

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending	
B Check if applicable:	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. 600 City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419 F Name and address of principal officer: TERRY FORDE SAME AS C ABOVE
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	D Employer identification number 52-1532556 E Telephone number 301 315 3030 G Gross receipts \$ 900,555,250. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 1071
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.ADVENTISTHEALTHCARE.COM	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1983 M State of legal domicile: MD	

Part I Summary	
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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3	Number of voting members of the governing body (Part VI, line 1a) 3 14
4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6608
6	Total number of volunteers (estimate if necessary) 6 1578
7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,899,123.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b -147,720.
Revenue	
8	Contributions and grants (Part VIII, line 1h) Prior Year 2,071,159. Current Year 2,288,283.
9	Program service revenue (Part VIII, line 2g) 700,494,863. 716,700,609.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -12,959,364. 6,700,442.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -5,892,724. -2,513,960.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 683,713,934. 723,175,374.
Expenses	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,638,674. 1,472,070.
14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 346,549,137. 353,388,205.
16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 685,044.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 322,433,720. 336,459,222.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 670,621,531. 691,319,497.
19	Revenue less expenses. Subtract line 18 from line 12 13,092,403. 31,855,877.
Net Assets or Fund Balances	
20	Total assets (Part X, line 16) Beginning of Current Year 1,177,157,084. End of Year 1,211,155,214.
21	Total liabilities (Part X, line 26) 758,187,816. 809,152,087.
22	Net assets or fund balances. Subtract line 21 from line 20 418,969,268. 402,003,127.

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 JAMES G. LEE, EXEC. VICE PRESIDENT AND CFO Type or print name and title Date 11/14/2018
Paid Preparer Use Only	Print/Type preparer's name JULIUS C. GREEN, CPA Preparer's Signature Date 11/14/18 Check <input type="checkbox"/> if self-employed PTIN P00350393 Firm's name BAKER TILLY VIRCHOW KRAUSE LLP Firm's EIN 38-0859910 Firm's address 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103 Phone no. 215-972-0701

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 534,303,446. including grants of \$ 1,472,070.) (Revenue \$ 646,015,016.) 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.

4b (Code:) (Expenses \$ 31,045,154. including grants of \$ 0.) (Revenue \$ 40,078,569.) ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES: ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES (BH&WS), FORMERLY KNOWN AS ADVENTIST BEHAVIORAL HEALTH, IS A COMPREHENSIVE NETWORK OF MENTAL HEALTH FACILITIES PROVIDING CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES. WITH LOCATIONS IN MARYLAND'S MONTGOMERY AND WICOMICO COUNTIES, BH&WS OFFERS A BROAD RANGE OF SERVICES SUCH AS ACUTE CARE, SPECIAL AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, OUTPATIENT PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS, AND INTENSIVE OUTPATIENT SERVICES. CONTINUES ON SCHEDULE O.

4c (Code:) (Expenses \$ 36,053,808. including grants of \$ 0.) (Revenue \$ 28,683,119.) 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,

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 601,402,408.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] 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 - 301 315 3030
820 WEST DIAMOND AVE., SUITE 600, GAITHERSBURG, MD 20878-1419

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID E. WEIGLEY BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) SETH BARDU CHAIR OF AUDIT & FINANCE COMMITTEES	1.00	X						0.	0.	0.
(3) ROBERT T. VANDEMAN BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(4) JAMES BOYLE BOARD MEMBER	1.00	X						0.	0.	0.
(5) WALTER F. FENNELLS BOARD MEMBER	1.00	X						0.	0.	0.
(6) NANCY E. HARDWICK CHAIR, STRATEGIC PLANNING COMMITTEE	1.00	X						0.	0.	0.
(7) CHERYL KISUNZU BOARD MEMBER	1.00	X						0.	0.	0.
(8) DONALD MELNICK, M.D. BOARD MEMBER	1.00	X						0.	0.	0.
(9) RICK REMMERS BOARD MEMBER	1.00	X						0.	0.	0.
(10) DREWRY J. WHITE, M.D. CHAIR, QUALITY & PATIENT SAFETY CMTE	1.00	X						0.	0.	0.
(11) NICOLAS CACCIABEVE, M.D. BOARD MEMBER	1.00	X					3,000.	0.	0.	0.
(12) BRUCE C. ROBERTSON, PH.D. BOARD MEMBER (TERM ENDED 4/17)	1.00	X					0.	0.	0.	0.
(13) RENEE BATTLE-BROOKS, ESQ. CHAIR, GOVERNANCE EFF. (TERM END 4/17)	1.00	X					0.	0.	0.	0.
(14) AVIS E. BUCHANAN, ESQ. BOARD MEMBER (TERM ENDED 9/17)	1.00	X					0.	0.	0.	0.
(15) PATRICK J. HOGAN BOARD MEMBER (TERM ENDED 7/17)	1.00	X					0.	0.	0.	0.
(16) MARISSA LESLIE, MD BOARD MEMBER; MEDICAL DIRECTOR, BH&WS	1.00	X					276,559.	0.	21,865.	
(17) ROSEMARIE MELENDEZ BOARD; DIR ED & NURSING ADMIN, WAH	1.00	X					160,154.	0.	30,778.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES ROST, M.D. BOARD MEMBER (TERM ENDED 4/17)	1.00	X					0.	0.	0.	
(19) TERRY FORDE PRESIDENT & CEO, AHC; BOARD, SECRETARY	42.00 20.00	X		X			1,619,125.	0.	238,255.	
(20) JAMES G. LEE EVP & CFO, AHC	42.00 20.00			X			775,482.	0.	123,161.	
(21) JOHN SACKETT EVP/COO, AHC; PRESIDENT, SGMC & BH&WS	43.00 12.00			X			839,706.	0.	173,628.	
(22) ERIK WANGSNESS PRESIDENT, WAH	44.00 6.00			X			626,650.	0.	125,773.	
(23) KEITH BALLENGER PRESIDENT, HOME HEALTH	10.00 40.00				X		272,545.	0.	57,086.	
(24) JAMES DAMRON VP & CHIEF DEVELOPMENT OFFICER, AHC	10.00 35.00				X		368,984.	0.	29,282.	
(25) KENNETH B. DESTEFANO VP & GENERAL COUNSEL, AHC	50.00				X		531,346.	0.	90,592.	
(26) MAUREEN DYMOND VP, FINANCIAL OPERATIONS, AHC	50.00				X		293,486.	0.	67,196.	
1b Sub-total							5,767,037.	0.	957,616.	
c Total from continuation sheets to Part VII, Section A							7,115,665.	0.	1,071,370.	
d Total (add lines 1b and 1c)							12,882,702.	0.	2,028,986.	

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 419

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

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	51,254,832.
QUEST DIAGNOSTICS 14225 NEWBROOK DR, CHANTILLY, VA 19176-1303	CLINICAL LAB SERVICES	15,468,350.
CARETECH SOLUTIONS INC. P.O. BOX 674271, DETROIT, MI 48267-4271	IT SERVICES	14,795,185.
ATSITE, INC 2021 L STREET, NW, WASHINGTON, DC 20036	REAL ESTATE SERVICES	7,292,658.
CERNER CORPORATION P.O. BOX 412702, KANSAS CITY, MO 64141	IT/SOFTWARE SERVICES	4,680,413.

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 252

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	201,780.				
	d Related organizations	1d	1,176,495.				
	e Government grants (contributions)	1e	325,452.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	584,556.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			2,288,283.			
	Program Service Revenue	2 a ACUTE CARE	Business Code	900099	639,642,933.	639,642,933.	
b BEHAVIORAL HEALTH			900099	40,078,569.	40,078,569.		
c PHYSICIAN PRACTICE			900099	28,683,119.	28,683,119.		
d							
e							
f All other program service revenue			900099	8,295,988.	6,372,083.	1,923,905.	
g Total. Add lines 2a-2f				716,700,609.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,156,176.		5,156,176.	
	4 Income from investment of tax-exempt bond proceeds			45,753.		45,753.	
	5 Royalties						
	6 a Gross rents	(i) Real	3,851,946.				
		(ii) Personal					
		b Less: rental expenses	6,877,019.				
		c Rental income or (loss)	-3,025,073.				
	d Net rental income or (loss)			-3,025,073.		-24,782.	-3,000,291.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	171,626,169.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	168,205,751.	1,921,905.			
		c Gain or (loss)	3,420,418.	-1,921,905.			
	d Net gain or (loss)			1,498,513.			1,498,513.
	8 a Gross income from fundraising events (not including \$ 201,780. of contributions reported on line 1c). See Part IV, line 18	a	86,115.				
		b Less: direct expenses	168,415.				
c Net income or (loss) from fundraising events				-82,300.		-82,300.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	505,356.					
	b Less: cost of goods sold	206,786.					
	c Net income or (loss) from sales of inventory			298,570.		298,570.	
Miscellaneous Revenue		Business Code					
11 a PARKING REVENUE		621990	245,975.			245,975.	
	b VENDING REVENUE		621990	48,868.		48,868.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			294,843.				
12 Total revenue. See instructions.			723,175,374.	714,776,704.	1,899,123.	4,211,264.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,472,070.	1,472,070.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,415,492.		12,415,492.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	288,109,518.	258,921,882.	28,846,756.	340,880.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,818,211.	6,370,066.	434,126.	14,019.
9 Other employee benefits	26,895,230.	21,249,424.	5,589,350.	56,456.
10 Payroll taxes	19,149,754.	15,824,864.	3,300,339.	24,551.
11 Fees for services (non-employees):				
a Management	12,754,626.	11,200,429.	1,554,197.	
b Legal	1,250,813.		1,250,813.	
c Accounting	491,073.		491,073.	
d Lobbying	122,668.		122,668.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	841,194.		841,194.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	87,000,488.	78,506,842.	8,402,290.	91,356.
12 Advertising and promotion	2,256,233.	328,682.	1,926,196.	1,355.
13 Office expenses	8,161,983.	6,677,177.	1,444,775.	40,031.
14 Information technology	27,394,255.	20,545,692.	6,848,563.	
15 Royalties				
16 Occupancy	43,012,783.	37,845,386.	5,062,948.	104,449.
17 Travel	1,713,236.	1,107,761.	595,473.	10,002.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,276,440.	894,576.	379,919.	1,945.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,927,095.	34,927,095.		
23 Insurance	7,624,812.		7,624,812.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	99,623,931.	99,623,931.		
b COLLECTION FEES/LICENSE	3,877,794.	3,244,809.	632,985.	
c LOSS ON DISCONTINUED OP	2,661,722.	2,661,722.		
d RECRUITING	1,468,076.		1,468,076.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	691,319,497.	601,402,408.	89,232,045.	685,044.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	580,141.	1	629,008.
	2 Savings and temporary cash investments	112,287,043.	2	85,990,472.
	3 Pledges and grants receivable, net	1,586,928.	3	1,652,537.
	4 Accounts receivable, net	80,539,959.	4	83,351,652.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	11,999,266.	7	11,737,238.
	8 Inventories for sale or use	10,133,399.	8	9,316,870.
	9 Prepaid expenses and deferred charges	11,677,995.	9	12,451,578.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 967,782,303.		
	b Less: accumulated depreciation	10b 478,528,869.	400,295,252.	10c 489,253,434.
	11 Investments - publicly traded securities	459,465,847.	11	400,302,964.
	12 Investments - other securities. See Part IV, line 11	12,483,898.	12	57,989,396.
	13 Investments - program-related. See Part IV, line 11	60,076,654.	13	47,660,070.
	14 Intangible assets	7,931,133.	14	7,339,460.
	15 Other assets. See Part IV, line 11	8,099,569.	15	3,480,535.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,177,157,084.	16	1,211,155,214.	
Liabilities	17 Accounts payable and accrued expenses	111,373,341.	17	123,981,926.
	18 Grants payable		18	
	19 Deferred revenue	228,959.	19	
	20 Tax-exempt bond liabilities	523,154,359.	20	555,220,782.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	65,790,975.	23	56,678,310.
	24 Unsecured notes and loans payable to unrelated third parties	32,922.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	57,607,260.	25	73,271,069.
	26 Total liabilities. Add lines 17 through 25	758,187,816.	26	809,152,087.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	417,839,116.	27	400,573,179.
	28 Temporarily restricted net assets	1,130,152.	28	1,429,948.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	418,969,268.	33	402,003,127.	
34 Total liabilities and net assets/fund balances	1,177,157,084.	34	1,211,155,214.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	723,175,374.
2	Total expenses (must equal Part IX, column (A), line 25)	2	691,319,497.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,855,877.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	418,969,268.
5	Net unrealized gains (losses) on investments	5	2,717,179.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-51,539,197.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	402,003,127.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

Form 990 (2017)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,131,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 325,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 472,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 51,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 40,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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 organization ADVENTIST HEALTHCARE, INC.	Employer identification number 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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		122,668.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			122,668.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

IN 2017, 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

Part IV Supplemental Information *(continued)*

REGARDING ISSUES AROUND ACCESS TO CARE, PUBLIC HEALTH, HEALTH INSURANCE

COVERAGE, AND MENTAL HEALTH POLICY. AT THE FEDERAL LEVEL, ADVENTIST

HEALTHCARE WORKED WITH LEGISLATORS ON ISSUES RELATED TO MEDICARE AND

MEDICAID COVERAGE, FEDERAL HEALTH REFORM, MENTAL HEALTH POLICY,

HEALTHCARE REIMBURSEMENT AND ACCESS TO CARE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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)?

