND CEO, PRIMARY CARE COALITION,> LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED,> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, MARYLAND HOSPITAL ASSOCIATION,> OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH,> PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATIVE,> SONIA MORA, MPH, PROGRAM MANAGE



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Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	R, LATINO HEALTH INITIATIVE,> STEPHEN B THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY,> SUSAN GLOVER, SR VP QUALITY, ADVENTIST HEALTHCARE,> UMA AHLUWALIA, DIRECTOR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM



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ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2016 THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT F ROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES (1) HEALTHY MONTGOMERY ADVENTIST H EALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY, WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY COUNTY HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORI TY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY BASED STAK EHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS THE GROUP WORK S TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED NEE DS IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY AREAS A S WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY THE DASHBOARD ENCOMPASSES INDICATOR S THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS ADVENTI ST HEALTHCARE CONTRIBUTES ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY A N ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP REPRESENTIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE, BEHAVIORAL HEALT H WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE IN COMPLETING THIS COMMUNIT Y HEALTH NEEDS ASSESSMENT, REHAB UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY A S A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CON SIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS THE HEALTHY MONTGOMERY COMMUNITY CO NVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS , WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY REHA B, AS DESCRIBED IN THE PREVIOUS SECTION (2) DIRECT INPUT FROM THE COMMUNITY FROM JUNE-NOV EMBER OF 2015, A 19-ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE N EEDS, STRENGTHS, AND RESOURCES IN THE COMMUNITY THE SURVEY CONSISTED OF THREE PARTS INCLU DING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPH ICS A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED THE HEALTHY MONTGOMERY COMMUNIT Y CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULA TIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY REHAB THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS YOUTH, SENIORS, PEOPLE W ITH DISABILITIES, HOMELESS MEN, HOMELESS WOMEN, LATINO COMMUNITY (TOOK PLACE IN SPANISH), KOREAN COMMUNITY (TOOK PLACE IN KOREAN), CHINESE COMMUNITY (TOOK PLACE IN MANDARIN), VIETN AMESE COMMUNITY (TOOK PLACE IN</p>



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Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	VIETNAMESE), ASIAN AMERICAN HEALTH INITIATIVE, AFRICAN AMERICAN HEALTH PROGRAM, AFRICAN A DVISORY GROUP, AND CARIBBEAN ADVISORY, FAITH COMMUNITY, GENERAL PUBLIC EAST COUNTY, GENER AL PUBLIC SOUTH COUNTY, GENERAL PUBLIC UP COUNTY A DETAILED OVERVIEW OF THE METHODS USE D TO CONDUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE ANALYSIS CAN BE FOUND IN THE CHNA IN SECTION IV, PART A PRIMARY DATA FINDI NGS 3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD THE CENTER FOR HEALTH EQUITY A ND WELLNESS ADVISORY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEA K TO THE NEEDS OF THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS THE BOARD WAS CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY CO MMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE BOARD WAS CO NSULTED AT MULTIPLE POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSM ENT > APRIL 2015 A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT > MAY 2015 A PROGRESS UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD AT WHICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMMEND ATIONS FOR FUTURE DIRECTIONS > OCTOBER 2015 A TIMELINE AND FRAMEWORK FOR THE 2017-2019 C OMMUNITY HEALTH NEEDS ASSESSMENT WAS PRESENTED FOR INPUT > MAY 2016 A DETAILED PRESENTAT ION WAS DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE BOARD PROVI DED INPUT ON THE HEALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINORIT Y AND UNDERSERVED POPULATIONS IN THE COMMUNITY THE MEMBERS OF THE 2015-2017 CENTER FOR HE ALTH EQUITY AND WELLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPU LATIONS IN THE COMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIEL D ADVISORY BOARD MEMBERS INCLUDE > CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES,> C AROLE WORKING, PRINCIPAL, QUINCE ORCHARD HIGH SCHOOL,> CHRISTOPHER KING, PHD, DIRECTOR, EX PERIENTIAL LEARNING, GEORGETOWN UNIVERSITY,> DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENT ER,> HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS,> JO CIMINO, DIRECTOR, CASE M ANAGEMENT, ADVENTIST HEALTHCARE,> JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER,> KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE,> KEVIN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER,> LESLIE GRAHAM, PR ESIDENT AND CEO, PRIMARY CARE COALITION,> LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED,> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, MA RYLAND HOSPITAL ASSOCIATION,> OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH,> PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATI VE,> SONIA MORA, MPH, PROGRAM



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ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	MANAGER, LATINO HEALTH INITIATIVE,> STEPHEN B THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY,> SUSAN GLOVER, SR VP QUALITY, ADVENTIST HEALTHCARE,> UMA AHLUWALIA, DIRECT OR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM



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BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	<p>PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2016 THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT FROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES (1) HEALTHY MONTGOMERY ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY, WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY COUNTY HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS THE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED NEEDS IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS ADVENTIST HEALTHCARE CONTRIBUTES ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP REPRESENTATIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE, BEHAVIORAL HEALTH WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE IN COMPLETING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, BH&amp;WS UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS THE HEALTHY MONTGOMERY COMMUNITY CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS , WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY BH&amp;WS, AS DESCRIBED IN THE PREVIOUS SECTION (2) DIRECT INPUT FROM THE COMMUNITY FROM JUNE-NOVEMBER OF 2015, A 19 ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE NEEDS, STRENGTHS, AND RESOURCES IN THE COMMUNITY THE SURVEY CONSISTED OF THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPHICS A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED THE HEALTHY MONTGOMERY COMMUNITY CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY BH&amp;WS THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS YOUTH, SENIORS, PEOPLE WITH DISABILITIES, HOMELESS MEN, HOMELESS WOMEN, LATINO COMMUNITY (TOOK PLACE IN SPANISH), KOREAN COMMUNITY (TOOK PLACE IN KOREAN), CHINESE COMMUNITY (TOOK PLACE IN MANDARIN), VIETNAMESE COMMUNITY (TOOK PLACE IN</p>



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Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	<p>VIETNAMESE), ASIAN AMERICAN HEALTH INITIATIVE, AFRICAN AMERICAN HEALTH PROGRAM, AFRICAN A DVISORY GROUP, AND CARIBBEAN ADVISORY, FAITH COMMUNITY, GENERAL PUBLIC EAST COUNTY, GENER AL PUBLIC SOUTH COUNTY, GENERAL PUBLIC UP COUNTY A DETAILED OVERVIEW OF THE METHODS USE D TO CONDUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE ANALYSIS CAN BE FOUND IN THE CHNA IN SECTION IV, PART A PRIMARY DATA FINDI NGS (3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD THE CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SP EAK TO THE NEEDS OF THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS THE BOAR D WAS CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE BOARD WAS CONSULTED AT MULTIPLE POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSES SMENT &gt; APRIL 2015 A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT &gt; MA Y 2015 A PROGRESS UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOA RD AT WHICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMME NDATIONS FOR FUTURE DIRECTIONS &gt; OCTOBER 2015 A TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS PRESENTED FOR INPUT &gt; MAY 2016 A DETAILED PRESENT ATION WAS DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE BOARD PRO VIDED INPUT ON THE HEALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINOR ITY AND UNDERSERVED POPULATIONS IN THE COMMUNITY THE MEMBERS OF THE 2015-2017 CENTER FOR H EALTH EQUITY AND WELLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POP ULATIONS IN THE COMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIE LD ADVISORY BOARD MEMBERS INCLUDE &gt; CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES,&gt; CAROLE WORKING, PRINCIPAL, QUINCE ORCHARD HIGH SCHOOL,&gt; CHRISTOPHER KING, PHD, DIRECTOR, E XPERIENTIAL LEARNING, GEORGETOWN UNIVERSITY,&gt; DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CEN TER,&gt; HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS,&gt; JO CIMINO, DIRECTOR, CASE MANAGEMENT, ADVENTIST HEALTHCARE,&gt; JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICA L CENTER,&gt; KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE, &gt; KEVIN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER,&gt; LESLIE GRAHAM, P RESIDENT AND CEO, PRIMARY CARE COALITION,&gt; LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FO R THE UNDERSERVED,&gt; MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, M ARYLAND HOSPITAL ASSOCIATION,&gt; OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAN D SCHOOL OF PUBLIC HEALTH,&gt; PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIAT IVE,&gt; SONIA MORA, MPH, PROGRAM</p>



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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	MANAGER, LATINO HEALTH INITIATIVE,> STEPHEN B THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY,> SUSAN GLOVER, SR VP QUALITY, ADVENTIST HEALTHCARE,> UMA AHLUWALIA, DIRECTOR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM



**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
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878,PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON THESE URLS <a href="http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3949/2017-CHNA-SGMC.PDF">HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3949/2017-CHNA-SGMC PDF</a> ,OR, <a href="http://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#SHADY-GROVE-MEDICAL-CENTER">WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#SHADY-GROVE-MEDICAL-CENTER</a> , VBHS38JDX8QPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL <a href="http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4202/2017-CHNA-SGMC-IMPLEMENTATIONSTRATEGY.PDF">WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4202/2017-CHNA-SGMC-IMPLEMENTATIONSTRATEGY PDF</a>



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

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878 PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS <a href="http://www.adventisthealthcare.com/app/files/public/3950/2017-CHNA-WAH.pdf">HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3950/2017-CHNA-WAH PDF</a> ,OR, <a href="http://www.adventisthealthcare.com/about/community/health-needs-assessment/#WASHINGTON-ADVENTIST-HOSPITAL">HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#WASHINGTON-ADVENTIST-HOSPITAL</a> , VBHS38JDX8Q PART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL <a href="http://www.adventisthealthcare.com/app/files/public/4203/2017-CHNA-WAH-IMPLEMENTATIONSTRATEGY.pdf">WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4203/2017-CHNA-WAH-IMPLEMENTATIONSTRATEGY PDF</a>



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

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878 PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS <a href="http://www.adventisthealthcare.com/app/files/public/3951/2017-CHNA-PHR-PDF">HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3951/2017-CHNA-PHR PDF</a> ,OR, <a href="http://www.adventisthealthcare.com/about/community/health-needs-assessment/#other-entities">HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#OTHER-ENTITIES</a> PART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL <a href="http://www.adventisthealthcare.com/app/files/public/4201/2017-CHNA-PHR-IMPLEMENTATIONSTRATEGY-PDF">WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4201/2017-CHNA-PHR-IMPLEMENTATIONSTRATEGY PDF</a>



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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3952/2017-CHNA-BHWS PDF,OR,HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#OTHER-ENTITIESPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4200/2017-CHNA-BHWS-IMPLEMENTATIONSTRATEGY PDF



**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
SHADY GROVE MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON INCREASING ACCESS TO DIABETES EDUCATION AND CARE FOR UNINSURED AND UNDERINSURED PATIENTS AND COMMUNITY MEMBERS. SGMCM HAS IMPLEMENTED SEVERAL PROGRAMS TO INCREASE ACCESS TO EDUCATION AND RESOURCES FOR UNINSURED DIABETIC INDIVIDUALS IN MONTGOMERY COUNTY TO INCREASE CONFIDENCE AND SKILLS IN BETTER MANAGING AND CONTROLLING THEIR DIABETES. STRATEGIES FOR THIS INITIATIVE INCLUDE &gt; OFFERING PRE-DIABETES CLASSES FREE OF CHARGE. CLASSES FOLLOW AN EVIDENCE-BASED CURRICULUM DEVELOPED BY THE NATIONAL DIABETES EDUCATION PROGRAM AND CONSIST OF TWO 2-HOUR SESSIONS TAKING PLACE EVERY OTHER MONTH AT SGMCM &gt; OFFERING A FREE 1-HOUR DIABETES SPECIFIC NUTRITION AND COOKING CLASS &gt; OFFERING THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM TO THE COMMUNITY. THIS EVIDENCE-BASED PROGRAM CONSISTS OF SIX WEEKLY 2.5 HOUR SESSIONS AND WORKS TO IMPROVE SELF-MANAGEMENT SKILLS. THIS WORKSHOP IS OFFERED BOTH IN ENGLISH AND SPANISH &gt; PROVIDING FREE CONDENSED DIABETES SELF-MANAGEMENT EDUCATION CLASSES FOR UNINSURED/UNDERINSURED COMMUNITY MEMBERS CALLED LIVING WELL WITH DIABETES &gt; INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES FOR LOW-INCOME PATIENTS THROUGH A PARTNERSHIP WITH HUNGRY HARVEST. THIS PROGRAM INCLUDES FREE BI-WEEKLY FOOD DELIVERIES FOR 6 WEEKS. DURING THIS TIME, OUR CASE MANAGEMENT AND CARE TRANSITIONS TEAMS WORK WITH THE PATIENTS TO DETERMINE A LONGER-TERM SOLUTION SUCH AS ENROLLMENT IN GOVERNMENT ASSISTANCE PROGRAMS OR CONNECTIONS TO LOCAL FOOD BANKS. ADDITIONAL AREAS OF NEED ADDRESSED BY SGMCM WHILE SHADY GROVE MEDICAL CENTER (SGMCM) HAS IDENTIFIED DIABETES AS ITS PRIORITY AREA FOR THIS IMPLEMENTATION STRATEGY PERIOD, THE HOSPITAL WILL CONTINUE TO ADDRESS OTHER AREAS OF NEED THROUGH EXISTING COMMUNITY HEALTH OUTREACH PROGRAMS, EDUCATION, SCREENINGS, AND FINANCIAL CONTRIBUTIONS &gt; CANCER. CANCER OVERALL SGMCM'S CANCER OUTREACH TEAM WORKS WITH COMMUNITY ORGANIZATIONS SUCH AS HOUSING UNITS, COMMUNITY CENTERS, AND FAITH BASED ORGANIZATIONS TO PROVIDE CANCER EDUCATION. THIS MAY INCLUDE PRESENTATIONS, DEMONSTRATIONS, AND SCREENINGS SUCH AS FOR CARBON MONOXIDE. CANCER SUPPORT GROUPS AND CLASSES ARE ALSO OFFERED. GROUPS INCLUDE COOKING CLASSES AND FITNESS AND MEDITATION CLASSES, BREAST. THROUGH SGMCM'S BREAST CANCER SCREENING PROGRAM, HUNDREDS OF LOW-INCOME, UNINSURED/UNDERINSURED WOMEN RECEIVE FREE BREAST CANCER SCREENING SERVICES ANNUALLY &gt; MATERNAL &amp; CHILD HEALTH. BREASTFEEDING EDUCATION, SUPPORT, AND TOGETHERNESS (BEST). WEEKLY SUPPORT GROUP FOR BREASTFEEDING MOMS AND THEIR BABIES. A LACTATION CONSULTANT IS PRESENT AT EACH SESSION FOR BREASTFEEDING INFORMATION, SUPPORT, AND ASSISTANCE, DISCOVERING MOTHERHOOD. WEEKLY SUPPORT GROUP FOR MOMS, BOTH NEW AND EXPERIENCED, WARM LINE. FREE OVER THE PHONE BREASTFEEDING ASSISTANCE AND SUPPORT FROM A CERTIFIED LACTATION CONSULTANT. THE WARM LINE IS OPEN 7 DAYS A WEEK, 365 DAYS A YEAR, PERINATAL LOSS GROUP.</p>