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

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

Schedule D (Form 990) 2017

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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.	8,175,259.		24,545,608.
b Buildings		385,440,743.	236,220,005.	149,220,738.
c Leasehold improvements		38,648,037.	22,413,560.	16,234,477.
d Equipment		324,761,519.	190,267,966.	134,493,553.
e Other		194,386,396.	29,627,338.	164,759,058.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				489,253,434.

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. (Col. (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. (Col. (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	
(2) INTEREST RATE SWAPS LIABILITY	1,145,303.
(3) DEFERRED COMPENSATION	6,604,041.
(4) PROFESSIONAL LIABILITY INS: SE	14,262,545.
(5) OTHER LONG TERM LIABILITIES	40,034,131.
(6) CONSTRUCTION PAYABLE	11,225,049.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	73,271,069.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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 2017 OR 2016.

THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED
 TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		BLACK TIE GALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	287,895.			287,895.
	2 Less: Contributions	201,780.			201,780.
	3 Gross income (line 1 minus line 2)	86,115.			86,115.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,035.			3,035.
	6 Rent/facility costs	17,412.			17,412.
	7 Food and beverages	87,238.			87,238.
	8 Entertainment				
	9 Other direct expenses	60,730.			60,730.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				168,415.
11 Net income summary. Subtract line 10 from line 3, column (d)				-82,300.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization ADVENTIST HEALTHCARE, INC.	Employer identification number 52-1532556
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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	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<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 <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<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 _____ 600 %			
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	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
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	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			8,635,400.		8,635,400.	1.25%
b Medicaid (from Worksheet 3, column a)			14,808,579.	12,516,172.	2,292,407.	.33%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			23,443,979.	12,516,172.	10,927,807.	1.58%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,208,616.	117,408.	13,091,208.	1.89%
f Health professions education (from Worksheet 5)			2,558,472.	70,724.	2,487,748.	.36%
g Subsidized health services (from Worksheet 6)			34,805,855.	286,343.	34,519,512.	4.99%
h Research (from Worksheet 7)			1,889,778.	236,814.	1,652,964.	.24%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,245,106.		1,245,106.	.18%
j Total. Other Benefits			53,707,827.	711,289.	52,996,538.	7.66%
k Total. Add lines 7d and 7j			77,151,806.	13,227,461.	63,924,345.	9.24%

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
1 Physical improvements and housing			85,739.		85,739.	.01%
2 Economic development						
3 Community support			360,223.		360,223.	.05%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			182,451.		182,451.	.03%
7 Community health improvement advocacy			1,808,538.		1,808,538.	.26%
8 Workforce development			61,259.		61,259.	.01%
9 Other						
10 Total			2,498,210.		2,498,210.	.36%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 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		
4 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

5 Enter total revenue received from Medicare (including DSH and IME)	5	224,269,816.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	205,895,828.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	18,373,988.
8 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

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
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	9b	X	

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 %
1 MID-ATLANTIC PRIMARY CARE ACO, LLC	MEDICARE SHARED SAVINGS PLAN ACO	25.00%		75.00%
2 PREMIER MEDICAL NETWORK, INC.	PHYSICIAN HOSPITAL ORGANIZATION	50.00%		50.00%

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)

Name of hospital facility or letter of facility reporting group SHADY GROVE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SHADY GROVE MEDICAL CENTER

		Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
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 status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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):			
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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SHADY GROVE MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	x	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?		x
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	x	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group SHADY GROVE MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.	23	x
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	x

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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)

Name of hospital facility or letter of facility reporting group WASHINGTON ADVENTIST HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group WASHINGTON ADVENTIST HOSPITAL

		Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
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 status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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):			
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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group WASHINGTON ADVENTIST HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	x	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?		x
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	x	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group WASHINGTON ADVENTIST HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.		X
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.		X

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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)

Name of hospital facility or letter of facility reporting group ADVENTIST REHABILITATION HOSPITAL OF MAR

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ADVENTIST REHABILITATION HOSPITAL OF MAR

		Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
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 status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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):			
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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
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)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group ADVENTIST REHABILITATION HOSPITAL OF MAR

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	x	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?		x
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	x	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ADVENTIST REHABILITATION HOSPITAL OF MAR

	Yes	No
<p>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.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> 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</p> <p>c <input checked="" type="checkbox"/> 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	x
<p>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?</p> <p>If "Yes," explain in Section C.</p>	24	x

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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)

Name of hospital facility or letter of facility reporting group BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

		Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
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 status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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):			
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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
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)		

Schedule H (Form 990) 2017

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	x	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?		x
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	x	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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?	23	x
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?	24	x
If "Yes," explain in Section C.		

Schedule H (Form 990) 2017

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

SHADY GROVE MEDICAL CENTER:

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: SHADY GROVE MEDICAL CENTER, 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.

SGMC CONTRIBUTES \$25,000 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, SGMC UTILIZED THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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 SGMC, 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 SGMC. 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 VIETNAMESE); 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 SECTION IV, PART A: PRIMARY DATA FINDINGS.

(3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD: THE CENTER FOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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;

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

- > 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 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.

WASHINGTON ADVENTIST HOSPITAL:

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: WASHINGTON ADVENTIST HOSPITAL, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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. WAH CONTRIBUTES \$25,000 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, 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 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 WAH, AS DESCRIBED IN THE PREVIOUS SECTION.

(2) DIRECT INPUT FROM THE COMMUNITY: FROM JUNE-NOVEMBER OF 2015, A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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 WAH. 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 VIETNAMESE); 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 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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
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 > JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER;
 > KATHERINE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST
 HEALTHCARE;
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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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HUMAN SERVICES;

> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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, REHAB 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 REHAB, 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

POPULATIONS, 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 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 VIETNAMESE); 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 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.

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AT WHICH TIME THEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT

WAS PRESENTED FOR INPUT. > MAY 2016: A DETAILED PRESENTATION WAS

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Part V Facility Information (continued)

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BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST

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Part V Facility Information (continued)

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Part V Facility Information (continued)

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> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE,

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> SONIA MORA, MPH, PROGRAM MANAGER, LATINO HEALTH INITIATIVE;

> STEPHEN B. THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY;

> SUSAN GLOVER, SR. VP QUALITY, ADVENTIST HEALTHCARE;

Part V Facility Information (continued)

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> UMA AHLUWALIA, DIRECTOR, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND

HUMAN SERVICES;

> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM.

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:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3949/2017-CHNA-SGMC.PD](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3949/2017-CHNA-SGMC.PD)

,OR,

WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#SHADY

[-GROVE-MEDICAL-CENTER,.VBHS38JDX8Q](#)

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4202/2017-CHNA-SGMC-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4202/2017-CHNA-SGMC-IMPLEMENTATIONSTRATEGY.PDF)

[IMPLEMENTATIONSTRATEGY.PDF](#)

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 Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PART V, SECTION B, LINE 7A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3950/2017-CHNA-WAH.PDF](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3950/2017-CHNA-WAH.PDF)

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT)

[/#WASHINGTON-ADVENTIST-HOSPITAL,.VBHS38JDX8Q](#)

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4203/2017-CHNA-WAH-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4203/2017-CHNA-WAH-IMPLEMENTATIONSTRATEGY.PDF)

[IMPLEMENTATIONSTRATEGY.PDF](#)

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE

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PART V, SECTION B, LINE 7A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3951/2017-CHNA-PHR.PDF](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3951/2017-CHNA-PHR.PDF)

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT)

[/#OTHER-ENTITIES](#)

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4201/2017-CHNA-PHR-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4201/2017-CHNA-PHR-IMPLEMENTATIONSTRATEGY.PDF)

[IMPLEMENTATIONSTRATEGY.PDF](#)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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 20878

PART 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-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3952/2017-)

CHNA-BHWS.PDF

,OR,

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT)

/#OTHER-ENTITIES

PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS

URL: WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/4200/2017-CHNA-BHWS-

IMPLEMENTATIONSTRATEGY.PDF

SHADY GROVE MEDICAL CENTER:

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.

SGMC 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

DIABETES.

STRATEGIES FOR THIS INITIATIVE INCLUDE:

> 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 SGMC;

> OFFERING A FREE 1-HOUR DIABETES SPECIFIC NUTRITION AND COOKING CLASS.

> 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.

> PROVIDING FREE CONDENSED DIABETES SELF-MANAGEMENT EDUCATION CLASSES FOR

UNINSURED/UNDERINSURED COMMUNITY MEMBERS CALLED LIVING WELL WITH DIABETES.

> 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 SGMC:

WHILE SHADY GROVE MEDICAL CENTER (SGMC) 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.

> CANCER: CANCER OVERALL: SGMC'S CANCER OUTREACH TEAM WORKS WITH

COMMUNITY ORGANIZATIONS SUCH AS HOUSING UNITS, COMMUNITY CENTERS, AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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, LOOK GOOD FEEL BETTER, AND FITNESS AND MEDITATION CLASSES.;

BREAST: THROUGH SGMC'S BREAST CANCER SCREENING PROGRAM, HUNDREDS OF

LOW-INCOME, UNINSURED/UNDERINSURED WOMEN RECEIVE FREE BREAST CANCER

SCREENING SERVICES ANNUALLY.; COLORECTAL: THROUGH A PARTNERSHIP WITH THE

MONTGOMERY COUNTY CANCER CRUSADE, SGMC PROVIDES CONTRACT MANAGEMENT AND

REFERRAL SERVICES TO INCREASE ACCESS TO FREE COLORECTAL CANCER SCREENINGS

FOR LOW INCOME, UNINSURED/UNDERINSURED INDIVIDUALS 50 YEARS AND OVER.

> MATERNAL & 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: 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.

> CARDIOVASCULAR OUTREACH: SGMC PROVIDES 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PRESSURE, BODY MASS INDEX, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO.

> 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.

> 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

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:

> HEALTH AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

> PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

DISADVANTAGES THAT AFFECT HEALTH;

> 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:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY SGMC AND THE RATIONALE: SGMC 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.

> BEHAVIORAL HEALTH: SGMC DOES NOT DIRECTLY ADDRESS BEHAVIORAL HEALTH DUE

TO A LACK OF EXPERTISE AND RESOURCES. BEHAVIORAL HEALTH IS BEING ADDRESSED

BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING ADVENTIST HEALTHCARE

BEHAVIORAL HEALTH AND WELLNESS SERVICES, A SPECIALTY CARE HOSPITAL WHICH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

IS PART OF THE ADVENTIST HEALTHCARE SYSTEM. SGMC ALSO PARTICIPATES 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 CARE COALITION. THE AIM OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE, INCLUDING THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS.

> ASTHMA: SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO ASTHMA DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

> HIV: SGMC 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 HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

> SOCIAL DETERMINANTS OF HEALTH (HOUSING & 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 ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE SGMC'S CHNA & IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://www.adventisthealthcare.com/about/community/health-needs-assessment)

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2016, AN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON INCREASING KNOWLEDGE OF
AND ACCESS TO SKILLS AND RESOURCES AROUND NUTRITION AND PHYSICAL ACTIVITY
TO BETTER PREVENT AND MANAGE CHRONIC DISEASE.

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IMPLEMENTED
STRATEGIES TO ADDRESS CHRONIC DISEASE PREVENTION AND MANAGEMENT.

STRATEGIES FOR THIS INITIATIVE INCLUDE:

> 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 UNCONTROLLED 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 > 7) BY
DECEMBER 2019. FOR EACH PARTICIPANT, THERE WILL BE 3 MONTHS OF ACTIVE
INTERVENTION FOLLOWED BY 9 MONTHS OF MAINTENANCE. DURING THE ACTIVE
INTERVENTION, COMMUNITY HEALTH WORKERS (CHWS) WORK WITH PARTICIPANTS TO
DEVELOP A TAILORED FOOD ACCESS AND HEALTHY LIVING PLAN, ASSESS ELIGIBILITY
FOR ASSISTANCE PROGRAMS SUCH AS SNAP AND WIC, ENROLL INTERESTED
PARTICIPANTS IN MANNA'S NUTRITION EDUCATION PROGRAM, AND PROVIDE REFERRALS
TO PCPS IF PARTICIPANTS DO NOT ALREADY HAVE ONE. PARTICIPANTS ALSO RECEIVE
WEEKLY FOOD DELIVERIES FROM HUNGRY HARVEST AND MANNA FOR THREE MONTHS. AT
12 MONTHS, CHWS REACH OUT ONCE AGAIN TO PROVIDE ADDITIONAL SUPPORT AND
FOLLOW-UP.

> 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PROGRAMS OR CONNECTIONS TO LOCAL FOOD BANKS.

> 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.

> PROVIDING FREE CONDENSED DIABETES SELF-MANAGEMENT EDUCATION CLASSES FOR UNINSURED/UNDERINSURED COMMUNITY MEMBERS CALLED LIVING WELL WITH DIABETES. ADDITIONAL AREAS OF NEED ADDRESSED BY WAH:

WHILE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IDENTIFIED OBESITY 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.

> CANCER: CANCER OVERALL: WAH'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. LOOK GOOD FEEL BETTER IS ALSO OFFERED AT WAH.; BREAST: THROUGH WAH'S BREAST CANCER SCREENING PROGRAM, HUNDREDS OF LOW INCOME, UNINSURED/UNDERINSURED WOMEN RECEIVE FREE BREAST CANCER SCREENING SERVICES ANNUALLY.; COLORECTAL: THROUGH A PARTNERSHIP WITH THE MONTGOMERY COUNTY CANCER CRUSADE, WAH PROVIDES CONTRACT MANAGEMENT AND REFERRAL SERVICES TO INCREASE ACCESS TO FREE COLORECTAL CANCER SCREENINGS FOR LOW INCOME, UNINSURED/UNDERINSURED INDIVIDUALS 50 YEARS AND OVER.

> MATERNAL & CHILD HEALTH: WAH OFFERS FREE SUPPORT GROUPS AND RESOURCES FOR PARENTS AND FAMILIES. HECHO DE PECHO: MONTHLY GROUP PROVIDING SUPPORT AND EDUCATION FOR BREASTFEEDING MOMS AND THEIR BABIES. MOTHERS ARE ABLE TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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 INFORMATION, 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

DAYS A YEAR.

> CARDIOVASCULAR: WAH PROVIDES 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.

> FLU: WAH PROVIDES BOTH EDUCATION AND CLINICS IN THE COMMUNITY DURING FLU

SEASON. FLU CLINICS: WAH PROVIDES FREE AND 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: WAH ALSO PROVIDES HEALTH EDUCATION ON COLD AND FLU PREVENTION TO

COMMUNITY MEMBERS AT MANY OF THE LOCATIONS LISTED ABOVE.

> DIABETES & OBESITY: IN ADDITION TO THE INITIATIVES DESCRIBED IN THE

IMPLEMENTATION STRATEGY ABOVE, WAH PROVIDES OUTREACH, EDUCATION, AND

SCREENINGS AROUND DIABETES, OBESITY, ACTIVE LIVING, AND HEALTHY EATING.;

SCREENINGS AND EDUCATION: SCREENINGS, EDUCATION, AND LECTURES ARE PROVIDED

IN THE COMMUNITY. SCREENINGS INCLUDE BMI, BODY FAT PERCENTAGE, AND WAIST

TO HIP RATIO.; ZUMBA CLASSES: FREE ZUMBA CLASSES ARE OFFERED OUTDOORS IN

THE COMMUNITY.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

IN ADDITION TO THE ACTION ITEMS LISTED ABOVE, WAH 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:

> HEALTH AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

> PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH;

> 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:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE 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

PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS

IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT.

> BEHAVIORAL HEALTH: WAH DOES NOT DIRECTLY ADDRESS BEHAVIORAL HEALTH DUE

TO A LACK OF RESOURCES. BEHAVIORAL HEALTH IS BEING ADDRESSED BY OTHER

ORGANIZATIONS 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 PARTICIPATES 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 CARE COALITION. THE AIM OF THE PARTNERSHIP IS TO IMPROVE THE

HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE, INCLUDING

THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS.;

> ASTHMA: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND

EDUCATIONAL PROGRAMS SPECIFIC TO ASTHMA DUE TO LIMITED FINANCIAL

RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER

PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.;

> 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 HIGHER PRIORITY

DURING THE CHNA PRIORITIZATION PROCESS.;

> SOCIAL DETERMINANTS OF HEALTH (HOUSING & EDUCATION): WAH DOES NOT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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 ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT

LOCALLY AVAILABLE RESOURCES PLEASE SEE WASHINGTON ADVENTIST HOSPITAL'S

CHNA AND IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://www.adventisthealthcare.com/about/community/health-needs-assessment)

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2016, AN

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON CONCUSSION CARE.

ADVENTIST HEALTHCARE REHABILITATION HAS IMPLEMENTED AN INITIATIVE TO

INCREASE AWARENESS OF, AND EDUCATION AROUND, CONCUSSION FOR STUDENT

ATHLETES.

ADVENTIST HEALTHCARE REHABILITATION HAS PARTNERED WITH MONTGOMERY COUNTY

PUBLIC SCHOOLS TO PROVIDE BASELINE CONCUSSION TESTING AND ATHLETIC

TRAINERS IN 13 OF 25 HIGH SCHOOLS. 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 RESULTS FROM THESE TESTS CAN BE USED IN COMPARISON WITH

SIMILAR POST-INJURY TESTS. ADVENTIST HEALTHCARE REHABILITATION USES IMPACT

(IMMEDIATE POST-CONCUSSION ASSESSMENT COGNITIVE TEST), A WEB-BASED,

COMPUTERIZED TOOL USED TO MEASURE MEMORY, PROCESSING SPEED, REACTION TIME,

ATTENTION SPAN AND PROBLEM-SOLVING SKILLS. IN ADDITION TO THE BASELINE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

TESTING, ADVENTIST HEALTHCARE REHABILITATION HAS IMPLEMENTED AN ATHLETIC

TRAINER PROGRAM AT EACH OF THE 13 SCHOOLS. 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

PREVENTION AND MANAGEMENT. SPECIFIC PROGRAM ACTIVITIES INCLUDE:

> 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;

> IMPLEMENTING IMPACT BASELINE TESTING FOR STUDENT ATHLETES IN 13

MONTGOMERY COUNTY HIGH SCHOOLS (WITH EACH STUDENT BASELINE TESTED EVERY 2

YEARS);

> MAINTAINING AND MAKING AVAILABLE BASELINE TEST RESULTS TO STUDENTS,

PARENTS, AND STUDENTS' HEALTH CARE PROVIDERS AT NO COST;

> PROVIDING RETESTS FOLLOWING A CONCUSSION AT NO COST;

> PROVIDING FOLLOW-UP TESTING AND ANALYSIS FOR STUDENTS AS NEEDED AT A

REASONABLE RATE;

> TRAINING AND PLACING FULL-TIME ATHLETIC TRAINERS IN 13 MONTGOMERY COUNTY

HIGH SCHOOLS;

> TRAINERS ATTEND ALL 'HOME' ATHLETIC EVENTS AS WELL AS 'AWAY' VARSITY

FOOTBALL GAMES;

> TRAINERS PERFORM FUNCTIONS WITHIN THE SIX DOMAINS OF ATHLETIC TRAINERS

AS ESTABLISHED BY THE NATIONAL ATHLETIC TRAINERS ASSOCIATION: PREVENTION;

CLINICAL EVALUATION AND DIAGNOSIS; IMMEDIATE CARE; TREATMENT,

REHABILITATION, AND RECONDITIONING; ORGANIZATION AND ADMINISTRATION; AND

PROFESSIONAL RESPONSIBILITIES.;

> IN ADDITION, TRAINERS ASSIST IN IMPLEMENTING SCHOOL AND SYSTEM WIDE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

RESPONSIBILITIES RELATED TO THE HEALTH AND SAFETY OF STUDENT ATHLETES.;

> PROVIDING AMERICAN HEART ASSOCIATION CPR/AED RECERTIFICATION FOR

ATHLETIC STAFF AT 13 MONTGOMERY COUNTY HIGH SCHOOLS.

OTHER AREAS OF NEED ADDRESSED BY ADVENTIST HEALTHCARE REHABILITATION

WHILE ADVENTIST HEALTHCARE REHABILITATION HAS IDENTIFIED CONCUSSION CARE

AND PREVENTION 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, AND FINANCIAL

CONTRIBUTIONS.

> TRAUMATIC BRAIN INJURY: IN ADDITION TO THE ACTIVITIES DESCRIBED IN THE

IMPLEMENTATION STRATEGY ABOVE, ADVENTIST HEALTHCARE REHABILITATION

PROVIDES ADDITIONAL SUPPORT IN THE COMMUNITY AROUND TRAUMATIC BRAIN

INJURY.; BRAIN INJURY SUPPORT GROUP: FOR THOSE WITH BOTH TRAUMATIC AND

NON-TRAUMATIC BRAIN INJURIES, THIS GROUP PROVIDES SUPPORT AND EDUCATION AS

WELL AS GUIDANCE AROUND AVAILABLE COMMUNITY RESOURCES. PARTICIPANTS 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 GROUP IS OFFERED IN SPANISH.

> TRAUMATIC BRAIN INJURY, STROKE, & NEUROLOGY: ADVENTIST HEALTHCARE

REHABILITATION ALSO OFFERS PROGRAMS TO SUPPORT INDIVIDUALS WITH COGNITIVE

AND SPEECH-LANGUAGE NEEDS.; COGNITIVE GAME NIGHT: LED BY A

SPEECH-LANGUAGE PATHOLOGIST, GAME NIGHTS PROVIDE A FUN ENVIRONMENT FOR

COGNITIVE STIMULATING GAMES. EDUCATION AND DISCUSSION ARE ALSO PROVIDED

AROUND COGNITIVE STRATEGIES AS WELL AS METHODS FOR CONTINUING COGNITIVE

REHABILITATION AT HOME.; COMMUNITY APHASIA GROUP: LED BY A

SPEECH-LANGUAGE PATHOLOGIST, THIS GROUP PROVIDES OPPORTUNITIES FOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

INDIVIDUALS TO WORK ON SUCCESSFUL COMMUNICATION AND SOCIAL INTERACTION IN

A SUPPORTIVE, POSITIVE, AND SMALL GROUP SETTING.

> AMPUTEE: AMPUTEE SUPPORT GROUP: 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 EXPERIENCES.

MANY TOPICS ARE DISCUSSED INCLUDING PROSTHETIC DEVELOPMENT, THERAPEUTIC

DEVICES AND TRAINING AS WELL AS EMOTIONAL COUNSELING AND SUPPORT.

IN ADDITION TO THE ACTION ITEMS LISTED ABOVE, ADVENTIST HEALTHCARE

REHABILITATION 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:

> HEALTH AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

> PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH;

> 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:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE PHYSICAL

HEALTH AND 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.

> 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.;

> CARDIOVASCULAR HEALTH, CANCER, OBESITY, AND DIABETES: ADVENTIST

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

ORGANIZATIONS IN THE COMMUNITY INCLUDING WASHINGTON ADVENTIST HOSPITAL AND

SHADY GROVE MEDICAL CENTER, BOTH OF WHICH ARE PART OF THE ADVENTIST

HEALTHCARE SYSTEM.;

> 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:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT](http://www.adventisthealthcare.com/about/community/health-needs-assessment)

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

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:

> PROVIDING SUPPORT AND EDUCATION AROUND MENTAL HEALTH AND SUBSTANCE ABUSE

FOR COMMUNITY MEMBERS (ADOLESCENTS AND ADULTS): ADVENTIST HEALTHCARE

BEHAVIORAL HEALTH & 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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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 RATIONALE:

BH&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.

> SUICIDE, DUAL-DIAGNOSIS, DEMENTIA/ALZHEIMER'S, DOMESTIC VIOLENCE,

TOBACCO, AND SOCIAL DETERMINANTS (EDUCATION, HOUSING, FOOD ACCESS): BH&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&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:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

> HEALTH AND WELLNESS: SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND

PREVENTION AND WELLNESS PROGRAMS;

> PARTNERSHIPS: LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC

DISADVANTAGES THAT AFFECT HEALTH;

> 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:

> ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR

HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS;

> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE

AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY

UNDERSERVED;

> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED

MISSION;

> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED.

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:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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:

[HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/](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

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/](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

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/](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

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)
1 ADVENTIST HOME HEALTH SERVICES, INC. 12041 BORNEFIELD WAY, SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
2 REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	NAME CONT.: AND YOUNG CHILDREN, INC. INFANT & CHILDREN DEVELOPMENT CARE CTR.
3 SHADY GROVE ADVENTIST RADIATION 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	NAME CONTINUED: ONCOLOGY CENTER. OUTPATIENT CANCER TREATMENT CENTER.
4 ADVENTIST HEALTHCARE URGENT CARE 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	NAME CONTINUED: CENTERS, INC. CENTERS ALSO IN GERMANTOWN & LAUREL.
5 ADVENTIST REHABILITATION, INC. 831 E. UNIVERSITY BOULEVARD #14 SILVER SPRING, MD 20903	REHABILITATION

Part VI Supplemental Information

Provide the following information.

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

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 FOLLOW:

- 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

Part VI Supplemental Information (Continuation)

- 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

PART I, LINE 7:

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 2017 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.

Part VI Supplemental Information (Continuation)

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.

PART II, COMMUNITY BUILDING ACTIVITIES:

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 2017, 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 & WELLNESS DEPARTMENT; AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS.

POPULATION HEALTH INITIATIVES & THE AMBULATORY CARE EMR SUPPORT (ACES)

PROGRAM:

1) ACCOUNTABLE CARE ORGANIZATIONS (ACO):

ADVENTIST HEALTHCARE HAS A 50% INTEREST IN THE MID-ATLANTIC PRIMARY CARE ACO, LLC PARTNERSHIP. THIS ACO IS A PHYSICIAN-LED MEDICARE SHARED SAVINGS PROGRAM (MSSP) IN MONTGOMERY COUNTY, MARYLAND. THE GOAL OF AN ACO IS TO

Part VI Supplemental Information (Continuation)

DELIVER SEAMLESS, HIGH-QUALITY CARE FOR MEDICARE BENEFICIARIES IN A
 PATIENT-CENTERED ENVIRONMENT, WHERE THE PATIENT AND PROVIDERS ARE TRUE
 PARTNERS IN CARE DECISIONS. THE GOAL OF THE ACO INCLUDES, BUT IS NOT
 LIMITED TO, THE PROMOTION OF EVIDENCE-BASED MEDICINE, THE PROMOTION OF
 PATIENT ENGAGEMENT AND THE DEVELOPMENT OF AN INFRASTRUCTURE FOR NETWORK
 PROVIDERS AND SUPPLIERS TO INTERNALLY REPORT ON QUALITY AND COST METRICS.
 THIS INTERNAL REPORTING ENABLES THE ACO TO MONITOR, PROVIDE FEEDBACK AND
 EVALUATE ITS NETWORK PROVIDERS' AND SUPPLIERS' PERFORMANCE AND TO USE
 THESE RESULTS TO PROVIDE BETTER CARE FOR INDIVIDUALS, IMPROVED HEALTH FOR
 POPULATIONS AND LOWER PER CAPITA GROWTH IN EXPENDITURES FOR MSSP
 ENROLLEES.