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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	<p>A SIX-WEEK SUPPORT PROGRAM FOR FAMILIES THAT HAVE EXPERIENCED THE LOSS OF A BABY DURING PREGNANCY OR INFANCY THE PROGRAM IS LED BY A REGISTERED NURSE/DOULA WHO IS AN EXPERIENCED BEREAVEMENT SPECIALIST FOR PERINATAL AND INFANT DEATH &gt; CARDIOVASCULAR OUTREACH SGMC PR OVIDES FREE SCREENINGS, HEALTH EDUCATION, AND LECTURES IN THE COMMUNITY AROUND CARDIOVASCULAR HEALTH REGULAR BLOOD PRESSURE SCREENINGS AND EDUCATION ARE PROVIDED AT SEVERAL COMMUNITY LOCATIONS ADDITIONAL SCREENINGS, EDUCATION, AND LECTURES ARE PROVIDED AT HEALTH FAIRS AND LOCATIONS SUCH AS SENIOR CENTERS, LOW-INCOME HOUSING UNITS, AND COMMUNITY CENTERS SCREENINGS OFFERED INCLUDE BLOOD PRESSURE, BODY MASS INDEX, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO &gt; FLU SGMC PROVIDES BOTH EDUCATION AND CLINICS IN THE COMMUNITY DURING FLU SEASON , FLU CLINICS SGMC PROVIDES LOW COST FLU SHOT CLINICS THROUGHOUT THE COUNTY TO CHILDREN, ADULTS, AND SENIOR CENTERS AT VARIOUS LOCATIONS INCLUDING COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, AND LOW-INCOME HOUSING UNITS, AMONG OTHERS , EDUCATION AND OUTREACH SGMC ALSO PROVIDES HEALTH EDUCATION ON COLD AND FLU PREVENTION TO COMMUNITY MEMBERS AT MANY OF THE LOCATIONS LISTED ABOVE &gt; OBESITY SGMC PROVIDES OUTREACH, EDUCATION, AND SCREENINGS AROUND OBESITY, NUTRITION, AND ACTIVE LIVING , SCREENINGS AND EDUCATION SCREENINGS, EDUCATION, AND LECTURES ARE PROVIDED IN THE COMMUNITY SCREENINGS INCLUDE BMI , BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO , NUTRITION AND COOKING CLASSES TWO FREE COOKING CLASSES ARE OFFERED TO THE COMMUNITY ONE OF THESE CLASSES IS MORE GEARED TOWARD THOSE WITH OR RECOVERING FROM CANCER, WHILE THE OTHER HAS MORE OF A FOCUS ON INDIVIDUALS WITH DIABETES IN ADDITION TO THE ACTION ITEMS LISTED ABOVE, SGMC AS A PART OF ADVENTIST HEALTH CARE IS COMMITTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING FUNDING OBJECTIVES &gt; HEALTH AND WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,&gt; PARTNERSHIPS LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,&gt; CAPACITY BUILDING IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY WHEN REVIEWING APPLICATIONS, THE PRIORITIES FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE &gt; ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS,&gt; ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED,&gt; ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION,&gt; ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED AREAS OF NEED NOT DIRECTLY ADDRESSED BY</p>



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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	<p>SGMC AND THE RATIONALE SGMC DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THRO UGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE AD VENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT &gt; BEHAVIORAL HEALTH SGMC DOES NOT DIRECTLY ADDRESS BEHAVIORAL HEALTH DUE TO A LACK OF EX PERTISE AND RESOURCES BEHAVIORAL HEALTH IS BEING ADDRESSED BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES, A SPECIA LTY CARE HOSPITAL WHICH IS PART OF THE ADVENTIST HEALTHCARE SYSTEM SGMC ALSO PARTICIPATES IN THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP ALONG WITH THE OTHER HOSPITALS OPERATING IN MONTGOMERY COUNTY AS WELL AS COMMUNITY ORGANIZATIONS SUCH AS THE PRIMARY CARE COALITION T HE AIM OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDAB LE HOSPITAL USE, INCLUDING THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS &gt; ASTHMA SGMC D OES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO ASTHMA D UE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS &gt; HIV SGMC DOES NOT CURRENTLY PRO VIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HIV/AIDS DUE TO LIMITED FINAN CIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DU RING THE CHNA PRIORITIZATION PROCESS &gt; SOCIAL DETERMINANTS OF HEALTH (HOUSING &amp; EDUCATION) SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HOUSING AND EDUCATION DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS FOR ADDITIO NAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES P LEASE SEE SGMC'S CHNA &amp; IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE <a href="http://www.adventisthealthcare.com/about/community/health-needs-assessment/#SHADY-GROVE-MEDICAL-CENTER">HTTP //WWW ADVENT ISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#SHADY-GROVE-MEDICAL-CENTER</a>, VBH S38JDX8Q</p>



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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEG Y WAS ADOPTED FOCUSING ON INCREASING KNOWLEDGE OF AND ACCESS TO SKILLS AND RESOURCES AROUN D NUTRITION AND PHYSICAL ACTIVITY TO BETTER PREVENT AND MANAGE CHRONIC DISEASE ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IMPLEMENTED STRATEGIES TO ADDRESS CHRON IC DISEASE PREVENTION AND MANAGEMENT STRATEGIES FOR THIS INITIATIVE INCLUDE &gt; LONG BRANCH HEALTH FOOD ACCESS PROGRAM THE LONG BRANCH HEALTHY FOOD ACCESS PROGRAM SERVES LOW-INCOME , FOOD INSECURE RESIDENTS OF THE TAKOMA PARK AND LONG BRANCH COMMUNITIES WHO HAVE UNCONTRO LLED DIABETES THE AIM OF THE LBHFAP IS TO IMPROVE THE HEALTH STATUS OF 250 RESIDENTS WHO ARE LOW INCOME (250% OF THE POVERTY LEVEL AND BELOW) AND DIABETIC (HBA1C &gt; 7) BY DECEMBER 2019 FOR EACH PARTICIPANT, THERE WILL BE 3 MONTHS OF ACTIVE INTERVENTION FOLLOWED BY 9 MO NTHS OF MAINTENANCE DURING THE ACTIVE INTERVENTION, COMMUNITY HEALTH WORKERS (CHWS) WORK WITH PARTICIPANTS TO DEVELOP A TAILORED FOOD ACCESS AND HEALTHY LIVING PLAN, ASSESS ELIGIB ILITY FOR ASSISTANCE PROGRAMS SUCH AS SNAP AND WIC, ENROLL INTERESTED PARTICIPANTS IN MANN A'S NUTRITION EDUCATION PROGRAM, AND PROVIDE REFERRALS TO PCPS IF PARTICIPANTS DO NOT ALRE ADY HAVE ONE PARTICIPANTS ALSO RECEIVE WEEKLY FOOD DELIVERIES FROM HUNGRY HARVEST AND MAN NA FOR THREE MONTHS AT 12 MONTHS, CHWS REACH OUT ONCE AGAIN TO PROVIDE ADDITIONAL SUPPORT AND FOLLOW-UP &gt; INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES FOR LOW-INCOME PATIENTS THROUGH A PARTNERSHIP WITH HUNGRY HARVEST THIS PROGRAM INCLUDES FREE BI-WEEKLY FOOD DELI VERIES FOR 6 WEEKS DURING THIS TIME, OUR CASE MANAGEMENT AND CARE TRANSITIONS TEAMS WORK WITH THE PATIENTS TO DETERMINE A LONGER-TERM SOLUTION SUCH AS ENROLLMENT IN GOVERNMENT ASS ISTANCE PROGRAMS OR CONNECTIONS TO LOCAL FOOD BANKS &gt; OFFERING THE STANFORD UNIVERSITY DIA BETES SELF-MANAGEMENT PROGRAM TO THE COMMUNITY THIS EVIDENCE-BASED PROGRAM CONSISTS OF SI X WEEKLY 2 5 HOUR SESSIONS AND WORKS TO IMPROVE SELF-MANAGEMENT SKILLS THIS WORKSHOP IS O FFERED BOTH IN ENGLISH AND SPANISH &gt; PROVIDING FREE CONDENSED DIABETES SELF-MANAGEMENT ED UCATION CLASSES FOR UNINSURED/UNDERINSURED COMMUNITY MEMBERS CALLED LIVING WELL WITH DIABE TES ADDITIONAL AREAS OF NEED ADDRESSED BY WAH WHILE WASHINGTON ADVENTIST HOSPITAL (WAH) HA S IDENTIFIED OBESITY AND CHRONIC DISEASE AS ITS PRIORITY AREAS FOR THIS IMPLEMENTATION STR ATEGY PERIOD, THE HOSPITAL WILL CONTINUE TO ADDRESS OTHER AREAS OF NEED THROUGH EXISTING C OMMUNITY HEALTH OUTREACH PROGRAMS, EDUCATION, SCREENINGS, AND FINANCIAL CONTRIBUTIONS &gt; C ANCER CANCER OVERALL WAH'S CANCER OUTREACH TEAM WORKS WITH COMMUNITY ORGANIZATIONS SUCH AS HOUSING UNITS, COMMUNITY CENTERS, AND FAITH BASED ORGANIZATIONS TO PROVIDE CANCER EDUCA TION THIS MAY INCLUDE PRESENTATIONS, DEMONSTRATIONS, AND SCREENINGS SUCH AS FOR CARBON MO NOXIDE BREAST THROUGH WAH'S BREAST CANCER SCREENING PROGRAM, HUNDREDS OF LOW INCOME, UNI NSURED/UNDERINSURED WOMEN RECE</p>



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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	IVE FREE BREAST CANCER SCREENING SERVICES ANNUALLY > MATERNAL & CHILD HEALTH WAH OFFERS F REE SUPPORT GROUPS AND RESOURCES FOR PARENTS AND FAMILIES HECHO DE PECHO MONTHLY GROUP P ROVIDING SUPPORT AND EDUCATION FOR BREASTFEEDING MOMS AND THEIR BABIES MOTHERS ARE ABLE T O BRING ADDITIONAL FAMILY MEMBERS, CHILDREN, AND SUPPORT PEOPLE THE GROUP IS CONDUCTED IN SPANISH AND A LACTATION CONSULTANT IS PRESENT AT EACH SESSION FOR BREASTFEEDING INFORMATI ON, SUPPORT, AND ASSISTANCE , WARM LINE FREE OVER THE PHONE BREASTFEEDING ASSISTANCE AND SUPPORT FROM A CERTIFIED LACTATION CONSULTANT THE WARM LINE IS OPEN 7 DAYS A WEEK, 365 DA YS A YEAR > CARDIOVASCULAR WAH PROVIDES FREE SCREENINGS, HEALTH EDUCATION, AND LECTURES I N THE COMMUNITY AROUND CARDIOVASCULAR HEALTH REGULAR BLOOD PRESSURE SCREENINGS AND EDUCAT ION ARE PROVIDED AT SEVERAL COMMUNITY LOCATIONS ADDITIONAL SCREENINGS, EDUCATION, AND LEC TURES ARE PROVIDED AT HEALTH FAIRS AND LOCATIONS SUCH AS SENIOR CENTERS, LOW-INCOME HOUSIN G UNITS, AND COMMUNITY CENTERS SCREENINGS OFFERED INCLUDE BLOOD PRESSURE, BODY MASS INDEX , BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO > FLU WAH PROVIDES BOTH EDUCATION AND CLINI CS IN THE COMMUNITY DURING FLU SEASON FLU CLINICS WAH PROVIDES FREE AND LOW COST FLU SHO T CLINICS THROUGHOUT THE COUNTY TO CHILDREN, ADULTS, AND SENIOR CENTERS AT VARIOUS LOCATIO NS INCLUDING COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, AND LOW-INCOME HOUSING UNITS, AMONG OTHERS , EDUCATION AND OUTREACH WAH ALSO PROVIDES HEALTH EDUCATION O N COLD AND FLU PREVENTION TO COMMUNITY MEMBERS AT MANY OF THE LOCATIONS LISTED ABOVE > DIA BETES & OBESITY IN ADDITION TO THE INITIATIVES DESCRIBED IN THE IMPLEMENTATION STRATEGY A BOVE, WAH PROVIDES OUTREACH, EDUCATION, AND SCREENINGS AROUND DIABETES, OBESITY, ACTIVE LI VING, AND HEALTHY EATING , SCREENINGS AND EDUCATION SCREENINGS, EDUCATION, AND LECTURES A RE PROVIDED IN THE COMMUNITY SCREENINGS INCLUDE BMI, BODY FAT PERCENTAGE, AND WAIST TO HI P RATIO , ZUMBA CLASSES FREE ZUMBA CLASSES ARE OFFERED OUTDOORS IN THE COMMUNITY IN ADDIT ION TO THE ACTION ITEMS LISTED ABOVE, WAH AS A PART OF ADVENTIST HEALTHCARE IS COMMITTED T O PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVI DES FUNDING FOR 501(C)(3) NON-PROFIT ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING FUNDING OBJECTIVES > HEALTH AND WELLNESS SUPPORT COMMUNITY HEALTH SERV ICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,> PARTNERSHIPS LEVERAGE PARTNERSHIP S TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,> CAPACITY BUILDING IMPROVE C OMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AN D ADVOCACY WHEN REVIEWING APPLICATIONS, THE PRIORITIES FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE > ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITALS' COM MUNITY HEALTH NEEDS ASSESSMENT



**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
WASHINGTON ADVENTIST HOSPITAL	<p>S,&gt; ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE AREA THAT ARE SOC IALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED,&gt; ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION,&gt; ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCAR E WASHINGTON ADVENTIST HOSPITAL AND THE RATIONALE WAH DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVI DE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNIT Y HEALTH NEEDS ASSESSMENT &gt; BEHAVIORAL HEALTH WAH DOES NOT DIRECTLY ADDRESS BEHAVIORAL HE ALTH DUE TO A LACK OF RESOURCES BEHAVIORAL HEALTH IS BEING ADDRESSED BY OTHER ORGANIZATIO NS IN THE COMMUNITY INCLUDING ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES , A SPECIALTY CARE HOSPITAL WHICH IS PART OF THE ADVENTIST HEALTHCARE SYSTEM WAH ALSO PAR TICIPATES IN THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP ALONG WITH THE OTHER FIVE HOSPITALS OPERATING IN MONTGOMERY COUNTY AS WELL AS COMMUNITY ORGANIZATIONS SUCH AS THE PRIMARY CAR E COALITION THE AIM OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT R ISK OF AVOIDABLE HOSPITAL USE, INCLUDING THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS ,&gt; ASTHMA WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIF IC TO ASTHMA DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS ,&gt; HIV WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGH ER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS ,&gt; SOCIAL DETERMINANTS OF HEALTH (HOUSI NG &amp; EDUCATION) WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAM S SPECIFIC TO HOUSING AND EDUCATION DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCES S FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILAB LE RESOURCES PLEASE SEE WASHINGTON ADVENTIST HOSPITAL'S CHNA AND IMPLEMENTATION STRATEGY W HICH CAN BE FOUND HERE <a href="http://www.adventisthealthcare.com/about/community/health-needs-as-essment/#WASHINGTON-ADVENTIST-HOSPITAL,VBHS38JDX8Q">HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-AS SESSMENT/#WASHINGTON-ADVENTIST-HOSPITAL,VBHS38JDX8Q</a></p>