2) CLINICALLY INTEGRATED 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.

3) 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

Part VI Supplemental Information (Continuation)

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.

4) 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:

THROUGHOUT 2017, ADVENTIST HEALTHCARE PARTNERED WITH NUMEROUS COMMUNITY ORGANIZATIONS TO SUPPORT COMMUNITY HEALTH IMPROVEMENTS AND ECONOMIC DEVELOPMENT. FOR EXAMPLE, ADVENTIST HEALTHCARE SUPPORTED MANA FOOD CENTER TO HELP ACHIEVE THEIR MISSION OF ENDING HUNGER IN MONTGOMERY COUNTY THROUGH FOOD DISTRIBUTION, EDUCATION AND ADVOCACY. THROUGH OUR PARTNERSHIP WITH LOCAL CHAMBERS OF COMMERCE, INCLUDING THE GAITHERSBURG/GERMANTOWN AND MONTGOMERY COUNTY CHAMBERS, WE HAVE WORKED TO SUPPORT INITIATIVES THAT PROVIDE ECONOMIC IMPROVEMENTS IN THE COMMUNITIES WE SERVE.

ADVENTIST HEALTHCARE HAS ALSO BEEN A FIRM ADVOCATE FOR COMMUNITY HEALTH IMPROVEMENTS THROUGH OUR ADVOCACY WORK WITH LOCAL, STATE AND FEDERAL OFFICIALS. WE HAVE WORKED TO SUPPORT LEGISLATION THAT IMPROVES ACCESS TO HEALTH SERVICES, STRENGTHENS INVESTMENT IN EDUCATIONAL INSTITUTIONS,

Part VI Supplemental Information (Continuation)

EXPANDS ACCESS TO INSURANCE AND REDUCES OVERALL HEALTH CARE SPENDING.

THROUGH OUR PARTNERSHIP WITH THE MARYLAND HOSPITAL ASSOCIATION, WE

SUPPORTED LEGISLATION THAT HAS HELPED TO STABILIZE THE INDIVIDUAL

INSURANCE MARKET IN MARYLAND AND REDUCE THE COST OF INSURANCE PREMIUMS FOR

MARYLAND CONSUMERS. WE CONTINUE TO ADVOCATE FOR A FULLY INTEGRATED

BEHAVIORAL HEALTH NETWORK BY WORKING TO REDUCE BARRIERS TO CARE AND EXPAND

SERVICES TO UNDERSERVED POPULATIONS.

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 PREFORMS TWO FULL SCALE EXERCISES EVERY

YEAR TO TEST OUR EMERGENCY MANAGEMENT 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.

Part VI Supplemental Information (Continuation)

HEALTH PARTNERSHIPS WITHIN THE COMMUNITY:

THE CENTER FOR HEALTH EQUITY & WELLNESS (CHEW), A DIVISION OF ADVENTIST HEALTHCARE, AIMS TO IMPROVE THE HEALTH OF COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. 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 AND PUBLIC HEALTH RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE SERVE. CONTINUED...

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 2017 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 PAYER AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL COLLECTIONS.

PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:

CHEW PARTNERS WITH MANY HEALTH ORGANIZATIONS AND THE FOLLOWING IS A

Part VI Supplemental Information (Continuation)

SUMMARY:

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 PARTNERS IN THE COMMUNITY. THROUGH COLLABORATION, WE ARE ABLE TO 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 ARE DESCRIBED BELOW:

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

Part VI Supplemental Information (Continuation)

HEALTH AS BEING IN HARMONY WITH ONE'S SELF, 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.

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.

HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS, AMONG OTHERS, REVIEWS THE NEEDS AND 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 SERVICES, ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS, AND ENHANCE THE PHYSICAL AND SOCIAL ENVIRONMENT TO SUPPORT OPTIMAL HEALTH AND WELL-BEING. AMONG ITS MANY ACCOMPLISHMENTS, HEALTHY MONTGOMERY 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 HEALTHCARE INCLUDED, ARE BETTER ABLE

Part VI Supplemental Information (Continuation)

TO IDENTIFY NEEDS IN THE COMMUNITY THAT MAY HAVE OTHERWISE 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 ADVENTIST HEALTHCARE. THE PARTNERSHIP IS

FOCUSED ON IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNITY 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 AND INDEPENDENCE FOR SENIORS AT HOME

(WISH), HOSPITAL CARE TRANSITIONS, UNINSURED/PROJECT ACCESS AND

SEVERELY MENTALLY ILL/BEHAVIORAL HEALTH. THE GOALS OF THESE PROGRAMS

ARE TO:

STABILIZE HEALTH OF OLDER ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE

TRANSITIONS FROM HOSPITAL-TO-HOME; CONNECT UNINSURED TO SPECIALTY CARE;

AND IMPROVE COMMUNITY BASED RESOURCES FOR THE SEVERELY MENTALLY ILL.

4) REBUILDING TOGETHER:

THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDED

REBUILDING TOGETHER MONTGOMERY COUNTY (RTMC) A \$25,000 GRANT FROM 2016

THROUGH 2017 TO PROVIDE FREE HOME REPAIR AND MODIFICATION SERVICES TO

ELIGIBLE ADVENTIST HEALTHCARE (AHC) PATIENTS RESIDING IN MONTGOMERY

COUNTY, MD. THE PARTNERSHIP ALLOWED RTMC TO IMPROVE THE HOMES AND LIVES

OF LOW-INCOME AND DISADVANTAGED PATIENTS DISCHARGED FROM AHC FACILITIES

(WAH AND SGMC), AND REFERRALS WERE OPEN TO BOTH 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. FROM

Part VI Supplemental Information (Continuation)

2017-2018, RTMC MADE \$22,510.63 IN EXPENDITURES AGAINST THE \$25,000 AHC

OPERATING BUDGET. RTMC INSTALLED ACCESSIBILITY MODIFICATIONS (I.E.

STAIRLIFTS AND RAMPS) FOR FIVE APPLICANTS AND SAFETY MODIFICATIONS

(I.E. SHOWER CHAIRS, GRAB BARS, AND COMFORT-HEIGHT TOILETS) FOR THREE

APPLICANTS.

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 AWARDS NIGHT IN 2017. THE LPPN AIMED TO

SUPPORT PARENT ENGAGEMENT IN THEIR CHILDREN'S ACADEMIC CAREER; IMPROVE

EARLY CHILDCARE PROGRAMMING AND SUPPORT; INCREASE HEALTHCARE ACCESS AND

DEVELOP A MEDICAL HOME FOR LANGLEY PARK RESIDENTS; DEVELOP NEIGHBORHOOD

SAFETY PROGRAMS; ESTABLISH WORKFORCE DEVELOPMENT PROGRAMS; EXPAND

WIRELESS ACCESS TO ALL LANGLEY PARK RESIDENTS; AND CREATE AN ACADEMIC

AND COMMUNITY SERVICES HUB.

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 TO ENABLE THEM

TO ADVOCATE EFFECTIVELY FOR THEIR CHILDREN WITHIN THE PUBLIC SCHOOL

SYSTEM; HOSTED THEIR FOURTH ANNUAL TEACHER-PARENT CONNECTIONS (TPC)

INSTITUTE, A WEEK-LONG PROFESSIONAL DEVELOPMENT PROGRAM FOR 11 PRINCE

GEORGE'S COUNTY PUBLIC SCHOOL (PGCPS) TEACHERS DESIGNED TO BUILD

CULTURAL COMPETENCY AND ENGAGE IMMIGRANT AND LATINO FAMILIES; AND

DELIVERED A "KNOW YOUR RIGHTS" SESSION FOR 60 COMMUNITY RESOURCE

ADVOCATES AND PARENT ENGAGEMENT ASSISTANTS WORKING IN PGCPS. CASA ALSO

ENROLLED 1,068 RESIDENTS IN ACA HEALTH INSURANCE PLANS, AND ASSISTED

Part VI Supplemental Information (Continuation)

105 RESIDENTS IN CASE MANAGEMENT TO RESOLVE ISSUES AND SET-UP
 APPOINTMENTS IN KAISER PERMANENTE'S COMMUNITY INSURANCE PROGRAM (CHAP).
 CASA EDUCATED 198 LANGLEY PARK RESIDENTS ABOUT HEALTH INSURANCE,
 ENROLLMENT, COMMUNITY RESOURCES, AND HOW TO BECOME SELF-ADVOCATES.
 THROUGH THE HEALTH HOTLINE, CASA INFORMED 485 LANGLEY PARK RESIDENTS ON
 HEALTH INSURANCE ENROLLMENT PROCEDURES; MADE 465 REFERRALS FOR
 PEDIATRIC AND ADULT PRIMARY CARE; AND 96 REFERRALS FOR CANCER
 SCREENINGS AND CONNECTED THEM TO A MEDICAL HOME. ADDITIONALLY, CASA
 PLACED WORKERS IN 1,357 DAILY JOBS AND 50 TEMPORARY JOBS; PLACED 15
 WORKERS IN PERMANENT JOBS; ENROLLED 332 WORKERS IN VOCATIONAL TRAINING
 AND 280 WORKERS IN ESOL CLASSES; AND PROVIDED JOB READINESS TRAINING TO
 105 WORKERS. CASA ALSO HOSTED VARIOUS EDUCATIONAL, SOCIAL AND COMMUNITY
 ENGAGEMENT EVENTS AND TECHNOLOGY CLASSES THROUGHOUT 2017.

ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY
 BUILDING ACTIVITIES IN 2018. PROVIDING COMMUNITY BUILDING ACTIVITIES
 IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE. ACCOUNTS
 ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON
 MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS. IN EVALUATING THE
 COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES
 ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES
 OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL COLLECTIONS
 AND PROVISION FOR DOUBTFUL COLLECTIONS. FOR PATIENT ACCOUNTS RECEIVABLE
 ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY

Part VI Supplemental Information (Continuation)

COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES

AN ALLOWANCE FOR DOUBTFUL COLLECTIONS AND PROVISION FOR DOUBTFUL

COLLECTIONS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY

PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH

DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE

EXISTS FOR PART OF THE BILL), THE CORPORATION RECORDS A PROVISION FOR

DOUBTFUL COLLECTIONS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST

EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE TO PAY THE

PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE

DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED

AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF

AGAINST THE ALLOWANCE FOR DOUBTFUL COLLECTIONS.

THE CORPORATION'S ALLOWANCE FOR DOUBTFUL COLLECTIONS FOR SELF-PAY PATIENTS

AS A PERCENTAGE OF SELF-PAY ACCOUNTS RECEIVABLE WAS 44% AND 52% AT

DECEMBER 31, 2017 AND 2016, RESPECTIVELY. IN ADDITION, THE CORPORATION'S

SELF-PAY ACCOUNT BAD DEBT WRITEOFFS, NET OF RECOVERIES, DECREASED FROM

\$31,701,926 IN 2016 TO \$31,495,503 IN 2017 WHICH WAS THE RESULT OF SMALL

POSITIVE TRENDS EXPERIENCED IN THE COLLECTION OF AMOUNTS FROM SELF-PAY

PATIENTS IN 2017.

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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.

PART III, LINE 9B:

> 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.

> WHERE 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) WHERE 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

Part VI Supplemental Information (Continuation)

APPLICATION.

4) WHERE 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.

PART V, FACILITY INFORMATION

FOR THE 2017 FORM 990, 2 HOSPITAL FACILITIES WERE REMOVED FROM SCHEDULE

H, WHICH WERE PREVIOUSLY REPORTED ON THE 2016 FORM 990. 1) ADVENTIST

HEALTHCARE, INC., D/B/A ADVENTIST HEALTHCARE BEHAVIORAL HEALTH &

WELLNESS SERVICES EASTERN SHORE (MD STATE LICENSE # 09-001) WAS REMOVED

SINCE IT WAS DE-LICENSED IN NOVEMBER 2016. 2) HACKETTSTOWN COMMUNITY

HOSPITAL, INC. D/B/A HACKETTSTOWN REGIONAL MEDICAL CENTER (NJ STATE

LICENSE #12101) WAS REMOVED SINCE ATLANTIC HEALTH SYSTEM BECAME THE

SOLE MEMBER OF HACKETTSTOWN COMMUNITY HOSPITAL AND AFFILIATES UPON THE

CLOSING OF THE MEMBER SUBSTITUTION ON MARCH 31, 2016.

PART VI, LINE 2:

NEEDS ASSESSMENT:

ADVENTIST HEALTHCARE, INCLUDING ADVENTIST HEALTHCARE SHADY GROVE MEDICAL

CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST

HEALTHCARE REHABILITATION, AND ADVENTIST HEALTHCARE BEHAVIORAL HEALTH &

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 OF THE FIVE HOSPITAL ENTITIES AS WELL

Part VI Supplemental Information (Continuation)

AS ADDITIONAL KEY SYSTEM-WIDE DEPARTMENTS SUCH AS FINANCE, POPULATION

HEALTH AND THE CENTER FOR HEALTH EQUITY AND WELLNESS (THE CENTER). 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 ASSESS THE NEEDS OF THE COMMUNITY

WE SERVE THROUGH SEVERAL METHODS:

> SINCE 2006, ADVENTIST HEALTHCARE HAS REGULARLY CONVENED AN ADVISORY

BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH

DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT

OUR RESPONSE TO THOSE NEEDS. THE ADVISORY BOARD IS COMPRISED OF BOTH

INTERNAL AND EXTERNAL (COMMUNITY) LEADERS. MEMBERS INCLUDE CLINICIANS,

RESEARCHERS, ADMINISTRATORS, AND OTHERS FROM OUR HOSPITALS,

COMMUNITY-BASED ORGANIZATIONS, LOCAL AND STATE HEALTH DEPARTMENTS,

UNIVERSITIES, AND OTHER PUBLIC HEALTH STAKEHOLDER ORGANIZATIONS. THE

ADVISORY BOARD IS A LARGE SOURCE OF INPUT FOR OUR COMMUNITY HEALTH NEEDS

ASSESSMENTS BUT ALSO PROVIDES US WITH INPUT ON COMMUNITY NEEDS ON A MORE

REGULAR AND FREQUENT BASIS.

> REPRESENTATIVES FROM ADVENTIST HEALTHCARE ALSO 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.

> 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,

Part VI Supplemental Information (Continuation)

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. 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.

WE ARE ALSO ABLE TO GATHER DATA DIRECTLY FROM THE COMMUNITY MEMBERS WE

SERVE THROUGH OUTREACH AND EDUCATIONAL PROGRAMMING.

PART VI, LINE 3:

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 4:

COMMUNITY INFORMATION:

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER PRIMARILY SERVES RESIDENTS OF MONTGOMERY COUNTY (87.1 PERCENT OF TOTAL DISCHARGES IN 2017), 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 2017:

GERMANTOWN (20874, 20876); GAITHERSBURG (20877, 20878, 20879); ROCKVILLE (20850, 20852); MONTGOMERY VILLAGE (20886); SILVER SPRING (20906).

SHADY GROVE MEDICAL CENTER DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES:

ROCKVILLE (20851, 20853); POTOMAC (20854); CLARKSBURG (20871); DERWOOD (20855); SILVER SPRING (20902, 20904); DAMASCUS (20872); BOYDS (20841);

Part VI Supplemental Information (Continuation)

GAITHERSBURG (20882); POOLESVILLE (20837); OLNEY (20832); BETHESDA (20814,
20817); FREDERICK (21703, 21704); KENSINGTON (20895).

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL PRIMARILY SERVES
RESIDENTS OF PRINCE GEORGE'S COUNTY (49.5 PERCENT OF DISCHARGES IN 2017)
AND MONTGOMERY COUNTY (36.6 PERCENT OF DISCHARGES IN 2017), 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
2017:

COLLEGE PARK (20740); HYATTSVILLE (20784, 20783, 20782); RIVERDALE
(20737); SILVER SPRING (20903, 20901, 20904, 20910); TAKOMA PARK (20912);
BELTSVILLE (20705).

WASHINGTON ADVENTIST HOSPITAL DRAWS 25 PERCENT OF DISCHARGES FROM ITS
SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES:

BLADENSBURG (20710); BRENTWOOD (20722); CAPITOL HEIGHTS (20743);
GERMANTOWN (20874); GREENBELT (20770); HYATTSVILLE (20781, 20785); LANHAM
(20706); LAUREL (20707, 20708); MOUNT RAINIER (20712); ROCKVILLE (20850);
UPPER MARLBORO (20774); WASHINGTON (20011, 20012, 20019, 20020); SILVER
SPRING (20905, 20902, 20906); BURTONSVILLE (20866);; FORT WASHINGTON
(20744); OXON HILL (20745); GAITHERSBURG (20877); BOWIE (20721).

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES - ROCKVILLE
PRIMARILY SERVES RESIDENTS OF MONTGOMERY COUNTY (62.06 PERCENT OF
DISCHARGES IN 2016), MARYLAND. APPROXIMATELY 85 PERCENT OF DISCHARGES COME

Part VI Supplemental Information (Continuation)

FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED ITS 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

2016:

ROCKVILLE (20850, 20851, 20852, 20853); GERMANTOWN (20874, 20876);

GAITHERSBURG (20877, 20878, 20879); MONTGOMERY VILLAGE (20886); SILVER

SPRING (20901, 20902, 20904, 20906, 20910); POTOMAC (20854); DERWOOD

(20855); DAMASCUS (20872); OLNEY (20832); CLARKSBURG (20871); BETHESDA

(20817).

ADVENTIST BEHAVIORAL HEALTH AND WELLNESS SERVICES - ROCKVILLE DRAWS 25

PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE

FOLLOWING ZIP CODES/CITIES:

BELTSVILLE (20705); BETHESDA (20814, 20816); BOWIE (20721, 20715, 20716,

20720); BOYDS (20841); CAPITOL HEIGHTS (20743); CHEVY CHASE (20815);

CLINTON (20735); COLUMBIA (21044, 21045); DISTRICT HEIGHTS (20747);

FREDERICK (21701, 21702, 21703); GREENBELT (20770); HYATTSVILLE (20782,

20785, 20783, 20784); KENSINGTON (20895); LANHAM (20706); LAUREL (20723,

20707); POOLESVILLE (20837); SILVER SPRING (20905, 20903); TAKOMA PARK

(20912); TEMPLE HILLS (20748); UPPER MARLBORO (20772, 20774); GAITHERSBURG

(20882); OXON HILL (20745); FORT WASHINGTON (20744); SUITLAND (20746);

WASHINGTON (20011, 20020, 20019, 20012); PASADENA (21122); MOUNT AIRY

(21771); WALDORF (20601); WHITE PLAINS (20695); ANNAPOLIS (21401, 21403);

ARNOLD (21012); BROOKEVILLE (20833); BRYANS ROAD (20616); BURTONSVILLE

(20866); COLLEGE PARK (20740); ELLICOTT CITY (21043); GLEN BURNIE (21060;

21061); GWYNN OAK (21207); HAGERSTOWN (21740); HALETORPE (21227); JESSUP

Part VI Supplemental Information (Continuation)

(20794); LA PLATA (20646); PIKESVILLE (21208); RIVERDALE (20737);

SALISBURY (21804); SEVERN (21144); SEVERNA PARK (21146).

ADVENTIST HEALTHCARE SERVES ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES

IN THE UNITED STATES; NON-HISPANIC WHITES NOW COMPRISE ONLY 43.8% 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, AND 41% OF THE FOREIGN-BORN IN MARYLAND RESIDE

IN MONTGOMERY COUNTY. MONTGOMERY COUNTY'S FOREIGN-BORN POPULATION HAS

GROWN FROM 12% IN 1980 TO CURRENTLY MORE THAN 32%.

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 912,756 RESIDENTS, MAKING IT THE THIRD MOST POPULATED

JURISDICTION IN THE WASHINGTON METROPOLITAN AREA. 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, 21.4 PERCENT OF THE COUNTY'S

RESIDENTS ARE FOREIGN-BORN. IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY

Part VI Supplemental Information (Continuation)

AND OUR HOSPITAL PROVIDERS ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER.

PART VI, LINE 5:

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 2017, 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.

> A VARIETY OF HEALTH SCREENINGS 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.

> MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED APPROXIMATELY 7,417 ENCOUNTERS IN 356 CLASSES, TOURS, AND SUPPORT GROUPS, INCLUDING: CHILDBIRTH CLASSES, BREASTFEEDING CLASSES AND SUPPORT GROUPS, BABY CARE BASICS CLASSES, SIBLING CLASSES, GRANDPARENT CLASSES, NEW MOTHER AND NEW FATHER SUPPORT GROUPS, AND MATERNITY TOURS OF THE HOSPITALS. OUR FREE "WARM LINE", OFFERING LACTATION SUPPORT FROM A CERTIFIED LACTATION CONSULTANT, ALSO SERVED 300 INDIVIDUALS.

> DIABETES PREVENTION EFFORTS INCLUDED FREE PRE-DIABETES CLASSES AS WELL

Part VI Supplemental Information (Continuation)

AS INDIVIDUAL COUNSELING AND DIABETES SELF-MANAGEMENT CLASSES FOR THOSE WITH DIABETES. FREE DIABETES EDUCATION WAS ALSO PROVIDED IN THE COMMUNITY.

> 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.

> 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.

> CARDIOVASCULAR HEALTH PROMOTION HAS INCLUDED PROVIDING THOUSANDS OF FREE HEART HEALTH SCREENINGS AND EDUCATION THROUGH OUR "LOVE YOUR SWEETHEART" EVENTS, COMMUNITY HEALTH FAIRS, LOW-INCOME APARTMENT COMPLEXES AND SENIOR HOUSING FACILITIES, FAITH-BASED CONGREGATIONS, COMMUNITY CENTERS, SENIOR CENTERS, AND AT A VARIETY OF OTHER COMMUNITY LOCATIONS.

> CANCER IS ANOTHER FOCUS AREA FOR COMMUNITY HEALTH PROMOTION. ADVENTIST HEALTHCARE PROVIDED FREE SCREENING AND DIAGNOSTIC MAMMOGRAM SERVICES FOR OVER 1,000 LOW-INCOME AND UNINSURED COMMUNITY MEMBERS. THE CANCER PROGRAM ALSO PROVIDES FREE SUPPORT GROUPS AND NAVIGATION SERVICES FOR THE COMMUNITY.

> 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.

> 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.

Part VI Supplemental Information (Continuation)

> 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.

> 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.

> 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.

PART VI, LINE 6:

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.

Part VI Supplemental Information (Continuation)

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 FIVE
 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 & WELLNESS SERVICES, ADVENTIST HEALTHCARE
 REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S.
 LOURIE CENTER FOR CHILDREN'S SOCIAL & 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
 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 2017, APPROXIMATELY 752,000 RESIDENTS
 CAME TO ONE OF OUR FACILITIES OR ATTENDED A HEALTH CLASS OR PROGRAM. WE
 ALSO PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT OF MORE THAN
 \$71.5 MILLION. AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND,
 WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 6,608 EMPLOYEES AND
 ALMOST 1,578 VOLUNTEERS THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE
 COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY.

Part VI Supplemental Information (Continuation)

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 WWW.ADVENTISTHEALTHCARE.COM 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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization ADVENTIST HEALTHCARE, INC. Employer identification number 52-1532556

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVENTIST HEALTH SYSTEM 111 NORTH ORLANDO AVE. WINTER PARK, FL 32789-3675	59-2170012	501-(C)-(3)	24,890.	0.			PROVIDED DONATIONS TOWARDS THE NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTIST
AMERICAN HEART ASSOCIATION 4301 N. FAIRFAX DR. SUITE 530 ARLINGTON, VA 22203	13-5613797	501-(C)-(3)	5,000.	0.			MESSAGE BOARD SPONSORSHIP OF 2017 GREATER WASHINGTON HEART WALK TO FUND RESEARCH, FIGHT FOR
CASA OF MARYLAND, INC. 310 TULIP AVENUE TAKOMA PARK, MD 20917	52-1372972	501-(C)-(3)	110,000.	0.			LANGLEY PARK PROMISE NEIGHBORHOOD/LEARNING TOGETHER: SUPPORT PARENT ENGAGEMENT, IMPROVE EARLY
CENTRE POINTE COUNSELING PO BOX 339 ASHTON, MD 20861	52-1288655	501-(C)-(3)	10,000.	0.			FUNDS TO SUPPORT THE NON-PROFIT BEHAVIORAL HEALTH CENTER, ELECTRONICE MEDICAL
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD. COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	240,452.	0.			CONTRIBUTION TOWARDS PURPOSE OF MISSION WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH.
COMMUNITY CLINIC INC 8630 FENTON STREET, SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	7,500.	0.			\$2,500 FOR HOLIDAY GIVING (OPERATING COSTS TO SUPPORT VULNERABLE POPULATIONS) & \$5,000