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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEG Y WAS ADOPTED FOCUSING ON CONCUSSION CARE ADVENTIST HEALTHCARE REHABILITATION HAS IMPLEMEN TED AN INITIATIVE TO INCREASE AWARENESS OF, AND EDUCATION AROUND, CONCUSSION FOR STUDENT A THLETES ADVENTIST HEALTHCARE REHABILITATION HAS PARTNERED WITH MONTGOMERY COUNTY PUBLIC S CHOO LS TO PROVIDE BASELINE CONCUSSION TESTING AND ATHLETIC TRAINERS IN 13 OF 25 HIGH SCHOO LS BASELINE TESTING IS A PRE-SEASON EXAM CONDUCTED BY TRAINED PROFESSIONALS TO ASSESS AN ATHLETE'S COGNITIVE FUNCTIONS INCLUDING LEARNING AND MEMORY SKILLS, ABILITY TO CONCENTRATE AND PROBLEM-SOLVING SKILLS IN THE EVENT THAT THE ATHLETE SUFFERS A CONCUSSION, THE RESUL TS FROM THESE TESTS CAN BE USED IN COMPARISON WITH SIMILAR POST-INJURY TESTS ADVENTIST HE ALTHCARE REHABILITATION USES IMPACT (IMMEDIATE POST- CONCUSSION ASSESSMENT COGNITIVE TEST), A WEB-BASED, COMPUTERIZED TOOL USED TO MEASURE MEMORY, PROCESSING SPEED, REACTION TIME, A TTENTION SPAN AND PROBLEM- SOLVING SKILLS IN ADDITION TO THE BASELINE TESTING, ADVENTIST H EALTHCARE REHABILITATION HAS IMPLEMENTED AN ATHLETIC TRAINER PROGRAM AT EACH OF THE 13 SCH OOLS THIS HAS INCLUDED TRAINING AND PLACING AN ATHLETIC TRAINER IN EACH OF THE SCHOOLS TO ASSIST WITH CONCUSSION AWARENESS AND EDUCATION AS WELL AS TIMELY ON- SITE INJURY PREVENTIO N AND MANAGEMENT SPECIFIC PROGRAM ACTIVITIES INCLUDE &gt; EDUCATION SESSIONS FOR STUDENTS TO INCREASE KNOWLEDGE AND AWARENESS OF CONCUSSION SYMPTOMS, ACUTE TREATMENTS, IMPORTANCE OF RECOVERY, AND EFFECTS ON EVERY DAY ACTIVITIES BEYOND SPORTS,&gt; IMPLEMENTING IMPACT BASELINE TESTING FOR STUDENT ATHLETES IN 13 MONTGOMERY COUNTY HIGH SCHOOLS (WITH EACH STUDENT BASE LINE TESTED EVERY 2 YEARS),&gt; MAINTAINING AND MAKING AVAILABLE BASELINE TEST RESULTS TO STU DENTS, PARENTS, AND STUDENTS' HEALTH CARE PROVIDERS AT NO COST,&gt; PROVIDING RETESTS FOLLOWI NG A CONCUSSION AT NO COST,&gt; PROVIDING FOLLOW-UP TESTING AND ANALYSIS FOR STUDENTS AS NEED ED AT A REASONABLE RATE,&gt; TRAINING AND PLACING FULL- TIME ATHLETIC TRAINERS IN 13 MONTGOMER Y COUNTY HIGH SCHOOLS,&gt; TRAINERS ATTEND ALL 'HOME' ATHLETIC EVENTS AS WELL AS 'AWAY' VARSIT Y FOOTBALL GAMES,&gt; TRAINERS PERFORM FUNCTIONS WITHIN THE SIX DOMAINS OF ATHLETIC TRAINERS AS ESTABLISHED BY THE NATIONAL ATHLETIC TRAINERS ASSOCIATION PREVENTION, CLINICAL EVALUA TION AND DIAGNOSIS, IMMEDIATE CARE, TREATMENT, REHABILITATION, AND RECONDITIONING, ORGANIZ ATION AND ADMINISTRATION, AND PROFESSIONAL RESPONSIBILITIES ,&gt; IN ADDITION, TRAINERS ASSIS T IN IMPLEMENTING SCHOOL AND SYSTEM WIDE RESPONSIBILITIES RELATED TO THE HEALTH AND SAFETY OF STUDENT ATHLETES ,&gt; PROVIDING AMERICAN HEART ASSOCIATION CPR/AED RECERTIFICATION FOR A THLETIC STAFF AT 13 MONTGOMERY COUNTY HIGH SCHOOLS OTHER AREAS OF NEED ADDRESSED BY ADVENT IST HEALTHCARE REHABILITATIONWHILE ADVENTIST HEALTHCARE REHABILITATION HAS IDENTIFIED CONC USSION CARE AND PREVENTION AS ITS PRIORITY AREA FOR THIS IMPLEMENTATION STRATEGY PERIOD, T HE HOSPITAL WILL CONTINUE TO A</p>



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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>DDRESS OTHER AREAS OF NEED THROUGH EXISTING COMMUNITY HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL CONTRIBUTIONS &gt; TRAUMATIC BRAIN INJURY IN ADDITION TO THE ACTIVITIES DESC RIBED IN THE IMPLEMENTATION STRATEGY ABOVE, ADVENTIST HEALTHCARE REHABILITATION PROVIDES A DDITIONAL SUPPORT IN THE COMMUNITY AROUND TRAUMATIC BRAIN INJURY , BRAIN INJURY SUPPORT GR OUP FOR THOSE WITH BOTH TRAUMATIC AND NON-TRAUMATIC BRAIN INJURIES, THIS GROUP PROVIDES SUPPORT AND EDUCATION AS WELL AS GUIDANCE AROUND AVAILABLE COMMUNITY RESOURCES PARTICIPANT S ARE ENCOURAGED TO BRING FAMILY AND FRIENDS , GRUPO DE APOYO PARA PERSONAS CON UNA LESIN CEREBRAL IN ADDITION TO THE ENGLISH LANGUAGE BRAIN INJURY SUPPORT GROUP, AN ADDITIONAL GR OUP IS OFFERED IN SPANISH &gt; TRAUMATIC BRAIN INJURY, STROKE, &amp; NEUROLOGY ADVENTIST HEALTH CARE REHABILITATION ALSO OFFERS PROGRAMS TO SUPPORT INDIVIDUALS WITH COGNITIVE AND SPEECH- LANGUAGE NEEDS , COGNITIVE GAME NIGHT LED BY A SPEECH-LANGUAGE PATHOLOGIST, GAME NIGHTS P ROVIDE A FUN ENVIRONMENT FOR COGNITIVE STIMULATING GAMES EDUCATION AND DISCUSSION ARE ALS O PROVIDED AROUND COGNITIVE STRATEGIES AS WELL AS METHODS FOR CONTINUING COGNITIVE REHABIL ITATION AT HOME , COMMUNITY APHASIA GROUP LED BY A SPEECH-LANGUAGE PATHOLOGIST, THIS GROU P PROVIDES OPPORTUNITIES FOR INDIVIDUALS TO WORK ON SUCCESSFUL COMMUNICATION AND SOCIAL IN TERACTION IN A SUPPORTIVE, POSITIVE, AND SMALL GROUP SETTING &gt; AMPUTEE AMPUTEE SUPPORT GR OUP THIS GROUP FOCUSES ON THE EMOTIONS AND CHALLENGES OF LIVING LIFE AS AN AMPUTEE IT IS THE GROUP'S FOCUS TO BE POSITIVE, CREATIVE AND RESOURCEFUL IN EXAMINING AN AMPUTEE'S EXPE RIENCES MANY TOPICS ARE DISCUSSED INCLUDING PROSTHETIC DEVELOPMENT, THERAPEUTIC DEVICES A ND TRAINING AS WELL AS EMOTIONAL COUNSELING AND SUPPORT IN ADDITION TO THE ACTION ITEMS LI STED ABOVE, ADVENTIST HEALTHCARE REHABILITATION AS A PART OF ADVENTIST HEALTHCARE IS COMMI TTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY T HROUGH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C) (3) NON-PROFIT ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR M ISSION AND THE FOLLOWING FUNDING OBJECTIVES &gt; HEALTH AND WELLNESS SUPPORT COMMUNITY HEALT H SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,&gt; PARTNERSHIPS LEVERAGE PARTN ERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,&gt; CAPACITY BUILDING IMP ROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPME NT, AND ADVOCACY WHEN REVIEWING APPLICATIONS, THE PRIORITIES FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE &gt; ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITAL S' COMMUNITY HEALTH NEEDS ASSESSMENTS,&gt; ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HE ALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDE RSERVED,&gt; ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION,&gt; ACTI VITIES THAT HAVE A MEASURABLE</p>



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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>IMPACT ON THE COMMUNITY BEING SERVED AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE REHABILITATION AND THE RATIONALE ADVENTIST HEALTHCARE REHABILITATION DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED INCLUDED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT &gt; SPINAL CORD INJURY, LYMPHEDEMA, AND ORTHOPEDICS ADVENTIST HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO SPINAL CORD INJURY, LYMPHEDEMA, AND ORTHOPEDICS DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS ,&gt; CARDIOVASCULAR HEALTH, CANCER, OBESITY, AND DIABETES ADV ENTIST HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO CHRONIC DISEASE DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS CHRONIC DISEASE IS BEING ADDRESSED BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING WASHINGTON ADVENTIST HOSPITAL AND SHADY GROVE MEDICAL CENTER, BOTH OF WHICH ARE PART OF THE ADVENTIST HEALTHCARE SYSTEM ,&gt; SOCIAL DETERMINANTS OF HEALTH (HOUSING, FOOD ACCESS, EDUCATION) ADVENTIST HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO HOUSING, FOOD ACCESS, AND EDUCATION DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST HEALTHCARE REHABILITATION'S CHNA AND IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE <a href="http://www.adventisthealthcare.com/about/community/health-needs-assessment/#other-entities">HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#OTHER-ENTITIES</a>, VBHS38JDX8Q</p>



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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING INCREASING AWARENESS AROUND MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, NEEDS, AND RESOURCES, AND REDUCING STIGMAS AROUND ACCESSING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES STRATEGIES FOR THIS INITIATIVE INCLUDE &gt; PROVIDING SUPPORT AND EDUCATION AROUND MENTAL HEALTH AND SUBSTANCE ABUSE FOR COMMUNITY MEMBERS (ADOLESCENTS AND ADULTS) A DVENTIST HEALTHCARE BEHAVIORAL HEALTH &amp; WELLNESS SERVICES PROVIDES EDUCATIONAL SUPPORT GROUPS FOR COMMUNITY MEMBERS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT GROUP TOPICS INCLUDE AREAS SUCH AS SYMPTOMS TO LOOK OUT FOR, PREVENTION, TREATMENT AND CARE OPTIONS, AND COPING STRATEGIES A LARGE FOCUS OF THE GROUPS IS INCREASING AWARENESS OF, AND ACCESS TO, COMMUNITY RESOURCES TO HELP DEMYSTIFY THE MENTAL HEALTH AND SUBSTANCE ABUSE CARE CONTINUUM NO MATTER THE STAGE OF CARE SESSIONS WILL BE HELD OUTSIDE OF THE BEHAVIORAL HEALTH HOSPITAL TO INCREASE ACCESS AND COMFORT FOR ATTENDEES AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES ROCKVILLE AND THE RATIONAL E BH&amp;WS DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT &gt; SUICIDE, DUAL-DIAGNOSIS, DEMENTIA/ALZHEIMER'S, DOMESTIC VIOLENCE, TOBACCO, AND SOCIAL DETERMINANTS (EDUCATION, HOUSING, FOOD ACCESS) BH&amp;WS DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO SUICIDE, DUAL-DIAGNOSIS, DEMENTIA/ALZHEIMER'S, DOMESTIC VIOLENCE, OR TOBACCO DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS BH&amp;WS AS A PART OF ADVENTIST HEALTHCARE IS COMMITTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING FUNDING OBJECTIVES &gt; HEALTH AND WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,&gt; PARTNERSHIPS LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,&gt; CAPACITY BUILDING IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY WHEN REVIEWING APPLICATIONS, THE PRIORITIES FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE &gt; ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS,&gt; ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED,&gt; ACTIVITIES THAT ALI</p>



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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	GN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION,> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED



**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
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A <a href="https://www.adventisthealthcare.com/patients/billing/financial-assistance/">HTTPS //WWW ADVENTISTHEALTHCARE COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/</a> PART V, SECTION B, LINE 16B SAME URL AS LISTED ON LINE 16APART V, SECTION B, LINE 16C SAME URL AS LISTED ON LINE 16A



**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
WASHINGTON ADVENTIST HOSPITAL	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A <a href="https://www.adventisthealthcare.com/patients/billing/financial-assistance/">HTTPS //WWW ADVENTISTHEALTHCARE COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/</a> PART V, SECTION B, LINE 16B SAME URL AS LISTED ON LINE 16A PART V, SECTION B, LINE 16C SAME URL AS LISTED ON LINE 16A



**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
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTPS //WWW ADVENTISTHEALTHCARE COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/PART V, SECTION B, LINE 16B SAME URL AS LISTED ON LINE 16A PART V, SECTION B, LINE 16C SAME URL AS LISTED ON LINE 16A



<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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
BEHAVIORAL HEALTH&WELLNESS SERVICES- ROCK	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTPS //WWW ADVENTISTHEALTHCARE COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/PART V, SECTION B, LINE 16B SAME URL AS LISTED ON LINE 16APART V, SECTION B, LINE 16C SAME URL AS LISTED ON LINE 16A



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Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
ADVENTIST HEALTHCARE INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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2018

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Inspection

Employer identification number  
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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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 46