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 32.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
COMMUNITY HEALTH AND EMPOWERMENT INC - 8545 PINEY BRANCH RD SUITE B - SILVER SPRING, MD 20910	27-3662468	501-(C)-(3)	35,000.	0.			LONG BRANCH HEALTH FOOD ACCESS PROGRAM: PROVIDE 50 BOXES FROM HUNGRY HARVEST DELIVERED
IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501-(C)-(3)	10,000.	0.			SUPPORT ORGANIZATIONAL CAPACITY TO CONTINUE PROVIDING SOCIAL AND EMOTIONAL SUPPORTS FOR
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	5,000.	0.			IMPACT NOW!: A SOCIAL FORUM TO IMPROVE SOCIAL CONNECTEDNESS AND LINK COMMUNITY MEMBERS WITH
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1301 CONNECTICUTT AVE NW STE 200 - WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	50,000.	0.			TO SUPPORT THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTINUED ENGAGEMENT OF
INTERFAITH WORKS 114 W. MONTGOMERY AVENUE ROCKVILLE, MD 20850-4213	52-1072684	501-(C)-(3)	5,000.	0.			MAKE YOUR MARK MONTGOMERY: TO SUPPORT LOW-INCOME AND PEOPLE EXPERIENCING HOMELESSNESS
LEADERSHIP MONTGOMERY EDUCATION FOUNDATION, INC. - 5910 EXECUTIVE BLVD #200 - ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	37,500.	0.			SUPPORTED INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTE HEALTHCARE CAREERS AND
MANNA FOOD CENTER 614 LOFSTRAND LANE ROCKVILLE, MD 20850	52-1289203	501-(C)-(3)	29,500.	0.			SPONSORED THE HEROES AGAINST HUNGER AWARDS AND THE MANNA MOBILE KITCHEN AND POP-UP PANTRY
MANSFIELD KASEMAN HEALTH CLINIC 114 WEST MONTGOMERY AVENUE ROCKVILLE, MD 20850	27-2529951	501-(C)-(3)	12,500.	0.			\$2,500 HOLIDAY GIVING FOR OPERATIONAL SUPPORT AND \$10,000 PROGRAM SUPPORT FOR THE KASEMAN HEALTH
MARYLAND PATIENT SAFETY CENTER 6820 DEERPATH ROAD ELKRIDGE, MD 21075	35-2200200	501-(C)-(3)	5,000.	0.			MARYLAND PATIENT SAFETY CENTER'S ANNUAL CONFERENCE FOCUSING ON HOW TO IMPROVE QUALITY OF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MARY'S CENTER FOR MATERNAL & CHILD CARE, INC. - 2333 ONTARIO ROAD, N.W. - WASHINGTON, DC 20009	52-1594116	501-(C)-(3)	122,500.	0.			\$2,500 HOLIDAY GIVING TO SUPPORT OPERATING COSTS AND \$120,000 PROMISE OF TOMORROW CAMPAIGN:
MEDCHI, THE MARYLAND STATE MED. SOCIETY - P. O. BOX 64101 - BALTIMORE, MD 21264-4101	52-0410730	501-(C)-(6)	5,000.	0.			PROVIDED SUPPORT TO HELP IN THEIR MISSION OF FURTHERING THE EDUCATION OF MEMBERS OF THE MEDICAL
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	17,500.	0.			MERCY GALA (\$7,500), HOLIDAY GIVING (\$2,500), & DONATION FOR OPERATING COSTS (\$2,500) TO SUPPORT
MOBILE MEDICAL CARE, INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814-1620	23-7022588	501-(C)-(3)	102,500.	0.			\$100,000 SUPPORT FOR GENERAL OPERATIONS AND THEIR ANNUAL BENEFIT AND \$2,500 HOLIDAY DRIVE TO
MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY INC - 10605 CONCORD ST STE 440 - KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	5,000.	0.			QUEEN BEE SPONSORSHIP OF 4TH ANNUAL GROWN-UP SPELLING BEE FOR ADULT ENGLISH LITERACY.
MONTGOMERY HOSPICE 1450 RESEARCH BLVD., SUITE 310 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	20,000.	0.			20 DAYS OF ACUTE CARE FOR UN-INSURED AND UNDER-INSURED CASEY HOUSE PATIENTS.
NATIONAL ASSOC OF HEALTH SERVICES EXECUTIVES - 1050 CONNECTICUT AVE NW 5TH FL - WASHINGTON, DC 20036	62-1312239	501-(C)-(3)	7,500.	0.			SPONSORSHIP OF THE 32ND ANNUAL EDUCATIONAL CONFERENCE AND CASE COMPETITION, FOR THE
NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK - 1000 THIRD STREET - TILLAMOOK, OR 97141	93-0622075	501-(C)-(3)	6,000.	0.			SUPPORT OF THE NATIONAL ASSOCIATION OF ADVENTIST HEALTHCARE HUMAN RESOURCES CONFERENCE
OAKWOOD UNIVERSITY 7000 ADVENTIST BOULEVARD N.W. HUNTSVILLE, AL 35896	63-0366652	501-(C)-(3)	5,000.	0.			DONATION MADE TOWARDS OAKWOOD UNIVERSITY'S ALUMNI ASSOCIATION FOR THE PURPOSE OF INVESTING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SEVENTH-DAY ADVENTIST THEOLOGICAL SEMINARY - 4145E CAMPUS CIRCLE DR - BERRIEN SPRINGS, MI 49103	38-1627600	501-(C)-(3)	6,250.	0.			DONATIONS FOR URBAN MISSION AND MINISTRY CONGRESS, CONTRIBUTING TO THEIR MISSION OF
SLIGO SEVENTH-DAY ADVENTIST CHURCH 7700 CARROLL AVENUE TAKOMA PARK, MD 20912	52-0807773	501-(C)-(3)	21,592.	0.			DONATIONS FOR A WALK EVENT SUPPORTING EFFORTS AROUND IMPORTANT COMMUNITY INITIATIVES,
SPENCERVILLE ADVENTIST ACADEMY 15930 GOOD HOPE ROAD SILVER SPRING, MD 20904	52-1714576	501-(C)-(3)	107,500.	0.			DONATION TO ACADEMY FOR HEALTH AND WELLNESS FUND FOR 2017 COMMITMENT; SPONSORSHIP OF THE 2ND
STRATHMORE HALL FOUNDATION INC. 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	14,271.	0.			ANNUAL GALA & SUPPORTING ITS ORCHESTRA PERFORMANCES TO SUPPORT MANY INITIATIVES, SUCH AS
THE SHEPHERD'S TABLE INC 8210 DIXON AVE SILVER SPRING, MD 20910	52-1381738	501-(C)-(3)	5,000.	0.			SPONSORSHIP OF SHEPHERD'S TABLE'S BRUNCH FUNDRAISER TO PROVIDE MEALS FOR PEOPLE IN MONTGOMERY
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION - 6010 EXECUTIVE BLVD STE 101 - ROCKVILLE, MD 20852	52-6002033	MD STATE AGENCY	37,920.	0.			DONATIONS TOWARDS THE FRONTIERS IN SCIENCE AND MEDICINE DAY FOR THE BENEFIT OF STUDENTS'
VIETNAMESE AMERICAN SERVICES 11528 COLT TER. SILVER SPRING, MD 20902	47-5530373	501-(C)-(3)	5,000.	0.			\$5,000 GRANT FOR THEIR HEALTHCARE PROGRAM PROVIDING HEALTH EDUCATION AND PATIENT
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVE., TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	105,000.	0.			\$5,000 SPONSORSHIP OF WAU FAMILY FUN FEST & \$100,000 IN SUPPORT OF THE WAU SCHOOL OF HEALTH
GREATER SILVER SPRING CHAMBER OF COMMERCE - 8601 GEORGIA AVE #203 - SILVER SPRING, MD 20910	52-1813227	501-(C)-(6)	8,500.	0.			BOARD SPONSORSHIP - CORPORATE PARTNER - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTE

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

Part IV Supplemental Information

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).

Part IV Supplemental Information

GRANT MONITORING:

ALL GRANTEES RECEIVING \$5,000 AND ABOVE ARE ASKED TO COMPLETE BOTH A

MID-YEAR PROGRESS REPORT AS WELL AS A FINAL, END OF YEAR REPORT.

FOR THE MID-YEAR REPORT, GRANTEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- > ACCOMPLISHMENTS MADE TO DATE;
- > CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;
- > CHALLENGES OR DELAYS THAT HAVE BEEN ENCOUNTERED;
- > EXPENDITURE OF FUNDS THUS FAR;
- > ESTIMATED EXPENDITURES FOR THE DURATION OF THE GRANT PERIOD.

FOR THE FINAL REPORT, GRANTEES ARE ASKED TO DESCRIBE THE FOLLOWING:

- > THE WORK THAT WAS COMPLETED;
- > CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED;
- > CHALLENGES OR DELAYS THAT WERE ENCOUNTERED;
- > EXPENDITURE OF GRANT FUNDS.

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 IN REGARDS TO FUTURE FUNDING AND PARTNERSHIP ENDEAVORS WITH EACH GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADVENTIST HEALTH SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED DONATIONS TOWARDS THE NORTH

AMERICAN DIVISION OF SEVENTH-DAY ADVENTIST (NAD) HEALTHCARE WALL, TO

HIGHLIGHT THE HISTORY AND DEVELOPMENT OF ALL THE 5 ADVENTIST HEALTH

SYSTEMS IN NORTH AMERICA BECAUSE THE HEALTH MINISTRY IS A MAJOR

Part IV Supplemental Information

CORNERSTONE IN THE DEVELOPMENT OF THE ADVENTIST CHURCH.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MESSAGE BOARD SPONSORSHIP OF 2017

GREATER WASHINGTON HEART WALK TO FUND RESEARCH, FIGHT FOR STRONGER PUBLIC HEALTH POLICIES, AND PROVIDE TOOLS AND INFORMATION TO SAVE AND IMPROVE LIVES IN RELATION TO CARDIOVASCULAR DISEASES AND STROKE.

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF MARYLAND, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LANGLEY PARK PROMISE

NEIGHBORHOOD/LEARNING TOGETHER: SUPPORT PARENT ENGAGEMENT, IMPROVE EARLY CHILDCARE PROGRAMMING AND SUPPORT, INCREASE HEALTHCARE ACCESS AND DEVELOP A MEDICAL HOME FOR LANGLEY PARK RESIDENTS, DEVELOP NEIGHBORHOOD SAFETY PROGRAMS, ESTABLISH WORKFORCE DEVELOPMENT PROGRAMS, EXPAND WIRELESS ACCESS TO ALL LANGLEY PARK RESIDENTS, CREATE AN ACADEMIC AND COMMUNITY SERVICES HUB, AND \$2,500 HONORARIUM TO GUSTAVO TORRES AT THE 2017 JUSTICE AWARDS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRE POINTE COUNSELING

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO SUPPORT THE NON-PROFIT

BEHAVIORAL HEALTH CENTER, ELECTRONIC MEDICAL RECORDS/ E-CLINICAL WORKS IMPLEMENTATION - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNION CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TOWARDS PURPOSE OF

MISSION WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH. ALSO, DONATION MADE TOWARDS MEDICAL REFERENCE MATERIALS FOR PHYSICIANS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,500 FOR HOLIDAY GIVING (OPERATING COSTS TO SUPPORT VULNERABLE POPULATIONS) & \$5,000 CENTERING PREGNANCY PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH AND EMPOWERMENT INC

(H) PURPOSE OF GRANT OR ASSISTANCE: LONG BRANCH HEALTH FOOD ACCESS PROGRAM: PROVIDE 50 BOXES FROM HUNGRY HARVEST DELIVERED BI-WEEKLY, TRANSPORTATION OF FOOD, AND CASE MANAGEMENT SOFTWARE.

NAME OF ORGANIZATION OR GOVERNMENT: IDENTITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT ORGANIZATIONAL CAPACITY TO CONTINUE PROVIDING SOCIAL AND EMOTIONAL SUPPORTS FOR ELEMENTARY, MIDDLE AND HIGH SCHOOL YOUTH AND THEIR PARENTS.

NAME OF ORGANIZATION OR GOVERNMENT: IMPACT SILVER SPRING

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT NOW!: A SOCIAL FORUM TO IMPROVE SOCIAL CONNECTEDNESS AND LINK COMMUNITY MEMBERS WITH SUPPORT SYSTEMS.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR PUBLIC HEALTH INNOVATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTINUED ENGAGEMENT OF THE INSTITUTE FOR PUBLIC HEALTH INNOVATION.

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH WORKS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MAKE YOUR MARK MONTGOMERY: TO SUPPORT LOW-INCOME AND PEOPLE EXPERIENCING HOMELESSNESS IN MONTGOMERY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP MONTGOMERY EDUCATION FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTE HEALTHCARE CAREERS AND POLICY ADVOCACY.

NAME OF ORGANIZATION OR GOVERNMENT: MANNA FOOD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORED THE HEROES AGAINST HUNGER AWARDS AND THE MANNA MOBILE KITCHEN AND POP-UP PANTRY INITIATIVES.

NAME OF ORGANIZATION OR GOVERNMENT: MANSFIELD KASEMAN HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,500 HOLIDAY GIVING FOR OPERATIONAL SUPPORT AND \$10,000 PROGRAM SUPPORT FOR THE KASEMAN HEALTH CLINIC AND ITS SERVICES AND OPERATIONS, WHICH CONSISTS OF SERVING UNINSURED AND UNDERINSURED RESIDENTS OF ROCKVILLE AND MONTGOMERY COUNTY WITH PRIMARY CARE, HEALTH EDUCATION, AND SOCIAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: MARYLAND PATIENT SAFETY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MARYLAND PATIENT SAFETY CENTER'S ANNUAL CONFERENCE FOCUSING ON HOW TO IMPROVE QUALITY OF CARE WHILE CREATING A SAFE ENVIRONMENT FOR PATIENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

MARY'S CENTER FOR MATERNAL & CHILD CARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,500 HOLIDAY GIVING TO SUPPORT

Part IV Supplemental Information

OPERATING COSTS AND \$120,000 PROMISE OF TOMORROW CAMPAIGN: SUPPORTING

MARYS CENTER EXPANSION IN MONTGOMERY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

MEDCHI, THE MARYLAND STATE MED. SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDED SUPPORT TO HELP IN THEIR

MISSION OF FURTHERING THE EDUCATION OF MEMBERS OF THE MEDICAL PROFESSION

THROUGH CONFERENCES, MEETINGS, AND PUBLICATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: MERCY GALA (\$7,500), HOLIDAY GIVING

(\$2,500), & DONATION FOR OPERATING COSTS (\$2,500) TO SUPPORT VULNERABLE

POPULATIONS - INITIATIVES THAT WILL RESULT IN THE EXPANSION OF HEALTH

SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS.

ALSO, GOLF CLASSIC (\$5,000) - INITIATIVE THAT WILL RESULT IN THE EXPANSION

OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND

UNINSURED AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: MOBILE MEDICAL CARE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: \$100,000 SUPPORT FOR GENERAL

OPERATIONS AND THEIR ANNUAL BENEFIT AND \$2,500 HOLIDAY DRIVE TO PROVIDE

OPERATIONAL SUPPORT, ALL DONATIONS GO TOWARDS SUPPORTING MEDICAL SERVICES

FOR LOW-INCOME, UNINSURED RESIDENTS IN THE ADVENTIST HEALTHCARE SERVICE

AREAS.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOC OF HEALTH SERVICES EXECUTIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF THE 32ND ANNUAL

Part IV Supplemental Information

EDUCATIONAL CONFERENCE AND CASE COMPETITION, FOR THE THEME OF CREATING A HEALTHY AMERICA TOGETHER AND SERVING OUR COMMUNITIES. DONATIONS FURTHER THE MISSION OF NAHSE TO ENSURE GREATER PARTICIPATION OF MINORITY GROUPS IN THE HEALTH FIELD.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST MEDICAL FOUNDATION OF TILLAMOOK

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: OAKWOOD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION MADE TOWARDS OAKWOOD UNIVERSITY'S ALUMNI ASSOCIATION FOR THE PURPOSE OF INVESTING IN THE LIVES OF FUTURE LEADERS.

NAME OF ORGANIZATION OR GOVERNMENT:

SEVENTH-DAY ADVENTIST THEOLOGICAL SEMINARY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS FOR URBAN MISSION AND MINISTRY CONGRESS, CONTRIBUTING TO THEIR MISSION OF TRANSFORMING ITS STUDENTS BY EDUCATING THEM TO SEEK KNOWLEDGE AND AFFIRM FAITH IN ORDER TO CHANGE THE WORLD.

NAME OF ORGANIZATION OR GOVERNMENT: SLIGO SEVENTH-DAY ADVENTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS FOR A WALK EVENT SUPPORTING EFFORTS AROUND IMPORTANT COMMUNITY INITIATIVES, SUCH AS CHILD FIRST AFTER SCHOOL PROGRAM AND AFFORDABLE HOUSING. DONATIONS FOR A FILM

Part IV Supplemental Information

SCREENING "EATING YOU ALIVE" DOCUMENTARY EVENT CONTRIBUTING TO COMMUNITY

OUTREACH ACTIVITIES, SUCH AS A WINTER HAVEN OVERNIGHT SHELTER, HOMELESS

MINISTRIES (BROWN BAG LUNCHESES), PATHFINDERS, COMMUNITY EXERCISE CLASSES,

ETC. ALSO, DONATION TOWARDS OPERATIONAL SUPPORT, CONTRIBUTING TO

COMMUNITY OUTREACH ACTIVITIES, SUCH AS A WINTER HAVEN OVERNIGHT SHELTER,

HOMELESS MINISTRIES (BROWN BAG LUNCHESES), PATHFINDERS, COMMUNITY EXERCISE

CLASSES, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SPENCERVILLE ADVENTIST ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION TO ACADEMY FOR HEALTH AND

WELLNESS FUND FOR 2017 COMMITMENT; SPONSORSHIP OF THE 2ND ANNUAL CROSS

COUNTRY 5K RUN/WALK FUNDRAISING EVENT; SPONSORSHIP OF THE BROADWAY

MUSICAL "OKLAHOMA", WHICH CONTRIBUTES TO TEACHING STUDENTS SKILLS OF

PUBLIC SPEAKING, POISE AND CONFIDENCE ON THE STAGE, AS WELL AS LEARNING

TO WORK TOGETHER AS A TEAM. ANOTHER SPONSORSHIP OF THE 2ND ANNUAL CROSS

COUNTRY 5K RUN/WALK FUNDRAISING EVENT. ALSO, A DONATION TO THE CHURCH IN

FURTHERING THEIR VALUES INCLUDING WORSHIP, GLOBAL COMMUNION, OUTREACH,

EDUCATION, SERVICE, DISCIPLESHIP, CHILDREN, YOUTH, FAMILIES, MUSIC,

COMPASSION, AND STEWARDSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: STRATHMORE HALL FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL GALA & SUPPORTING ITS

ORCHESTRA PERFORMANCES TO SUPPORT MANY INITIATIVES, SUCH AS HELPING

STUDENTS LEARN MUSIC SKILLS, TEAMWORK, COMMITMENT AND DISCIPLINE.

NAME OF ORGANIZATION OR GOVERNMENT: THE SHEPHERD'S TABLE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF SHEPHERD'S TABLE'S

BRUNCH FUNDRAISER TO PROVIDE MEALS FOR PEOPLE IN MONTGOMERY COUNTY

Part IV Supplemental Information

EXPERIENCING HOMELESSNESS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS TOWARDS THE FRONTIERS IN

SCIENCE AND MEDICINE DAY FOR THE BENEFIT OF STUDENTS' INTERESTS IN

SCIENCE AND MEDICINE CAREERS. ALSO, SPONSORSHIP OF THE MARYLAND CENTER

FOR HEALTH EQUITY FAIR IN PARTNERSHIP WITH CATHOLIC CHARITIES, WITH A

CENTRAL COMMITMENT TO IMPROVE THE HEALTH OF RESIDENTS IN THE STATE OF

MARYLAND; EVENT WAS ALSO KNOWN AS MID-ATLANTIC MISSION OF MERCY,

PROVIDING FREE DENTAL SERVICES AND HEALTH SCREENINGS & EDUCATION. ALSO,

HOLIDAY GIVING: UMD HOROWITZ LITERACY OUTREACH FUND (FOR OUTREACH) AND

CENTER FOR HEALTH EQUITY (RESEARCH HEALTH DISPARITIES). ALSO, A DONATION

TO PROVIDE SUPPORT FOR DEVELOPMENT OF BROAD, MULTIDISCIPLINARY RESEARCH

INITIATIVES THAT WILL ADDRESS RACIAL AND ETHNIC HEALTH DISPARITIES.

ALSO, SCHOLARSHIP FUNDING IN SUPPORT OF STUDENTS WHO ARE STUDYING IN

PROGRAMS RELATED TO THE ALLIED HEALTH PROFESSIONS.

NAME OF ORGANIZATION OR GOVERNMENT: VIETNAMESE AMERICAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 GRANT FOR THEIR HEALTHCARE

PROGRAM PROVIDING HEALTH EDUCATION AND PATIENT NAVIGATION FOR VIETNAMESE

RESIDENTS OF MARYLAND.

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON ADVENTIST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 SPONSORSHIP OF WAU FAMILY FUN

FEST & \$100,000 IN SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, FOR

SCIENCE AND WELLNESS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER SILVER SPRING CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: BOARD SPONSORSHIP - CORPORATE

PARTNER - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTE HEALTHCARE CAREERS AND POLICY ADVOCACY.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization: **ADVENTIST HEALTHCARE, INC.** Employer identification number: **52-1532556**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARISSA LESLIE, MD BOARD MEMBER; MEDICAL DIRECTOR, BH&WS	(i)	276,290.	0.	269.	10,904.	10,961.	298,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSEMARIE MELENDEZ BOARD, DIR ED & NURSING ADMIN, WAH	(i)	159,903.	0.	251.	7,250.	23,528.	190,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TERRY FORDE PRESIDENT & CEO, AHC; BOARD, SECRETARY	(i)	878,466.	523,769.	216,890.	198,177.	40,078.	1,857,380.	177,872.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES G. LEE EVP & CFO, AHC	(i)	499,438.	166,359.	109,685.	88,228.	34,933.	898,643.	96,763.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN SACKETT EVP/COO, AHC; PRESIDENT, SGMC & BH&WS	(i)	541,445.	180,669.	117,592.	118,709.	54,919.	1,013,334.	97,424.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIK WANGSNESS PRESIDENT, WAH	(i)	415,290.	122,726.	88,634.	89,883.	35,890.	752,423.	77,326.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEITH BALLENGER PRESIDENT, HOME HEALTH	(i)	191,442.	49,172.	31,931.	35,264.	21,822.	329,631.	23,576.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES DAMRON VP & CHIEF DEVELOPMENT OFFICER, AHC	(i)	251,343.	68,432.	49,209.	12,929.	16,353.	398,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KENNETH B. DESTEFANO VP & GENERAL COUNSEL, AHC	(i)	360,248.	94,663.	76,435.	60,110.	30,482.	621,938.	40,141.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MAUREEN DYMOND VP, FINANCIAL OPERATIONS, AHC	(i)	209,288.	55,572.	28,626.	37,626.	29,570.	360,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PATRICK GARRETT SVP&PHYSICIAN INTEGRATION, PARTIAL YR	(i)	54,618.	128,317.	424,625.	2,972.	13,819.	624,351.	89,509.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	(i)	291,205.	75,280.	58,261.	67,855.	5,876.	498,477.	51,312.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SUSAN L. GLOVER SVP & SYSTEM QUALITY, AHC	(i)	305,794.	100,799.	54,810.	64,169.	32,235.	557,807.	46,812.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) THOMAS GRANT VP, PUBLIC RELATIONS & MARKETING, AHC	(i)	212,353.	55,844.	30,251.	52,143.	5,548.	356,139.	24,950.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DEBRA ILLIG VP, CLINICAL EFF.&PATIENT SAFETY, AHC	(i)	202,921.	51,393.	40,179.	42,579.	24,457.	361,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BRENDAN JOHNSON VP, HUMAN RESOURCES, AHC	(i)	179,251.	31,263.	1,385.	9,038.	8,483.	229,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MARTA BRITO PEREZ SVP, POP. HEALTH/POST-ACUTE CARE SER.	(i)	369,080.	116,310.	151,297.	13,500.	35,529.	685,716.	123,766.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) KRISTEN PULIO VP, REVENUE MANAGEMENT, AHC	(i)	253,259.	65,488.	47,179.	63,701.	8,133.	437,760.	41,563.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) BRENT REITZ PRESIDENT, ARHM	(i)	289,308.	90,482.	46,964.	62,820.	27,002.	516,576.	39,934.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) EUNMEE SHIM VP, BUS. DEV.&STRATEGIC PLANNING, AHC	(i)	345,372.	92,999.	49,628.	77,136.	31,814.	596,949.	42,477.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CARLOS VARGAS VP, HR SHARED SERVICES, AHC	(i)	215,574.	72,755.	3,316.	39,618.	26,303.	357,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) KEVIN YOUNG PRESIDENT, BH&WS, PARTIAL YEAR	(i)	234,220.	0.	198,056.	11,994.	27,280.	471,550.	99,197.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) JAMES ROST, M.D. CMO, WAH, EMPLOY. START DATE 4/17	(i)	263,221.	75,000.	1,491.	67,915.	14,539.	422,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) DANIEL L. COCHRAN VP & CFO, SGMC	(i)	328,234.	82,997.	62,909.	76,615.	24,522.	575,277.	54,281.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) DAVID SMITH VP OF OPERATIONS, SGMC	(i)	239,063.	61,978.	51,616.	53,846.	21,051.	427,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) KEVIN SMOTHERS VP & CHIEF MEDICAL OFFICER, SGMC	(i)	277,592.	103,654.	252,259.	13,500.	28,938.	675,943.	151,739.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) JOAN VINCENT CHIEF NURSING OFFICER, SGMC	(i)	253,247.	62,023.	60,545.	12,822.	3,618.	392,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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.

PART I, LINE 3:

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

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.

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. THE FIRST PAYMENT ON

THE EXECUTIVE RETENTION PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015,

WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2017 AND CONTRIBUTIONS

ACCUMULATED IN 2016 WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2018. 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

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.

THIS BENEFIT SINCE THEY HAVE 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 OF 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,

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.

ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS 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

COMPARABLY 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.

PART I, LINES 4A-B:

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. THE FIRST PAYMENT ON

THE EXECUTIVE RETENTION PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015,

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.

WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2017 AND CONTRIBUTIONS

ACCUMULATED IN 2016 WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2018.

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 LISTED BELOW RECEIVED EARLY LUMP-SUM CASH PAYMENTS

ON THEIR 457F PLANS:

JAMES DAMRON: \$47,457

MARTA PEREZ: \$75,796

KEVIN YOUNG: \$34,860

KEVIN SMOTHERS: \$43,261

JOAN VINCENT: \$55,628

ALSO, IN 2017, SEVERANCE PAYMENTS WERE MADE TO:

PATRICK GARRETT: \$326,901

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.