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



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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	<p>ADVENTIST HEALTHCARE IS COMMITTED TO IDENTIFYING AND RESPONDING TO PRIORITY HEALTH NEEDS AND OUTCOMES FOR THE PEOPLE AND COMMUNITIES WE SERVE. THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY, ESPECIALLY FOR THOSE WHO HAVE POOR ACCESS TO CARE AND POOR HEALTH OUTCOMES. THE COMMUNITY PARTNERSHIP FUND AWARDS GRANTS AND PROVIDES EVENT SPONSORSHIPS TO ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND OUR FUNDING OBJECTIVES: 1. HEALTH AND WELLNESS. SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS, 2. PARTNERSHIPS. LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH, 3. CAPACITY BUILDING. IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY. OUR PRIORITIES: 1. ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT, 2. ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED, 3. ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION, 4. ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED. ADDITIONAL FACTORS WE CONSIDER: 1. 501(C)(3) NON-PROFIT STATUS, 2. PARTNERING ORGANIZATIONS OR FUNDING FROM OTHER SOURCES. ADDITIONAL INFORMATION: ALL PROSPECTIVE APPLICANTS ARE ASKED TO COMPLETE A GRANT APPLICATION OR EVENT SPONSORSHIP APPLICATION (E.G., FUNDRAISING GALAS AND SPORTING EVENTS). GRANT MONITORING: ALL GRANT RECIPIENTS (GRANTS TYPICALLY RANGE FROM \$10,000-\$100,000) ARE ASKED TO COMPLETE BOTH A MID-YEAR PROGRESS REPORT AS WELL AS A FINAL END-OF-YEAR REPORT. FOR THE MID-YEAR REPORT, GRANTEEES ARE ASKED TO DESCRIBE THE FOLLOWING: &gt; NUMBER OF INDIVIDUALS WHO HAVE BEEN SERVED THUS FAR &gt; OUTCOMES, TO DATE, OF THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION &gt; DESCRIPTION OF THE WORK THAT HAS BEEN COMPLETED TO DATE &gt; CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED &gt; CHALLENGES OR DELAYS THAT HAVE BEEN ENCOUNTERED &gt; EXPENDITURE OF FUNDS THUS FAR &gt; ESTIMATED EXPENDITURES FOR THE DURATION OF THE GRANT PERIOD. FOR THE FINAL REPORT, GRANTEEES ARE ASKED TO DESCRIBE THE FOLLOWING: &gt; TOTAL NUMBER OF INDIVIDUALS SERVED WITH THE FUNDING THAT WAS PROVIDED &gt; OUTCOMES FOR THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION AS WELL AS ANY OTHER OUTCOMES &gt; DESCRIPTION OF THE WORK THAT WAS ACCOMPLISHED &gt; CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED &gt; CHALLENGES OR DELAYS THAT WERE ENCOUNTERED &gt; EXPENDITURE OF GRANT FUNDS. SPONSORSHIP MONITORING: ALL SPONSORSHIP RECIPIENTS (SPONSORSHIPS ARE UP TO \$5,000) ARE ASKED TO COMPLETE A FINAL REPORT AFTER THEIR EVENT TAKES PLACE. IN THE FINAL REPORT, SPONSORSHIP RECIPIENTS ARE ASKED TO DESCRIBE THE FOLLOWING: &gt; NUMBER OF PARTICIPANTS &gt; EVENT/PROGRAM OUTCOMES. THE INFORMATION PROVIDED IN THESE REPORTS IS UTILIZED TO EVALUATE THE OVERALL IMPACT OF THE GRANTEE AND THE FUNDING PROVIDED. IT IS ALSO USED TO INFORM DECISION MAKING REGARDING FUTURE FUNDING AND PARTNERSHIP ENDEAVORS WITH EACH GRANTEE.</p>



Additional Data

Software ID:  
Software Version:  
EIN: 52-1532556  
Name: ADVENTIST HEALTHCARE INC

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 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
ADVENTIST COMMUNITY SERVICE CENTER 501 SLIGO AVENUE SILVER SPRING, MD 20910	02-0592766	501-(C)-(3)	5,000				MAKING TRACKS ACADEMIC ENRICHMENT PROGRAM - SUMMER PROGRAM FOR YOUTH PROVIDING PHYSICAL ACTIVITIES AND SCIENCE/MATH CLASSES
CAPITAL HILL SEVENTH DAY ADVENTIST CHURCH 914 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	47-3564822	501-(C)-(3)	10,000				DONATIONS TOWARDS A MISSION TRIP TO HAITI, TO SUPPORT PLANS TO PROVIDE SURGICAL, MEDICAL, VISION, AND DENTAL SERVICES TO A SPECIAL COMMUNITY OF SURVIVORS CONSISTING OF 185 FAMILIES AND THEIR SURROUNDING NEIGHBORS



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

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CASA OF MARYLAND INC 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501-(C)-(3)	110,000				LANGLEY PARK PROMISE NEIGHBORHOOD/LEARNING TOGETHER SUPPORT PARENT ENGAGEMENT, IMPROVE EARLY CHILDCARE PROGRAMMING AND SUPPORT, INCREASE HEALTHCARE ACCESS AND DEVELOP A MEDICAL HOME FOR LP RESIDENTS, DEVELOP NEIGHBORHOOD SAFETY PROGRAMS, ESTABLISH WORKFORCE DEVELOPMENT PROGRAMS, EXPAND WIRELESS ACCESS TO ALL LP RESIDENTS, CREATE AN ACADEMIC AND COMMUNITY SERVICES HUB
CENTRE POINTE COUNSELING PO BOX 339 ASHTON, MD 20861	52-1288655	501-(C)-(3)	10,000				GRANTS TO SUPPORT COUNSELING WORK IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES FUNDING SPECIFIED FOR CLINICIANS PROVIDING SERVICES FOR LOW-INCOME AND UNDER AND UN-INSURED RESIDENTS DAY OF HOPE GALA - FUNDRAISER TO PROVIDE CLINICAL SERVICES TO LOW INCOME AND UNDER AND UN-INSURED RESIDENTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	325,000				DONATIONS TO SUPPORT THE COLUMBIA UNION REACH EVANGELISM SCHOOL PROGRAM, WHICH HELPS PREPARES STUDENTS FOR SERVICE IN URBAN COMMUNITIES CONTRIBUTION TOWARDS PURPOSE OF MISSION WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH
COMMUNITY BRIDGES INC 620 PERSHING DRIVE 2ND FLOOR SILVER SPRING, MD 20910	52-2043059	501-(C)-(3)	5,000				DIRECT DONATION TO SUPPORT LEADERSHIP AND HEALTH EDUCATION/LITERACY PROGRAM FOR MINORITY GIRLS IN MONTGOMERY COUNTY



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COMMUNITY CLINIC INC 8630 FENTON STREET SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	10,000				CENTERINGPREGNANCY PROGRAM - MODEL OF GROUP PRENATAL CARE THAT INTEGRATES INDIVIDUAL HEALTH ASSESSMENTS, INTERACTIVE EDUCATION ON PRENATAL HEALTH, AND SOCIAL SUPPORT CENTERINGPREGNANCY BRINGS TOGETHER A GROUP OF 8 TO 12 PATIENTS IN CLOSE GESTATIONAL AGE TO RECEIVE CARE TOGETHER THE PROGRAM CONSISTS OF TEN TWO-HOUR SESSIONS OVER A SIX MONTH PERIOD
COMMUNITY HEALTH AND EMPOWERMENT INC 8545 PINEY BRANCH RD SUITE B SILVER SPRING, MD 20910	27-3662468	501-(C)-(3)	50,000				LONG BRANCH HEALTHY FOOD ACCESS PROGRAM (LBHFAP) ENGAGES LOW INCOME ADULTS WITH DIABETES IN EATING BETTER AND IMPROVING SELF-MANAGEMENT OF THEIR DIABETES PARTICIPANTS ARE PAIRED WITH A COMMUNITY HEALTH WORKER AND RECEIVE 3 MONTHS OF WEEKLY DISTRIBUTIONS OF FRESH PRODUCE, ACCESS TO MONTHLY EDUCATIONAL CLASSES ON TOPICS SUCH AS NUTRITION AND PHYSICAL ACTIVITY, ASSISTANCE IN ENROLLING IN ENTITLEMENT OR OTHER PROGRAMS BASED ON ELIGIBILITY, AND ASSISTANCE CONNECTING WITH A PCP IF NEEDED



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CROSSROADS COMMUNITY FOOD NETWORK INC 6930 CARROLL AVE SUITE 426 TAKOMA PARK, MD 20912	36-4635237	501-(C)-(3)	10,000				FRESH CHECKS FOR FRESH PRODUCE IN THE TAKOMA/LANGLEY CROSSROADS AREA THE GOAL OF THIS PROJECT IS TO INCREASE ACCESS TO LOCALLY GROWN, CULTURALLY APPROPRIATE, FRESH FRUITS AND VEGETABLES AMONG SNAP SHOPPERS AT THE CROSSROADS FARMERS MARKET THROUGH EXPANSION OF THE FRESH CHECKS NUTRITION INCENTIVE PROGRAM FRESH CHECKS ARE DOLLAR-VALUE TOKENS DISTRIBUTED AT THE MARKET THAT STRETCH THE PURCHASING POWER OF SNAP AND OTHER FEDERAL NUTRITION BENEFITS, AND ARE USED TO BUY ADDITIONAL FRESH, LOCALLY-GROWN FRUITS AND VEGETABLES
EVERYMIND 1000 TWINBROOK PKWY ROCKVILLE, MD 20851	52-0681147	501-(C)-(3)	7,500				TIFFANY SPONSORSHIP, EVERYMIND 60TH ANNIVERSARY GALA, TO SUPPORT MENTAL HEALTH SERVICES AND HOLIDAY GIVING TO PROVIDE MENTAL HEALTH SERVICES



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FOOD & FRIENDS 219 RIDGE ROAD NE WASHINGTON, DC 20011	52-1648941	501-(C)-(3)	7,500				CHEFS BEST IS FOOD & FRIENDS' SIGNATURE FUNDRAISING EVENT TO SUPPORT THEIR WORK TO PROVIDE TAILORED MEALS AND NUTRITION COUNSELING TO INDIVIDUALS LIVING WITH HIV/AIDS, CANCER AND OTHER SERIOUS ILLNESSES
GENERAL CONFERENCE OF SDA 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-0643036	501-(C)-(3)	15,920				DONATION MADE TOWARDS MEDICAL REFERENCE MATERIALS FOR PHYSICIANS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREATER WASHINGTON COMMUNITY FOUNDATION 1325 G STREET NW SUITE 480 WASHINGTON, DC 20005	23-7343119	501-(C)-(3)	5,000				2018 CIVIC LEADERSHIP AWARDS FUNDRAISER TO SUPPORT THE NONPROFIT SECTOR WITH CONTINUOUSLY PROVIDING CRITICALLY NEEDED SERVICES TO LOW INCOME RESIDENTS OF PRINCE GEORGE'S COUNTY
IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501-(C)-(3)	17,500				"SOCIAL AND EMOTIONAL HEALTH FOR VULNERABLE YOUTH AND FAMILIES" PROGRAM - PROVIDE SOCIAL AND EMOTIONAL, ACADEMIC AND WORKFORCE DEVELOPMENT SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES INCLUDING FAMILY CASE MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY UTILIZING BOTH TRADITIONAL AND NON-TRADITIONAL TECHNIQUES), ACCESS TO HEALTHCARE AND FITNESS AND RECREATION



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IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	5,000				IMPACT NOW! A SOCIAL FORUM TO IMPROVE SOCIAL CONNECTEDNESS AND LINK COMMUNITY MEMBERS WITH SUPPORT SYSTEMS
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CONNECTICUTT AVE NW STE 200 WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	50,000				TO SUPPORT THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTINUED ENGAGEMENT OF THE INSTITUTE FOR PUBLIC HEALTH INNOVATION THIS FUNDING IS IN SUPPORT OF HEALTHY MONTGOMERY WHICH BRINGS TOGETHER COMMUNITY STAKEHOLDERS TO ASSESS AND ADDRESS THE HEALTH NEEDS OF MONTGOMERY COUNTY RESIDENTS



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INTERFAITH WORKS 114 W MONTGOMERY AVENUE ROCKVILLE, MD 208504213	52-1072684	501-(C)-(3)	10,000				RACE TO EMPOWER 5K TO SUPPORT LOW-INCOME AND PEOPLE EXPERIENCING HOMELESSNESS IN MONTGOMERY COUNTY ANNUAL INTERFAITH WORKS CARING BREAKFAST - CELEBRATE THE PARTNERSHIPS THAT ENABLE INTERFAITH WORKS TO HELP COMMUNITY MEMBERS LIFT THEMSELVES OUT OF POVERTY AND RAISE FUNDS FOR FURTHER PROGRAMMING
LEADERSHIP MONTGOMERY EDUCATION FOUNDATION INC 5910 EXECUTIVE BLVD 200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	45,400				LEADERSHIP MONTGOMERY COMMUNITY PROGRAMS SUPPORTER - ALLOW ADVENTIST HEALTHCARE TO DEVELOP AN EMPLOYEE VOLUNTEER PROGRAM THAT ALIGNS WITH ITS MISSION AND SUPPORT THE LM STAFF DESIGNING, SUPPORTING AND FACILITATING THE WORK THE CORPORATE VOLUNTEER COUNCIL (CVC) PROGRAM PROMOTES VOLUNTEERISM IN MONTGOMERY COUNTY, FACILITATES THE EXCHANGE OF KNOWLEDGE AND EXPERIENCE IN THE USE OF CORPORATE HUMAN RESOURCES FOR COMMUNITY SERVICE ACTIVITIES, IDENTIFIES COMMUNITY NEEDS, LINKS CORPORATE VOLUNTEERS WITH NONPROFITS AND RECOGNIZES OUTSTANDING CORPORATE VOLUNTEERISM



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MANNA FOOD CENTER 614 LOFSTRAND LANE ROCKVILLE, MD 20850	52-1289203	501-(C)-(3)	75,000				"PROMOTING FOOD SECURITY AND ENHANCING COMMUNITY HEALTH IN EASTERN MONTGOMERY COUNTY" GRANT - THE CENTER WILL AIM TO IMPROVE FOOD ACCESS FOR THE 12-13,000 RESIDENTS ESTIMATED TO BE EXPERIENCING FOOD INSECURITY IN THE EAST COUNTY REGIONAL SERVICES CENTER ZONE EDUCATIONAL RESOURCES WILL FOCUS ON YOUTH PARTICIPATING IN SUMMER PROGRAMS AT WHITE OAK AND NEARBY ELEMENTARY SCHOOLS WITH 40%+ FARM RATES, SUCH AS GREENCASTLE AND JACKSON ROAD AND, WHEN POSSIBLE, THE STUDENTS' PARENTS
MANSFIELD KASEMAN HEALTH CLINIC 114 WEST MONTGOMERY AVENUE ROCKVILLE, MD 20850	27-2529951	501-(C)-(3)	10,000				PROGRAM SUPPORT FOR THE KASEMAN HEALTH CLINIC AND ITS SERVICES AND OPERATIONS (I E PHYSICIAN AND STAFF SALARIES AND MEDICAL SUPPLIES)



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MARYLAND PATIENT SAFETY CENTER 6820 DEERPATH ROAD ELKRIDGE, MD 21075	35-2200200	501-(C)-(3)	5,000				MARYLAND PATIENT SAFETY CENTER (MPSC) ANNUAL CONFERENCE FOCUSING ON HOW TO IMPROVE QUALITY OF CARE WHILE CREATING A SAFE ENVIRONMENT FOR PATIENTS
MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO ROADNW WASHINGTON, DC 20009	52-1594116	501-(C)-(3)	120,000				PROMISE OF TOMORROW CAMPAIGN SUPPORTING MARYS CENTER EXPANSION IN MONTGOMERY COUNTY



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MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	15,000				ANNUAL MERCY GOLF CLASSIC AND GALA - ALL PROCEEDS ARE USED TO SUPPORT THE MISSION OF MERCY HEALTH CLINIC TO PROVIDE HIGH QUALITY PRIMARY AND SPECIALTY MEDICAL CARE, HEALTH EDUCATION AND PHARMACEUTICALS TO LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MD FREE OF CHARGE
METROPOLITAN SEVENTHDAY ADVENTIST CHURCH 7915 GREENBURY DR GREENBELT, MD 20770	52-2135553	501-(C)-(3)	5,000				HEALTHY MINDS, HEALTHY BODIES HEALTH SUMMIT - HEALTH EDUCATION AND DISCUSSION AROUND COMMUNITY HEALTH TOPICS AND CONCERNS



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

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MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 208141620	23-7022588	501-(C)-(3)	150,000				A PROMOTING FOOD SECURITY AND ENHANCING COMMUNITY IN EASTERN MONTGOMERY COUNTY GRANT - GENERAL OPERATIONS OF MOBILEMED IN MONTGOMERY COUNTY
MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY INC 10605 CONCORD ST STE 440 KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	10,000				TO MAKE LITERACY INSTRUCTION AVAILABLE TO MORE ADULTS IN MONTGOMERY COUNTY, MCAEL WILL BRING ON-SITE INSTRUCTION TO THE WORKPLACE, ELIMINATING ENGLISH LANGUAGE LEARNING BARRIERS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MONTGOMERY COUNTY BUSINESS HALL OF FAME 7401 WISCONSIN AVE SUITE 300 BETHESDA, MD 20814	52-0807134	LLP	10,000				HELP STUDENTS REALIZE THEIR DREAMS OF OBTAINING A COLLEGE EDUCATION BY SUPPORTING THE UNIVERSITIES AT SHADY GROVE SCHOLARSHIP FUND
MONTGOMERY COUNTY COALITION FOR THE HOMELESS 600-B EAST GUDE DRIVE ROCKVILLE, MD 20850	52-1735674	501-(C)-(3)	5,000				DONATIONS RELATED FOR PROGRAMMING (E G EMERGENCY SHELTER, PERMANENT SUPPORTIVE HOUSING AND COALITION HOMES FOR PEOPLE EXPERIENCING HOMELESSNESS)



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MONTGOMERY HOSPICE 1450 RESEARCH BLVD SUITE 310 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	20,000				20 DAYS OF ACUTE CARE FOR LOW-INCOME AND UNDER AND UN-INSURED CASEY HOUSE PATIENTS
NATIONAL ASSOC OF HEALTH SERVICES EXECUTIVES 1050 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	62-1312239	501-(C)-(3)	5,000				SPONSORSHIP OF THE 33RD ANNUAL EDUCATIONAL CONFERENCE DONATIONS FURTHER THE MISSION OF NAHSE TO ENSURE GREATER PARTICIPATION OF MINORITY GROUPS IN THE HEALTH FIELD



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NATIONAL CAPITAL PHYSICIANS FOUNDATION 15855 CRABBS BRANCH WAY ROCKVILLE, MD 20855	81-1085170	501-(C)-(3)	5,200				DONATIONS TOWARDS NCPF'S FUNDRAISING EVENT, WITH FUNDS CONTRIBUTING TO ADVANCE THE PRACTICE OF MEDICINE AND TO ENHANCE POPULATION HEALTH THROUGH EDUCATION, INNOVATION AND RESEARCH
NORTH AMERICAN DIVISION OF SDA 9705 PATUXENT WOODS DRIVE COLUMBIA, MD 21046	20-3164300	501-(C)-(3)	10,000				DONATION TO SUPPORT AN ADVENTIST WOMEN LEADERS EVENT TO EMPOWER AND ENABLE MORE WOMEN TO LEADERSHIP POSITIONS WITHIN THE CHURCH AND CHURCH AFFILIATED ORGANIZATIONS



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NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK 1000 THIRD STREET TILLAMOOK, OR 97141	93-0622075	501-(C)-(3)	6,000				SUPPORT OF THE NATIONAL ASSOCIATION OF ADVENTIST HEALTHCARE HUMAN RESOURCES CONFERENCE PROVIDING OPPORTUNITY TO EDUCATE CURRENT LEADERS, GROOM FUTURE LEADERS, AND OFFER GUIDANCE FOR THOSE STILL TRYING TO DECIDE THEIR HR FUTURE
OAKWOOD UNIVERSITY 7000 ADVENTIST BOULEVARD NW HUNTSVILLE, AL 35896	63-0366652	501-(C)-(3)	10,000				DONATION MADE TOWARDS OAKWOOD UNIVERSITY'S ALUMNI ASSOCIATION FOR THE PURPOSE OF INVESTING IN THE LIVES OF FUTURE LEADERS, SPECIFICALLY FOR THE NURSING DEPARTMENT



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 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
REBUILDING TOGETHER MONTGOMERY COUNTY 3925 PLYERS MIL ROAD SUITE 202 KENSINGTON, MD 20895	52-1667026	501-(C)-(3)	25,000				ADDRESSING SOCIAL DETERMINANTS OF HEALTH - SAFE AND HEALTHY HOMES GRANT - BUILD CAPACITY AND SUSTAINABILITY OF THE HEALTHCARE NETWORK SERVING VULNERABLE MONTGOMERY COUNTY RESIDENTS BY PROVIDING A CONTINUATION OF SERVICES FOR LOW-INCOME PATIENTS WHOSE HOME ENVIRONMENTS ARE NEGATIVELY AFFECTING THEIR HEALTH OUTCOMES (I E REPAIRS OR INSTALLATION OF SAFE SHOWERS/RAILINGS, ETC )
SPENCERVILLE ADVENTIST ACADEMY 15930 GOOD HOPE ROAD SILVER SPRING, MD 20904	52-1714576	501-(C)-(3)	75,581				DONATIONS TOWARDS SCIENCE DIVISION, ANNUAL 5K RUN, FUNDS TOWARDS A NEW SCHOOL BUS, BASEBALL LEAGUE TEAM SPONSOR, DRAMA PROGRAM, AND A CHORUS FESTIVAL



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 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
SPENCERVILLE ADVENTIST CHURCH 16325 NEW HAMPSHIRE AVE SILVER SPRING, MD 20905	52-1714576	501-(C)-(3)	200,000				DONATION TO THE CHURCH IN FURTHERING THEIR VALUES INCLUDING WORSHIP, GLOBAL COMMUNION, OUTREACH, EDUCATION, SERVICE, DISCIPLESHIP, CHILDREN, YOUTH, FAMILIES, MUSIC, COMPASSION, AND STEWARDSHIP
UNIVERSITIES AT SHADY GROVE FOUNDATION 9636 GUDELSKY DRIVE ROCKVILLE, MD 20850	52-1125663	501-(C)-(3)	28,455				DONATIONS GOING TOWARDS THE COUNTY'S UNDERREPRESENTED STUDENTS IN HIGHER EDUCATION THROUGH THE ACHIEVING COLLEGIATE EXCELLENCE AND SUCCESS PROGRAM SCHOLARSHIP FUNDING IN SUPPORT OF STUDENTS WHO ARE STUDYING IN PROGRAMS RELATED TO THE ALLIED HEALTH PROFESSIONS DONATIONS TOWARDS THE FRONTIERS IN SCIENCE AND MEDICINE DAY FOR THE BENEFIT OF STUDENTS' INTERESTS IN SCIENCE AND MEDICINE CAREERS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STRATHMORE HALL FOUNDATION INC 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	24,600				ANNUAL GALA TO SUPPORT MANY INITIATIVES, SUCH AS HELPING STUDENTS LEARN MUSIC SKILLS, TEAMWORK, COMMITMENT AND DISCIPLINE CONTRIBUTIONS TOWARDS THEIR EAST COUNTY INITIATIVE SUPPORTING ITS ORCHESTRA PERFORMANCES TO SUPPORT MANY INITIATIVES, SUCH AS HELPING STUDENTS LEARN MUSIC SKILLS, TEAMWORK, COMMITMENT AND DISCIPLINE
TAKOMA ACADEMY 8120 CARROLL AVENUE TAKOMA PARK, MD 20912	52-0563186	501-(C)-(3)	25,000				SUPPORTING THE CHORALE/CAMERATA THAT WILL BE TRAVELING TO SOUTH AFRICA



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 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
THE SHEPHERD'S TABLE INC 8210 DIXON AVE SILVER SPRING, MD 20910	52-1381738	501-(C)-(3)	15,000				DIRECT DONATION FOR THE FOOD SERVICE PROGRAM TO ENSURE PROVISION OF FREE MEALS TO COMMUNITY MEMBERS EXPERIENCING HOMELESSNESS OR IN NEED, AND FOR GENERAL OPERATING EXPENSES FOR PROGRAMS LIKE THE PRESCRIPTION ASSISTANCE PROGRAM, EYE CLINIC AND RESOURCE CENTER FOOD SERVICE PROGRAM GRANT- PROVIDE 3 MEALS A DAY FOR PEOPLE WHO ARE FOOD INSECURE, EXPERIENCING HOMELESSNESS OR ARE LIVING IN POVERTY
URBAN LAND INSTITUTE 2001 L STREET NW SUITE 200 WASHINGTON, DC 20036	53-0159845	501-(C)-(3)	5,000				DONATIONS GOING TO PROVIDE LEADERSHIP IN THE RESPONSIBLE USE OF LAND AND IN CREATING AND SUSTAINING THRIVING COMMUNITIES WORLDWIDE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIETNAMESE AMERICAN SERVICES 11528 COLT TER SILVER SPRING, MD 20902	47-5530373	501-(C)-(3)	5,000				HEALTH CARE PROGRAM FOR VIETNAMESE COMMUNITY - PROVIDE PATIENT NAVIGATION, HEALTH INSURANCE ENROLLMENT ASSISTANCE, HEALTH EDUCATION, AND ACCESS TO HEALTH SERVICES TO VIETNAMESE COMMUNITY MEMBERS
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	105,525				SUPPORT TOWARDS THE WAU FAMILY FUN FEST & SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, FOR SCIENCE AND WELLNESS



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 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
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	128,718				FUNDS GOING TOWARDS AREAS OF NEED AT SHADY GROVE MEDICAL CENTER
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1692158	501-(C)-(3)	18,961				FUNDS GOING TOWARDS AREAS OF NEED AT WASHINGTON ADVENTIST HOSPITAL



<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> <b>Open to Public Inspection</b> </div>	
	Department of the Treasury Internal Revenue Service		
	Name of the organization ADVENTIST HEALTHCARE INC	Employer identification number  52-1532556	

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



For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

**Schedule J (Form 990) 2018**



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

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

Return Reference	Explanation
PART I, LINE 1A	ADVENTIST HEALTHCARE DOES NOT HAVE A WRITTEN POLICY REGARDING REIMBURSEMENT OR PROVISION OF CLUB EXPENSES. HOWEVER, ADVENTIST HEALTHCARE OWNS A CORPORATE MEMBERSHIP AT A LOCAL GOLF CLUB, IN WHICH THREE ADVENTIST HEALTHCARE EMPLOYEES CAN BE DESIGNATED TO USE THE FACILITIES. CLUB EXPENSES ARE PAID BY ADVENTIST HEALTHCARE, BUT ARE TREATED AS TAXABLE INCOME TO THE RESPECTIVE ADVENTIST HEALTHCARE EMPLOYEES, SUBJECT TO FEDERAL AND STATE TAX WITHHOLDINGS. THE CLUB EXPENDITURES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, IN ACCORDANCE WITH IRS INTERMEDIATE SANCTION GUIDELINES.

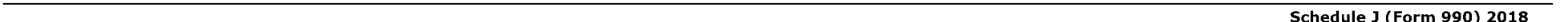


Return Reference	Explanation
PART I, LINE 3	<p>COMPENSATION DEFINED THE COMPENSATION REPORTED FOR THE EMPLOYEES SET FORTH ON SCHEDULE J IS COMPRISED OF THE FOLLOWING BASE COMPENSATION INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN ADVANCE, CONTINGENT ONLY UPON THE PAYEES' PERFORMANCE OF AGREED UPON SERVICES (SUCH AS SALARY OR FEES) INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS, EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL PERFORMANCE, AMONG OTHER THINGS OTHER REPORTABLE COMPENSATION INCLUDES AN EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015 PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED OR SOONER BASED ON CERTAIN EXCEPTIONS THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED CONTRIBUTIONS ACCUMULATED IN 2016 WERE GENERALLY DISTRIBUTED ON JANUARY 1, 2018 AND CONTRIBUTIONS ACCUMULATED IN 2017 WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2019 IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES LONG-TERM DISABILITY COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO) HOURS (ONLY FOR EMPLOYEES WHO LEAVE OUR ORGANIZATION), IMPUTED VALUE OF LIFE INSURANCE BENEFITS, TAXABLE PAYABLE PAY, AND SEVERANCE, AS APPLICABLE CERTAIN EXECUTIVES CAN ALSO RECEIVE REPORTABLE COMPENSATION THROUGH A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), ONCE THEY HAVE VESTED IN THE PLAN, HOWEVER, EXECUTIVES LISTED ON THIS TAX RETURN HAVE NOT YET RECEIVED THIS BENEFIT SINCE THEY HAVE NOT MET THE VESTING REQUIREMENTS NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT PREMIUM), AND THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, LIFE INSURANCE, BASE CONTRIBUTIONS TO RETIREMENT PLANS, MATCHING OF EMPLOYEES' RETIREMENT CONTRIBUTIONS, ETC PAY PRACTICE ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES AS SUCH, ACTUAL COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE AS APPLICABLE, THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC RELATED ENTITIES RETURNS INDEPENDENT GUIDELINES WHEN SETTING COMPENSATION FOR THE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES, ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS EMBODIED IN IRS REGULATIONS COMPENSATION FOR ADVENTIST HEALTHCARE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF TRUSTEES IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND BENEFITS FOR COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE BALTIMORE-WASHINGTON REGION TO FURTHER ENSURE REASONABLENESS, BOTH COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN) OF THE MARKET</p>



Return Reference	Explanation
PART I, LINES 4A-B	<p>CERTAIN EMPLOYEES RECEIVED COMPENSATION FROM AN EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015. PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED OR SOONER BASED ON CERTAIN EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED. CONTRIBUTIONS ACCUMULATED IN 2016 WERE GENERALLY DISTRIBUTED ON JANUARY 1, 2018 AND CONTRIBUTIONS ACCUMULATED IN 2017 WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2019.</p> <p>AMOUNTS LISTED UNDER PART II, COLUMN F INCLUDE PAYOUT AMOUNTS WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE 457F PLAN IN OUR PRIOR YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN UNDER THE OTHER REPORTABLE INCOME, COLUMN B (III). THE FOLLOWING EMPLOYEES PARTICIPATED OR RECEIVED AN EARLY LUMP-SUM CASH PAYMENT ON THEIR 457F PLANS: JAMES ROST PARTICIPATED, MARTA BRITO PEREZ \$64,463 - EARLY LUMP-SUM, KEVIN YOUNG \$53,511 - EARLY LUMP-SUM. ALSO, IN 2018, A SEVERANCE PAYMENT WAS MADE TO KEVIN YOUNG \$140,055.</p>







Additional Data

Software ID:

Software Version:

EIN: 52-1532556

Name: ADVENTIST HEALTHCARE INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARISSA LESLIE MD BOARD MEMBER, MEDICAL DIRECTOR,BH&WS	(i)	312,162	7,789	366	11,610	11,013	342,940	0
	(ii)	0	0	0	0	0	0	0
ROSEMARIE MELENDEZRNBSCNEN BOARD,DIR ED & NURSING ADMIN, WAH	(i)	145,141	25,293	277	9,048	22,648	202,407	0
	(ii)	0	0	0	0	0	0	0
TERRY FORDE PRESIDENT & CEO,AHC, BOARD,SECRETARY	(i)	886,092	348,117	222,207	207,849	34,994	1,699,259	179,074
	(ii)	0	0	0	0	0	0	0
JAMES G LEE EVP & CFO, AHC	(i)	500,401	167,958	81,344	96,160	26,418	872,281	65,015
	(ii)	0	0	0	0	0	0	0
JOHN SACKETT EVP/COO, AHC, PRESIDENT,SGMC & BH&WS	(i)	547,186	182,406	121,590	124,728	46,133	1,022,043	92,269
	(ii)	0	0	0	0	0	0	0
ERIK WANGSNESS PRESIDENT, WAH	(i)	418,944	143,921	100,536	104,248	24,843	792,492	73,997
	(ii)	0	0	0	0	0	0	0
KEITH BALLENGER PRESIDENT, HOME HEALTH	(i)	195,145	60,300	34,394	48,100	21,809	359,748	22,803
	(ii)	0	0	0	0	0	0	0
BRENT REITZ PRESIDENT, ARHM	(i)	314,399	92,640	55,261	71,949	21,914	556,163	44,607
	(ii)	0	0	0	0	0	0	0
KENNETH B DESTEFANO SVP, GENERAL COUNSEL, AHC	(i)	396,659	132,150	74,050	84,192	17,727	704,778	35,315
	(ii)	0	0	0	0	0	0	0
EUNMEE SHIM SVP, AMB NETWORKS & CSO, AHC	(i)	348,373	213,369	62,982	75,075	29,614	729,413	52,361
	(ii)	0	0	0	0	0	0	0
MARTA BRITO PEREZ SVP,POP HEALTH/POST-ACUTE CARE SER	(i)	450,689	229,470	70,649	23,920	16,056	790,784	0
	(ii)	0	0	0	0	0	0	0
DANIEL L COCHRAN VP & CFO, SGMC	(i)	334,430	85,781	73,628	88,294	13,961	596,094	61,509
	(ii)	0	0	0	0	0	0	0
SUSAN L GLOVER SVP, SYSTEM QUALITY, AHC	(i)	310,610	104,068	53,754	75,609	35,362	579,403	43,939
	(ii)	0	0	0	0	0	0	0
JAMES ROST CMO, WAH	(i)	387,171	74,447	5,572	103,552	21,717	592,459	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	(i)	298,600	78,602	66,693	75,882	2,404	522,181	56,692
	(ii)	0	0	0	0	0	0	0
KEVIN YOUNG FORMER PRESIDENT, BH&WS	(i)	0	0	189,299	0	16,647	205,946	0
	(ii)	0	0	0	0	0	0	0



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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
ADVENTIST HEALTHCARE INC

Employer identification number  
52-1532556

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2011 A)	52-0936091	574218CH4	09-01-2011	57,508,761	SEE PART VI		X		X		X
B MHHEFA (2013)	52-0936091	NONEAVAIL	06-12-2013	15,623,500	SEE PART VI		X		X		X
C MHHEFA (2014 A)	52-0936091	NONEAVAIL	02-26-2014	25,000,000	SEE PART VI		X		X		X
D MHHEFA (2016)	52-0936091	574218T37	12-14-2016	407,014,392	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .			7,281,293		2,910,000			
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	57,508,761		15,623,500		25,000,000		410,173,009	
4	Gross proceeds in reserve funds . . . . .	5,899,337						22,502,583	
5	Capitalized interest from proceeds . . . . .							26,652,583	
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	909,734				168,000		3,840,061	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .					24,832,000		157,107,590	
11	Other spent proceeds . . . . .	53,581,715		15,623,500				125,559,463	
12	Other unspent proceeds . . . . .							74,510,729	
13	Year of substantial completion . . . . .	2005		1982		2014		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X			X	X		X	



Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X			X	X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X			X	X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	1 660 %				0 030 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .	1 660 %				0 030 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X	X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).



Return Reference	Explanation
PART I, II, & IV	<p>           BONDS 1-5 PART I BOND ISSUES BOND A COLUMN (A) ISSUER NAME MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) 2011A COLUMN (F) DESCRIPTION OF PURPOSE REFUNDING SERIES 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05 THE SERIES 2003B, 2004 AND 2005 WERE USED FOR CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SG, ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER, EQUIPMENT AT WAH, SG, ABH, AND SG NURSING AND REHABILITATION CENTER, REFINANCE A LINE OF CREDIT, FINANCE AND REFINANCE, A PORTION OF THE EXISTING FACILITIES OF ADVENTIST REHABILITATION HOSPITAL OF MARYLAND (ARHM), ACQUISITION OF LIFE SCIENCES LAND, CONSTRUCTION, RENOVATIONS, PARKING LOTS, FENCES, WALKWAYS, AND LANDSCAPING FOR THE INSTITUTION, ARHM, AND SG NURSING, EQUIPMENT FOR ARHM AND SG NURSING, PLANNING AND DESIGN COSTS RELATED TO SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM, BOND B COLUMN (A) ISSUER NAME MHHEFA 2013 COLUMN (F) DESCRIPTION OF PURPOSE REFUND OF 2003 A BONDS REFUND 1991 A FOR THE "1991 A-1 PROJECT" - PROJECTS FINANCED OR REFINANCED WITH THE PROCEEDS OF THE 1983 BONDS, INCLUDING CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT WAH, BOND C COLUMN (A) ISSUE NAME MHH EFA 2014A COLUMN (F) DESCRIPTION OF PURPOSE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) F/K/A SHADY GROVE ADVENTIST HOSPITAL - CAF AND KITCHEN SANITARY PIPING CHANGES, PIXUS EXPANSION, INTERIOR WAY/EXTERIOR WAY FINDING, SGMC BASED IT PROJECTS (GE VIEWPOINT, I-HEAL, AEROSCOUT), BUILD OUT OF EXISTING SHELL, RENOVATION IN PLACE OF EXISTING PHARMACY AND IV PREP ROOMS, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (AHC-WAH) F/K/A WASHINGTON ADVENTIST HOSPITAL - ULTRASOUND EQUIPMENT, AHC-WAH CERTIFICATE OF NEED EXPENSES, BOND D COLUMN (A) ISSUE NAME MHHEFA 2016 COLUMN (F) DESCRIPTION OF PURPOSE THE 2016 BONDS WERE ISSUED TO FINANCE THE CONSTRUCTION OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL THE HOSPITAL WAS COMPLETED IN 2019 AND OPENED ON 8/25/2019 THE HOSPITAL IS APPROXIMATELY 440,000 SQUARE FEET AND 8 LEVELS THE 2016 BONDS ALSO REFUNDED THE 2005 A AND 2011 B BONDS AND FUNDED THE TERMINATION FEE ASSOCIATED WITH THE 2005 A SWAP 2005 A - SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT - SHADY GROVE (SG) TOWER, RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT, POWER PLANT, ROAD AND ENTRANCEWAY, SIGNAGE AND PARKING, OTHER ROUTINE CAPITAL PROJECTS, 2011 B - REFUNDING OF 2004 A AND 2005 B FINANCE AND REFINANCE EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCE OR REFINANCE CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM, ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUI         </p>



Return Reference	Explanation
PART I, II, & IV	<p>PPING OF ARHM AND WAH, RENOVATION TO WAH AND SG BOND E COLUMN (A) ISSUE NAME MHHEFA 201 7  COLUMN (F) DESCRIPTION OF PURPOSE THE 2017 BOND WAS ISSUED TO FINANCE THE CONSTRUCTION OF A  CENTRAL UTILITY PLANT ON THE SITE OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL THE CENTRAL UTILITY  PLANT WILL PROVIDE CHILLED WATER, HEAT HOT WATER, PROVIDE DOMESTIC HOT WATER, EMERGENCY POWER  AND A 1-MEGAWATT COGENERATION UNIT FOR WAH WHITE OAK DURING AND AFTER THE CONSTRUCTION OF THE  NEW HOSPITAL PART II, PROCEEDS, COLUMN A 2011 A HAS A RESERVE FUND VALUED AT \$5,898,557 AS OF  12/31/18 THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUND OF THE 2003A BONDS WHICH WAS  COMBINED WITH THE 2011 A RESERVE FUND ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND  ISSUE PART IV, ARBITRAGE, COLUMN A THE ARBITRAGE CALCULATION DATE FOR THE 2011 A BONDS WAS  SEPTEMBER 2016 PART IV, ARBITRAGE, COLUMN B THE ARBITRAGE CALCULATION DATE FOR THE 2013 BONDS  WAS JUNE 2018 PART IV, ARBITRAGE, COLUMN C THE ARBITRAGE CALCULATION DATE FOR THE 2014A BONDS  WAS JULY 2018</p>



Additional Data

Software ID:  
Software Version:  
EIN: 52-1532556  
Name: ADVENTIST HEALTHCARE INC

Return Reference	Explanation
PART I, II, & IV	<p>BONDS 1-5 PART I BOND ISSUES BOND A COLUMN (A) ISSUER NAME MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) 2011A COLUMN (F) DESCRIPTION OF PURPOSE REFUNDING SERIES 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05 THE SERIES 2003B, 2004 AND 2005 WERE USED FOR CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SG, ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER, EQUIPMENT AT WAH, SG, ABH, AND SG NURSING AND REHABILITATION CENTER, REFINANCE A LINE OF CREDIT, FINANCE AND REFINANCE, A PORTION OF THE EXISTING FACILITIES OF ADVENTIST REHABILITATION HOSPITAL OF MARYLAND (ARHM), ACQUISITION OF LIFE SCIENCES LAND, CONSTRUCTION, RENOVATIONS, PARKING LOTS, FENCES, WALKWAYS, AND LANDSCAPING FOR THE INSTITUTION, ARHM, AND SG NURSING, EQUIPMENT FOR ARHM AND SG NURSING, PLANNING AND DESIGN COSTS RELATED TO SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM, BOND B COLUMN (A) ISSUER NAME MHHEFA 2013 COLUMN (F) DESCRIPTION OF PURPOSE REFUND OF 2003 A BONDS REFUND 1991 A FOR THE "1991 A-1 PROJECT" - PROJECTS FINANCED OR REFINANCED WITH THE PROCEEDS OF THE 1983 BONDS, INCLUDING CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT WAH, BOND C COLUMN (A) ISSUE NAME MHHEFA 2014A COLUMN (F) DESCRIPTION OF PURPOSE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) F/K/A SHADY GROVE ADVENTIST HOSPITAL - CAF AND KITCHEN SANITARY PIPING CHANGES, PIXUS EXPANSION, INTERIOR WAY/EXTERIOR WAY FINDING, SGMC BASED IT PROJECTS (GE VIEWPOINT, I-HEAL, AEROSCOUT), BUILD OUT OF EXISTING SHELL, RENOVATION IN PLACE OF EXISTING PHARMACY AND IV PREP ROOMS, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (AHC-WAH) F/K/A WASHINGTON ADVENTIST HOSPITAL - ULTRASOUND EQUIPMENT, AHC-WAH CERTIFICATE OF NEED EXPENSES, BOND D COLUMN (A) ISSUE NAME MHHEFA 2016 COLUMN (F) DESCRIPTION OF PURPOSE THE 2016 BONDS WERE ISSUED TO FINANCE THE CONSTRUCTION OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL THE HOSPITAL WAS COMPLETED IN 2019 AND OPENED ON 8/25/2019 THE HOSPITAL IS APPROXIMATELY 440,000 SQUARE FEET AND 8 LEVELS THE 2016 BONDS ALSO REFUNDED THE 2005 A AND 2011 B BONDS AND FUNDED THE TERMINATION FEE ASSOCIATED WITH THE 2005 A SWAP 2005 A - SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT - SHADY GROVE (SG) TOWER, RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT, POWER PLANT, ROAD AND ENTRANCEWAY, SIGNAGE AND PARKING, OTHER ROUTINE CAPITAL PROJECTS, 2011 B - REFUNDING OF 2004 A AND 2005 B FINANCE AND REFINANCE EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCE OR REFINANCE CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM, ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF ARHM AND WAH, RENOVATION TO WAH AND SG BOND E COLUMN (A) ISSUE NAME MHHEFA 2017 COLUMN (F) DESCRIPTION OF PURPOSE THE 2017 BOND WAS ISSUED TO FINANCE THE CONSTRUCTION OF A CENTRAL UTILITY PLANT ON THE SITE OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL THE CENTRAL UTILITY PLANT WILL PROVIDE CHILLED WATER, HEAT HOT WATER, PROVIDE DOMESTIC HOT WATER, EMERGENCY POWER AND A 1-MEGAWATT COGENERATION UNIT FOR WAH WHITE OAK DURING AND AFTER THE CONSTRUCTION OF THE NEW HOSPITAL PART II, PROCEEDS, COLUMN A 2011 A HAS A RESERVE FUND VALUED AT \$5,898,557 AS OF 12/31/18 THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUND OF THE 2003A BONDS WHICH WAS COMBINED WITH THE 2011 A RESERVE FUND ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE PART IV, ARBITRAGE, COLUMN A THE ARBITRAGE CALCULATION DATE FOR THE 2011 A BONDS WAS SEPTEMBER 2016 PART IV, ARBITRAGE, COLUMN B THE ARBITRAGE CALCULATION DATE FOR THE 2013 BONDS WAS JUNE 2018 PART IV, ARBITRAGE, COLUMN C THE ARBITRAGE CALCULATION DATE FOR THE 2014A BONDS WAS JULY 2018</p>



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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVENTIST HEALTHCARE INC

Employer identification number  
52-1532556

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2017)	52-0936091	NONEAVAIL	12-14-2017	40,000,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	40,556,607							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .	875,902							
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	308,809							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	12,085,487							
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .	27,286,409							
13	Year of substantial completion . . . . .	2019							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X							



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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Schedule L

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVENTIST HEALTHCARE INC

Employer identification number  
52-1532556

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?	
				Yes	No

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
Total						▶ \$						

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
(1) MARIJANE FORDE	WIFE OF TERRY FORDE	31,457	MARIJANE FORDE WAS EMPLOYED WITH ADVENTIST HEALTHCARE, INC DURING 2018 AND RECEIVED A SALARY OF \$31,457 MARIJANE'S HUSBAND IS TERRY FORDE, WHO IS THE PRESIDENT & CEO OF ADVENTIST HEALTHCARE, INC AND SECRETARY OF ADVENTIST HEALTHCARE, INC 'S BOARD		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493317049839
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No 1545-0047
			<b>2018</b>
Department of the Treasury			<b>Open to Public Inspection</b>
Name of the organization ADVENTIST HEALTHCARE INC	Employer identification number  52-1532556		



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED</p>	<p>IN ADDITION TO PROVIDING THE COMMUNITY WITH HIGHLY REGARDED ACUTE-CARE SERVICES, ADVENTIST HEALTHCARE ESTABLISHED THE FIRST BEHAVIORAL HEALTH UNIT IN MONTGOMERY COUNTY IN 1949, AND REMAINS ONE OF THE LEADING PROVIDERS OF MENTAL HEALTHCARE IN THE WASHINGTON, DC METROPOLITAN AREA. IT PROVIDES A WIDE-RANGING SPECTRUM OF SERVICES AND TREATMENT OPTIONS FOR CHILDREN, ADOLESCENTS, ADULTS AND SENIORS. SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS INCLUDING HOSPITAL-BASED PROGRAMS, SCHOOL PROGRAMS, OUTPATIENT SERVICES AND COMMUNITY-BASED SERVICES. OUR FACILITIES OFFER A HIGHLY-SKILLED, MULTIDISCIPLINARY TEAM OF PSYCHIATRISTS, SOCIAL WORKERS, CASE MANAGERS, PSYCHIATRIC NURSES, EXPRESSIVE THERAPISTS AND CHAPLAINS WHO PROVIDE COMPASSIONATE BEHAVIORAL HEALTH CARE. HERE IS A SNAPSHOT OF OUR ORGANIZATION IN 2018: &gt; 1 ACCOUNTABLE CARE ORGANIZATIONS, ONE HEALTH QUALITY ACO, LLC, &gt; 4 HOSPITALS, 2 ACUTE CARE, 1 ACUTE REHABILITATION, &amp; 1 SPECIALTY, &gt; 1,718 PHYSICIANS/MEDICAL STAFF MEMBERS, &gt; 6,711 EMPLOYEES (APPROXIMATE), &gt; 6,932 NEWBORNS, &gt; 7,782 SURGICAL ADMISSIONS, &gt; 13,258 OUTPATIENT SURGERIES, &gt; 23,602 MEDICAL ADMISSIONS, &gt; 58,035 HEALTH AND WELLNESS ENCOUNTERS, &gt; 91,170 VOLUNTEER HOURS, &gt; 120,786 HOME HEALTH VISITS, &gt; 124,587 EMERGENCY VISITS, &gt; 427,820 OUTPATIENT VISITS, &gt; 766,386 OVERALL ENCOUNTERS (APPROX), &gt; \$72,765,110 COMMUNITY BENEFIT (APPROX). 2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE. ADVENTIST HEALTHCARE JOINS WITH SEVERAL ORGANIZATIONS IN ORDER TO BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN, LOW-INCOME, UNINSURED, AND MINORITY POPULATIONS. ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES. ADVENTIST HEALTHCARE PARTNERS WITH LOCAL SAFETY NET CLINICS THAT OFFER PRIMARY CARE, OR A MEDICAL HOME, TO UNINSURED RESIDENTS OF MONTGOMERY COUNTY THROUGH THESE PARTNERSHIPS, ADVENTIST HEALTHCARE HELPS ENSURE THAT UNINSURED PATIENTS HAVE COORDINATED CARE BETWEEN THE CLINIC THAT SERVES AS THEIR MEDICAL HOME AND THE HOSPITAL WHERE THEY RECEIVE CARE AND EDUCATIONAL PROGRAMS. THE PARTNERSHIPS WE HAVE DEVELOPED WITH LOCAL SAFETY NET CLINICS, SUCH AS MERCY HEALTH CLINIC, COMMUNITY CLINIC, INC., MOBILE MEDICAL CARE, INC., AND MARY'S CENTER, IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS. ADVENTIST HEALTHCARE'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PROVIDING LAB WORK, X-RAY SERVICES AND FINANCIAL SUPPORT OF CLINICAL OPERATIONS TO SERVE THE UNINSURED OR UNDER-INSURED POPULATION OF MONTGOMERY COUNTY. THIS ALSO HELPS TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT UTILIZATION BY THIS PORTION OF THE POPULATION. THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN NEED. MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES. IN THE LONG BRANCH SECTION OF SILVER</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED</p>	<p>R SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED ENABLES REGULAR MEDICAL CARE, SUCH AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS. IN ADDITION TO PROVIDING SERVICES TO THOSE MOST IN NEED, ADVENTIST HEALTHCARE ALSO PROVIDES SPECIALIZED SERVICES SUCH AS THE SHADY GROVE MEDICAL CENTER FORENSIC MEDICAL UNIT. THIS UNIT, WHICH IS THE ONLY ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT AND ABUSE. SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITAL ARE ALSO ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN. FOR THE PAST 11 YEARS, THE ADVENTIST HEALTHCARE GERMANTOWN EMERGENCY CENTER IN GERMANTOWN, MARYLAND, HAS BROUGHT VITAL EMERGENCY SERVICES TO A FAST-GROWING COMMUNITY. THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES. SINCE IT HAS OPENED, THE CENTER HAS TREATED AN AVERAGE OF MORE THAN 25,000 EMERGENCY PATIENTS EACH YEAR. OUR GERMANTOWN SERVICES ALSO FEATURE THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER (LEGALLY KNOWN AS ADVENTIST CANCER CARE, LLC) AT GERMANTOWN ON SENECA MEADOWS PARKWAY. RADIATION ONCOLOGY IS AN INTEGRAL CONTRIBUTOR TO THE OVERALL CARE OF 60-65% OF PATIENTS WITH CANCER THROUGHOUT THEIR CONTINUUM OF CARE. EVALUATIONS OF PATIENTS' CONDITION ARE OFFERED AT LEAST WEEKLY, WITH HIGHLY TRAINED STAFF AVAILABLE 24/7. 3. PROMOTE HEALTH EQUITY AND WELLNESS. COMMUNITIES SERVED BY ADVENTIST HEALTHCARE THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL WELLBEING. TO REALIZE OUR VISION, THE CENTER FOR HEALTH EQUITY &amp; WELLNESS ENSURES THE DELIVERY OF POPULATION-BASED CARE AND PROMOTION OF HEALTH CARE EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. WE ACCOMPLISH OUR MISSION BY PARTNERING WITH COMMUNITY MEMBERS AND ORGANIZATIONS TO IMPLEMENT HEALTH EQUITY AND COMMUNITY WELLNESS APPROACHES THAT IMPROVE POPULATION HEALTH. IN 2017, WE PROVIDED MORE THAN 54,000 ENCOUNTERS IN THE PROMOTION OF COMMUNITY HEALTH AND WELLNESS. CENTER FOR HEALTH EQUITY AND WELLNESS - AREAS OF EXPERTISE INCLUDE &gt; CULTURAL COMPETENCE TRAINING FOR HEALTH PROFESSIONALS, &gt; COMMUNITY OUTREACH THROUGH HEALTH SCREENINGS AND EDUCATION, &gt; INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF, &gt; ORGANIZATIONAL HEALTH EQUITY ASSESSMENT AND STRATEGIC PLANNING, &gt; DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY HEALTH NEEDS ASSESSMENTS, &gt; COMMUNITY BENEFIT REPORTING, &gt; PROGRAM DEVELOPMENT AND RESEARCH. ALIGNING THESE AREAS ALLOWS ADVENTIST HEALTHCARE</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	E TO ENHANCE ITS POSITION IN THE REGION AND NATIONALLY AS THE LEADER IN PROVIDING POPULATI ON-BASED AND EQUITABLE CARE THROUGHOUT THE CARE CONTINUUM, FROM BIRTH TO DEATH, FROM INPAT IENT TO OUTPATIENT IN ADDITION, THE CENTER FOR HEALTH EQUITY & WELLNESS IS A CATALYST FOR CONNECTING OUR HOSPITALS, URGENT CARE SERVICES, HOME CARE, MEDICAID HEALTH PLAN, PHYSICIA N PRACTICES AND OTHER SERVICES TO ALL OUR COMMUNITIES OUR PROGRAMS ARE DESIGNED TO NOT ON LY PROMOTE ADVENTIST HEALTHCARE AS A HIGH-QUALITY, HEALTH CARE PROVIDER TO THOSE WE SERVE, BUT TO HELP ADVENTIST HEALTHCARE BECOME A PROVIDER OF CHOICE FOR RESIDENTS IN THE REGION THE CENTER FOR HEALTH EQUITY & WELLNESS BRINGS TOGETHER THE ADVENTIST HEALTHCARE CENTER O N HEALTH DISPARITIES AND THE ADVENTIST HEALTHCARE HEALTH AND WELLNESS DEPARTMENT THE CENT ER ON HEALTH DISPARITIES WAS ESTABLISHED IN 2007 TO HELP ACHIEVE HEALTH EQUITY IN THE COMM UNITIES SERVED BY ADVENTIST HEALTHCARE BY RAISING COMMUNITY AWARENESS, IMPROVING CAPACITY , AND DEVELOPING SOLUTIONS TO ELIMINATE LOCAL DISPARITIES IN HEALTH CARE, THE CENTER ON HE ALTH DISPARITIES HAS WORKED TO IMPROVE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR MINOR ITIES, WOMEN, AND PEOPLE WHO HAVE LANGUAGE BARRIERS OR OTHER COMMUNICATION NEEDS THE HEAL TH AND WELLNESS DEPARTMENT HAS LONG WORKED WITH AHC HEALTH PROGRAMS, SUCH AS CARDIOVASCULA R, DIABETES, CANCER, AND MATERNAL AND CHILD HEALTH, TO RAISE AWARENESS OF HEALTH ISSUES, T O SCREEN FOR VARIOUS CONDITIONS, AND TO OFFER EDUCATIONAL AND SUPPORT PROGRAMS TO COMMUNIT Y MEMBERS



990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2</p>	<p>THE CENTER FOR HEALTH EQUITY &amp; WELLNESS ACHIEVES ITS MISSION THROUGH THREE TEAMS 1) RESEARCH AND EDUCATION - DESIGNS AND CONDUCTS POPULATION-BASED RESEARCH ON COMMUNITY HEALTH DISPARITIES AND OUTCOMES, AND DEVELOPS EFFECTIVE STRATEGIES TO PROMOTE HEALTH EQUITY DEVELOPS AND DELIVERS CLASSES AND PROGRAMS TO EDUCATE PATIENTS, PROVIDERS AND INSTITUTIONS ON WAYS TO PROMOTE CULTURALLY COMPETENT PRACTICES AND ACHIEVE BETTER HEALTH OUTCOMES HOLDS HEALTH DISPARITIES CONFERENCES AND PRODUCES REPORTS ON HEALTH CARE EQUITY ANNUALLY TO TARGET QUALITY IMPROVEMENT EFFORTS &gt; MONITOR HEALTH CARE DISPARITIES AMONG ADVENTIST HEALTHCARE PATIENT POPULATIONS ANNUALLY TO INFORM RESEARCH AND PROGRAMS TO IMPROVE QUALITY, EXPAND ACCESS, AND DELIVER POPULATION-BASED CARE (E.G., PROJECT BEAT IT!), &gt; PLAN AND HOST ANNUAL CONFERENCE ON HEALTH CARE DISPARITIES AND BEST PRACTICES TO PROMOTE HEALTH EQUITY, &gt; DEVELOP AND DISSEMINATE ADVENTIST HEALTHCARE'S HEALTH EQUITY REPORT ANNUALLY TO INFORM STRATEGIES THAT MEET OUR MISSION &gt; CONDUCT CULTURAL COMPETENCY, DATA COLLECTION, AND OTHER TRAINING AND CONTINUING EDUCATION CLASSES FOR HEALTH PROFESSIONALS AT LEAST TWICE A YEAR &gt; CONDUCT QUALIFIED BILINGUAL STAFF TRAINING CLASSES 2-4 TIMES A YEAR &gt; PUBLISH QUARTERLY ARTICLES ON CURRENT NEWS AND RESEARCH ON HEALTH EQUITY FOR EMPLOYEE NEWSLETTERS &gt; SUBMIT RESEARCH TO PEER-REVIEWED JOURNALS FOR PUBLICATION AS APPLICABLE &gt; DEVELOP LOGIC MODELS WITH MEASURABLE OUTCOMES TO EVALUATE HEALTH PROMOTION AND EDUCATION PROGRAMS &gt; REPORT PROGRAM OUTCOMES MONTHLY AND WHEN APPLICABLE, STRATIFY BY RELEVANT CHARACTERISTICS TO ASSESS NEEDS OF AND OUTREACH TO DIFFERENT POPULATIONS 2) HEALTH PROGRAMS DELIVERY - COLLABORATES WITH ADVENTIST HEALTHCARE'S SERVICE LINES TO SUPPORT EXPANDED HOSPITAL CARE, MARKETING STRATEGIES, LOCAL AND STATE HEALTH DEPARTMENTS, AND PROVIDERS FOR THE UNDERSERVED AS WELL AS HEALTH EDUCATION ACTIVITIES FOR ALL POPULATIONS AREAS OF EXPERTISE INCLUDE CANCER, CARDIOVASCULAR AND DIABETES CARE, AS WELL AS SMOKING CESSATION AND MATERNAL/CHILD EDUCATION AND SUPPORT &gt; PROVIDE PRE- AND POST-NATAL EDUCATION AND SUPPORT TO NEW AND EXPECTANT PARENTS, &gt; COORDINATE CANCER OUTREACH BY PROVIDING COLORECTAL SCREENINGS AND BREAST CANCER SCREENINGS TO LOW-INCOME, UNINSURED WOMEN, WHEN APPROPRIATE, CASE MANAGE FROM DIAGNOSIS THROUGH TREATMENT AND BEYOND, &gt; PROMOTE CARDIOVASCULAR HEALTH THROUGH SCREENINGS AND EDUCATION ON PREVENTION AND LIFESTYLE CHANGES, &gt; DELIVER COMPREHENSIVE AND ACCREDITED DIABETES EDUCATION TO THE COMMUNITY, &gt; PROVIDE EDUCATION AND COMPREHENSIVE SUPPORT THROUGH OUR SMOKING CESSATION PROGRAM THAT INCLUDES BEDSIDE COUNSELING, INDIVIDUALIZED NICOTINE REPLACEMENT THERAPY AND FOLLOW-UP CALLS POST-DISCHARGE 3) COMMUNITY HEALTH AND OUTREACH - COLLABORATES WITH ADVENTIST HEALTHCARE'S HOSPITAL LEADERSHIP TO PROVIDE COMMUNITY OUTREACH AND HEALTH EDUCATION FOR SENIORS, ADULTS, TEENS AND FAMILIES, DEVELOPS AND IMPLEMENTS RECOMMENDATIONS FROM COMMUNITY HEALTH NEEDS ASSESSMENT</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2	O IMPROVE HEALTH OUTCOMES, PARTNERS WITH ACADEMIC INSTITUTIONS TO PROVIDE MEANINGFUL INTERNSHIP EXPERIENCES TO HELP RECRUIT AND DEVELOP FUTURE HEALTH CARE PROFESSIONALS, COORDINATES LANGUAGE ACCESS POLICIES, PROGRAMS AND SERVICES TO MEET THE COMMUNICATION NEEDS OF DEAF AND HARD-OF-HEARING PATIENTS AND PATIENTS WITH LIMITED ENGLISH PROFICIENCY, AND COORDINATES COMMUNITY DONATIONS AND SPONSORSHIPS THROUGH THE ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND > OVERSEE LANGUAGE ACCESS SERVICES FOR ADVENTIST HEALTHCARE (E G , QUALIFIED BILINGUAL STAFF, INTERPRETATION AND TRANSLATION VENDORS), > DEVELOP HOSPITAL AND ORGANIZATIONAL POLICIES AND PROCEDURES RELATED TO PROVISION OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE, AND TRAIN PROVIDERS/STAFF ACCORDINGLY, > RESEARCH, ANALYZE AND WRITE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAs) FOR EACH HOSPITAL AND FACILITATE THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF CORRESPONDING STRATEGIC PLANS, > PROVIDE HEALTH EDUCATION ON VARIOUS TOPICS INCLUDING NUTRITION, EXERCISE, MATERNAL/CHILD HEALTH, SAFETY, AND COLD/FLU PREVENTION, > CONDUCT CPR CLASSES (INFANT AND ADULT), BABYSITTING CLASSES AND SIBLING CLASSES, > PROVIDE TOBACCO CESSATION COUNSELING, > PROVIDE A VARIETY OF HEALTH SCREENINGS (E G , BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, ETC ), > COORDINATE FLU SHOT CLINICS IN A VARIETY OF COMMUNITY LOCATIONS, > ADMINISTER COMMUNITY PARTNERSHIP FUND DONATIONS, > BUILD RELATIONSHIPS WITH A WIDE RANGE OF COMMUNITY ORGANIZATIONS (E G , SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, LOW-INCOME HOUSING COMPLEXES, ETC )



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE GOVERNING BODY HAS DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE DURING SUCH TIMES WHEREBY IT IS IMPRACTICAL TO CONVENE THE FULL BOARD, AND WHEN IT IS NECESSARY TO CARRY OUT THE GOVERNANCE FUNCTIONS OF THE BOARD THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS OF THE BOARD IN THE MANAGEMENT AND DIRECTION OF THE AFFAIRS OF ADVENTIST HEALTHCARE, INC , PROVIDED SUCH ACTIONS ARE NOT IN CONFLICT WITH GENERAL POLICIES ENACTED BY THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE SHALL BE CHAIRED BY THE CHAIR OF THE BOARD OF TRUSTEES, AND SHALL CONSIST OF THE BOARD OFFICERS, A PHYSICIAN BOARD MEMBER, THE CHAIR OF THE FINANCE COMMITTEE, AND ANOTHER BOARD MEMBER DESIGNATED BY THE CHAIR OF THE BOARD OF TRUSTEES EXCEPT FOR EX-OFFICIO MEMBERS, ALL COMMITTEE MEMBERS SHALL BE APPOINTED BY THE CHAIR OF THE BOARD OF TRUSTEES AND SERVE FOR A TERM OF ONE YEAR AND/OR UNTIL THEIR SUCCESSORS ARE APPOINTED AND QUALIFIED



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MID-ATLANTIC ADVENTIST HEALTHCARE, INC IS THE SOLE MEMBER OF ADVENTIST HEALTHCARE, INC



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MID-ATLANTIC ADVENTIST HEALTHCARE, INC CAN ELECT MEMBERS OF THE BOARD



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS SUBJECT TO APPROVAL SEE BYLAWS, ARTICLE II, SECTION 2 RESERVED AUTHORITY AND RESPONSIBILITY THE FOLLOWING ACTIONS SHALL BE RESERVED TO THE MEMBERSHIP A THE ADOPTION, ALTERING, AMENDING OR REPLACING OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION, B THE LIQUIDATION, DISSOLUTION, WINDING UP, ABANDONMENT OF THE CORPORATION, C APPOINTMENT OF MEMBERS OF THE BOARD OF TRUSTEES FROM NOMINEES SUBMITTED BY THE BOARD OF TRUSTEES, D REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES E APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER ("CEO") OF THE CORPORATION, IN CONSULTATION WITH THE BOARD OF TRUSTEES ALL MEMBERS HAVE RIGHTS TO VOTE



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS REVIEWED IN DETAIL PRIOR TO FILING. VARIOUS SECTIONS WERE REVIEWED BY THE EXECUTIVE MANAGEMENT TEAM AND CERTAIN KEY SECTIONS BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. AN OVERALL REVIEW WAS CONDUCTED BY THE ORGANIZATION'S FINANCE DEPARTMENT WITH THE ORGANIZATION'S OUTSIDE TAX ADVISORS. PRIOR TO FILING, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THIS FORM 990 THROUGH EMAIL, WITH A LINK TO THE COMPANY'S INTRANET WEBSITE.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR THE PERCEPTION OR APPEARANCE OF A CONFLICT OF INTEREST, OCCURS WHEN A COVERED PERSON IS IN A POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR THAT EMPLOYEE, A RELATIVE, OR OTHER PERSON LIVING IN THE SAME HOUSEHOLD, AS A RESULT OF ADVENTIST HEALTHCARE'S BUSINESS ACTIVITIES A RELATIVE IS DEFINED AS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE RELATIONSHIP WITH THE COVERED PERSON IS SIMILAR TO THAT OF PERSONS WHO ARE RELATED BY BLOOD OR MARRIAGE NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST HOWEVER, IF A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST, THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE EMPLOYEE IS ASSIGNED THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE CORPORATE COMPLIANCE COMMITTEE FOR A FINAL DECISION COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY THE HUMAN RESOURCES DEPARTMENT, CORPORATE INTEGRITY DEPARTMENT AND THE LEGAL DEPARTMENT</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS A TAX EXEMPT ORGANIZATION, ADVENTIST HEALTHCARE, INC IS SUBJECT TO IRS RULES AND REGULATIONS THAT ENSURE THAT ANY ORGANIZATION THAT IS EXEMPT FROM TAX IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES, AND THAT NO INDIVIDUAL INAPPROPRIATELY BENEFITS FROM THE NET EARNINGS OF THE ORGANIZATION THE INTENT OF THIS PROVISION IS GENERALLY CONSTRUED TO GUARD AGAINST INDIVIDUALS BENEFITING AT THE ORGANIZATION'S EXPENSE BY, FOR EXAMPLE, RECEIVING COMPENSATION AND BENEFITS BEYOND AN AMOUNT WHICH IS FAIR AND REASONABLE (AN "EXCESS BENEFIT") &gt; TO ASSIST TAX-EXEMPT ORGANIZATIONS IN AVOIDING EXCESS BENEFIT TRANSACTIONS, THE IRS HAS ESTABLISHED GUIDELINES WHICH NEED BE FOLLOWED WHEN SETTING COMPENSATION FOR ITS OFFICERS AND DIRECTORS &gt; IRS GUIDELINES SET FORTH THAT A COMPENSATION ARRANGEMENT BETWEEN AN EXEMPT ORGANIZATION AND ITS OFFICER OR DIRECTOR SHALL BE PRESUMED TO BE REASONABLE IF THE FOLLOWING THREE CONDITIONS ARE SATISFIED 1 THE COMPENSATION ARRANGEMENT IS APPROVED BY THE ORGANIZATION'S GOVERNING BODY OR A COMMITTEE OF THE GOVERNING BODY COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT, 2 THE GOVERNING BODY, OR COMMITTEE THEREOF, OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION, AND 3 THE GOVERNING BODY OR COMMITTEE THEREOF ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION &gt; WHEN SETTING EXECUTIVE COMPENSATION, ADVENTIST HEALTHCARE, INC FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED IN IRS REGULATIONS &gt; EXECUTIVE COMPENSATION FOR ADVENTIST HEALTHCARE, INC IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE, INC 'S GOVERNING BOARD, &gt; IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT, AND &gt; TO FURTHER ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH PERCENTILE (OR MEDIAN) OF THE MARKET</p>



# 990 Schedule O, Supplemental Information

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



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR PROGRAM SERVICE EXPENSES 33,547,319 MANAGEMENT AND GENERAL EXPENSES 204,988 FUNDRAISING EXPENSES 2,621 TOTAL EXPENSES 33,754,928 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 42,507,619 MANAGEMENT AND GENERAL EXPENSES 2,104,862 FUNDRAISING EXPENSES 17,897 TOTAL EXPENSES 44,630,378 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 2,613,848 MANAGEMENT AND GENERAL EXPENSES 2,434,758 FUNDRAISING EXPENSES 138,828 TOTAL EXPENSES 5,187,434



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER UNRESTRICTED NET ASSETS ACTIVITY 2,381,388 OTHER RESTRICTED NET ASSETS ACTIVITY 10,995 DEFERRED COMPENSATION PLAN LIABILITY ADJUSTMENT 1,609,635 CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS AND CHARITABLE GIFT ANNUIT -68,785 NET ORGANIZATION TRANSFER -1,229,973



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As Filed Data -

DLN: 93493317049839

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVENTIST HEALTHCARE INC

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

52-1532556

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



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

(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	
<b>(1)</b> SHADY GROVE MEDICAL BUILDING LLC 1650 TYSONS BOULEVARD STE 820 MCLEAN, VA 22102 27-4599411	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	234,693	-2,373,573		No			No	50 000 %
<b>(2)</b> NEXUS MONTGOMERY REGIONAL PARTNERSHIP LLC 820 WEST DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878 81-5410250	HEALTHCARE & COMMUNITY SERVICE FOR IMPROVED HEALTH	MD	N/A	RELATED				No		Yes		25 000 %

**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
<b>(1)</b> PREMIER MEDICAL NETWORK INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1952469	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE INC	C	150	19,895	50 000 %		No



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

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

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 . . . . .

1a

No

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

1b

Yes

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

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

1j

No

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

1k

No

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

1l

Yes

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

1m

No

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

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

No

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

1s

No

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

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



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

[illegible]



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

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

Return Reference	Explanation



Additional Data

Software ID:  
Software Version:  
EIN: 52-1532556  
Name: ADVENTIST HEALTHCARE INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) ADVENTIST CANCER CARE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 26-2515407	OUTPATIENT CANCER CARE	MD	1,739,811	1,054,089	ADVENTIST HEALTHCARE INC
(1) ONE HEALTH QUALITY ALLIANCE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	INTEGRATED PHYSICIAN GROUP	MD	85,500	0	ADVENTIST HEALTHCARE INC
(2) ONE HEALTH QUALITY ACO LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 47-4070973	MEDICARE SHARED SAVINGS PLAN ACCOUNTABLE CARE ORGANIZATION	MD	0	0	ADVENTIST HEALTHCARE INC
(3) BLACKWELL PHYSICIANS LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	AMBULATORY SERVICES	MD	0	0	ADVENTIST HEALTHCARE INC
(4) BLACKWELL PARTNER LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	AMBULATORY SERVICES	MD	0	0	ADVENTIST HEALTHCARE INC
(5) BLACKWELL AMBULATORY SURGERY CENTER LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	AMBULATORY SERVICES	MD	0	0	ADVENTIST HEALTHCARE INC
(6) WHITE OAK TENANT LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	MANAGE REAL PROPERTY AT THE MEDICAL PAVILION OF WHITE OAK MEDICAL CENTER	MD	0	0	ADVENTIST HEALTHCARE INC
(7) AHC WHITE OAK MEMBER LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	MANAGE PARTICIPATION OF MEDICAL OFFICE BUILDING PARTNERSHIP	MD	0	0	ADVENTIST HEALTHCARE INC



**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
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 46-1577511	CLINIC - EMERGENCY CARE	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-0986808	HOME CARE SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-4600646	PHYSICIAN SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-1486678	REHABILITATION HOSPITAL	MD	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 30-0780513	REHABILITATION SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1884153	HOLDING COMPANY	MD	501(C)(3)	LINE 10	N/A		No
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-5479860	FUNDRAISING	MD	501(C)(3)	LINE 12A, I	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1255870	BEHAVIORAL CARE	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1216429	FUNDRAISING	MD	501(C)(3)	LINE 12A, I	N/A	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1692158	FUNDRAISING	MD	501(C)(3)	LINE 12A, I	ADVENTIST HEALTHCARE INC	Yes	



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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	128,718	COST
(1) WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	18,961	COST
(2) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	C	1,329,872	COST
(3) WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	C	1,604,232	COST
(4) ADVENTIST HOME HEALTH SERVICES INC	L	875,479	COST
(5) ADVENTIST PHYSICIAN SERVICES INC	L	159,573	COST
(6) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	L	1,417,193	COST
(7) ADVENTIST HEALTHCARE URGENT CARE CENTERS INC	L	150,497	COST
(8) REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC	L	338,708	COST
(9) ADVENTIST HOME HEALTH SERVICES INC	Q	798,216	COST
(10) ADVENTIST PHYSICIAN SERVICES INC	Q	123,200	COST
(11) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Q	2,679,522	COST