KEVIN YOUNG: \$72,393

Supplemental Information on Tax-Exempt Bonds

ENTITY 1

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2017
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) Pooled financing	
							Yes	No	Yes	No	Yes	No
							A MHHEFA (2011 A)	52-0936091	574218CH4	09/01/11	57,508,761.	SEE PART VI
B MHHEFA (2013)	52-0936091	NONEAVAIL	06/12/13	15,623,500.	SEE PART VI		X		X		X	
C MHHEFA (2014 A)	52-0936091	NONEAVAIL	02/26/14	25,000,000.	SEE PART VI		X		X		X	
D MHHEFA (2016)	52-0936091	574218T37	12/14/16	407,014,392.	SEE PART VI		X		X		X	

Part II Proceeds	A		B		C		D	
1 Amount of bonds retired			5,736,941.		2,160,000.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	57,508,761.		15,623,500.		25,000,000.		408,927,435.	
4 Gross proceeds in reserve funds	5,842,471.						22,381,741.	
5 Capitalized interest from proceeds							7,278,903.	
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.		72,944,562.	
11 Other spent proceeds	53,581,715.		15,623,500.				125,559,463.	
12 Other unspent proceeds							176,922,705.	
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	

Supplemental Information on Tax-Exempt Bonds

ENTITY 2

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2017
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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2017)	52-0936091	NONEAVAIL	12/14/17	40,000,000.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue	40,019,757.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
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	660,690.								
11 Other spent proceeds									
12 Other unspent proceeds	39,050,258.								
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)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X		X	
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	
c Are there any research agreements that may result in private business use of bond-financed property?	X			X	X		X	
d 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	
4 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	1.73 %		.00 %		.03 %		.00 %	
5 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 government00 %				.00 %	
6 Total of lines 4 and 5	1.73 %		.00 %		.03 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d 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							
4 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 government00 %		%		%		%
5 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 government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

PART I, II, & IV:

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:

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

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 WILL BE COMPLETED IN 2019 AND
IS EXPECTED TO BE 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

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

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 \$5,842,471 AS OF 12/31/17. 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.

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
MARIJANE FORDE	WIFE OF TERRY FORDE	11,008.	MARIJANE FO		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARIJANE FORDE

(D) DESCRIPTION OF TRANSACTION: MARIJANE FORDE WAS EMPLOYED WITH AHC

DURING 2017 AND RECEIVED A SALARY OF \$11,008. MARIJANE'S HUSBAND IS TERRY

FORDE, WHO IS THE PRESIDENT & CEO OF AHC AND SECRETARY OF AHC'S BOARD.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ADVENTIST HEALTHCARE, INC.

Employer identification number

52-1532556

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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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 2016, BOTH HOSPITALS WERE GRANTED A THREE-YEAR ACCREDITATION FROM THE JOINT COMMISSION. THE ACCREDITATION PROCESS ESTABLISHED BY THE COMMISSION IS RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO MEETING PERFORMANCE STANDARDS.

IN 2017, THE HOSPITALS RECEIVED TWO AWARDS IN FROM THE AMERICAN HEART ASSOCIATION (AHA) FOR LIFE-SAVING, HIGH-QUALITY STROKE CARE. THE HOSPITALS EARNED THE GOLD PLUS QUALITY ACHIEVEMENT, WHICH RECOGNIZES THEM FOR AGGRESSIVELY TREATING STROKE PATIENTS WITH 85 PERCENT OR HIGHER COMPLIANCE TO THE CORE STANDARD LEVELS OF CARE OUTLINED BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR 12 CONSECUTIVE MONTHS. THE SECOND AWARD, THE STROKE HONOR ROLL ELITE PLUS, HONORS EACH HOSPITAL FOR MAINTAINING A SHORT TIME PERIOD BETWEEN A PATIENT'S ARRIVAL AT THE HOSPITAL AND TREATMENT WITH CLOT-DISSOLVING MEDICATION, AS DESIGNATED BY QUALITY GUIDELINES. PROVIDING THE MEDICATION WITHIN THE FIRST THREE HOURS AFTER STROKE SYMPTOMS BEGIN 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 2016 BY:

A) THE AMERICAN HEART ASSOCIATION FOR ITS ADHERENCE TO QUALITY MEASURES IN TREATING PATIENTS WHO SUFFER SEVERE HEART ATTACKS. THE HOSPITAL

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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 NATIONAL CARDIOVASCULAR DATA

REGISTRY (NCDR) ACTION REGISTRY-PLATINUM PERFORMANCE ACHIEVEMENT AWARD

FOR ITS COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF

CARE FOR HEART-ATTACK PATIENTS. THE AWARD, ONE OF ONLY 193 HANDED OUT

NATIONWIDE, SIGNIFIES THAT SHADY GROVE 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.

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

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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

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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 2016, WASHINGTON ADVENTIST HOSPITAL BEGAN A \$331 MILLION PROJECT TO BUILD A NEW ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL IN THE WHITE OAK AREA 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 WILL MOVE ITS ACUTE-CARE OPERATIONS TO THE NEWLY CONSTRUCTED 170-BED HOSPITAL, ESTIMATED TO OPEN IN THE SUMMER OF 2019.

THE NEW HOSPITAL, TO BE CALLED ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER, 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.

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ONCE THE HOSPITAL MOVES, THE CURRENT TAKOMA PARK LOCATION WILL FEATURE AN URGENT CARE CENTER AND PHYSICIAN OFFICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:

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 2017:

- > 2 ACCOUNTABLE CARE ORGANIZATIONS: MID-ATLANTIC PRIMARY CARE ACO, LLC & ONE HEALTH QUALITY ACO, LLC,
- > 4 HOSPITALS: 2 ACUTE CARE, 1 ACUTE REHABILITATION, & 1 SPECIALTY,
- > 1,703 PHYSICIANS/MEDICAL STAFF MEMBERS,
- > 6,608 EMPLOYEES,
- > 6,589 COVERED LIVES/PATIENT CENTERED MEDICAL HOME,
- > 6,657 NEWBORNS,
- > 13,256 OUTPATIENT SURGERIES,

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- > 24,564 MEDICAL ADMISSIONS,
- > 54,000 HEALTH AND WELLNESS ENCOUNTERS (APPROXIMATE),
- > 79,586 VOLUNTEER HOURS,
- > 111,409 HOME HEALTH VISITS,
- > 110,216 EMERGENCY VISITS,
- > 752,000 OVERALL ENCOUNTERS (APPROX.),
- > \$71,542,929 COMMUNITY BENEFIT.

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

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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 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 2014, WASHINGTON ADVENTIST HOSPITAL AND COMMUNITY CLINIC, INC. FORGED AN INNOVATIVE PARTNERSHIP AND OPENED A NEW CLINIC ON THE HOSPITAL'S CAMPUS INTENDED TO IMPROVE ACCESS TO PRIMARY AND PREVENTIVE CARE FOR UNINSURED AND UNDER-INSURED PATIENTS. THE PARTNERSHIP MAKES IT POSSIBLE TO SPECIFICALLY HELP, THROUGH DISCHARGE AND TRANSITION PLANNING, UNDERSERVED PATIENTS AT HIGH RISK OF HOSPITAL READMISSION.

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.

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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 10 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 30,000 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 &

WELLNESS ENSURES THE DELIVERY OF POPULATION-BASED CARE AND PROMOTION OF

HEALTH CARE EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE.

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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:

- > CULTURAL COMPETENCE TRAINING FOR HEALTH PROFESSIONALS,
- > COMMUNITY OUTREACH THROUGH HEALTH SCREENINGS AND EDUCATION,
- > INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF,
- > ORGANIZATIONAL HEALTH EQUITY ASSESSMENT AND STRATEGIC PLANNING,
- > DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY HEALTH NEEDS ASSESSMENTS,
- > COMMUNITY BENEFIT REPORTING,
- > PROGRAM DEVELOPMENT AND RESEARCH.

ALIGNING THESE AREAS ALLOWS ADVENTIST HEALTHCARE TO ENHANCE ITS POSITION IN THE REGION AND NATIONALLY AS THE LEADER IN PROVIDING POPULATION-BASED AND EQUITABLE CARE THROUGHOUT THE CARE CONTINUUM, FROM BIRTH TO DEATH, FROM INPATIENT 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, PHYSICIAN PRACTICES AND OTHER SERVICES TO ALL OUR COMMUNITIES. OUR PROGRAMS ARE DESIGNED TO NOT ONLY 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.

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THE CENTER FOR HEALTH EQUITY & WELLNESS BRINGS TOGETHER THE ADVENTIST

HEALTHCARE CENTER ON HEALTH DISPARITIES AND THE ADVENTIST HEALTHCARE

HEALTH AND WELLNESS DEPARTMENT. THE CENTER ON HEALTH DISPARITIES WAS

ESTABLISHED IN 2007 TO HELP ACHIEVE HEALTH EQUITY IN THE COMMUNITIES

SERVED BY ADVENTIST HEALTHCARE. BY RAISING COMMUNITY AWARENESS,

IMPROVING CAPACITY, AND DEVELOPING SOLUTIONS TO ELIMINATE LOCAL

DISPARITIES IN HEALTH CARE, THE CENTER ON HEALTH DISPARITIES HAS WORKED

TO IMPROVE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR MINORITIES,

WOMEN, AND PEOPLE WHO HAVE LANGUAGE BARRIERS OR OTHER COMMUNICATION

NEEDS. THE HEALTH AND WELLNESS DEPARTMENT HAS LONG WORKED WITH AHC

HEALTH PROGRAMS, SUCH AS CARDIOVASCULAR, DIABETES, CANCER, AND MATERNAL

AND CHILD HEALTH, TO RAISE AWARENESS OF HEALTH ISSUES, TO SCREEN FOR

VARIOUS CONDITIONS, AND TO OFFER EDUCATIONAL AND SUPPORT PROGRAMS TO

COMMUNITY MEMBERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2:

THE CENTER FOR HEALTH EQUITY & 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.

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> 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!),

> PLAN AND HOST ANNUAL CONFERENCE ON HEALTH CARE DISPARITIES AND BEST

PRACTICES TO PROMOTE HEALTH EQUITY,

> DEVELOP AND DISSEMINATE ADVENTIST HEALTHCARE'S HEALTH EQUITY REPORT

ANNUALLY TO INFORM STRATEGIES THAT MEET OUR MISSION.

> CONDUCT CULTURAL COMPETENCY, DATA COLLECTION, AND OTHER TRAINING AND

CONTINUING EDUCATION CLASSES FOR HEALTH PROFESSIONALS AT LEAST TWICE A

YEAR.

> CONDUCT QUALIFIED BILINGUAL STAFF TRAINING CLASSES 2-4 TIMES A YEAR.

> PUBLISH QUARTERLY ARTICLES ON CURRENT NEWS AND RESEARCH ON HEALTH

EQUITY FOR EMPLOYEE NEWSLETTERS.

> SUBMIT RESEARCH TO PEER-REVIEWED JOURNALS FOR PUBLICATION AS

APPLICABLE.

> DEVELOP LOGIC MODELS WITH MEASUREABLE OUTCOMES TO EVALUATE HEALTH

PROMOTION AND EDUCATION PROGRAMS.

> 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.

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> PROVIDE PRE- AND POST-NATAL EDUCATION AND SUPPORT TO NEW AND EXPECTANT PARENTS,

> 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,

> PROMOTE CARDIOVASCULAR HEALTH THROUGH SCREENINGS AND EDUCATION ON PREVENTION AND LIFESTYLE CHANGES,

> DELIVER COMPREHENSIVE AND ACCREDITED DIABETES EDUCATION TO THE COMMUNITY,

> 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 TO 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

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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.).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2017, BH&WS PROVIDED \$1,379,635 IN UNCOMPENSATED MENTAL HEALTH CARE ACROSS ITS ROCKVILLE AND TAKOMA PARK CAMPUSES.

BH&WS FACILITIES OFFER A TOTAL OF 156 ACUTE CARE BEDS, 16 ASSISTED LIVING BEDS AND A FULL CONTINUUM OF OUTPATIENT SERVICES. BH&WS CARED FOR APPROXIMATELY 6,000 PATIENTS AND RESIDENTS ACROSS ITS ENTITIES IN 2017.

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BH&WS ROCKVILLE CAMPUS:

THE BH&WS ROCKVILLE CAMPUS IS A NOT-FOR-PROFIT, JOINT COMMISSION ACCREDITED, 117-BED PSYCHIATRIC TREATMENT FACILITY LOCATED IN MONTGOMERY COUNTY. BH&WS IS THE LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES IN MONTGOMERY COUNTY. THE ROCKVILLE CAMPUS ALSO PROVIDES OUTPATIENT CHEMICAL DEPENDENCY SERVICES FOR ADULTS, OPERATES A PARTIAL HOSPITALIZATION PROGRAM FOR ADOLESCENTS AND ADULTS, AND AN OUTPATIENT WELLNESS CLINIC.

BH&WS' 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.

BH&WS AND PENINSULA REGIONAL MEDICAL CENTER:

BH&WS PARTNERED WITH PENINSULA REGIONAL MEDICAL CENTER (PRMC) IN 2015 TO MANAGE PRMC'S BEHAVIORAL HEALTH SERVICES IN THE EASTERN SHORE REGION. PRMC'S BEHAVIORAL HEALTH SERVICES INCLUDE ADULT INPATIENT AND PARTIAL HOSPITALIZATION PROGRAMS AS WELL AS OUTPATIENT SERVICES FOR CHILDREN AND ADOLESCENTS AT THE OUTPATIENT WELLNESS CLINIC IN

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SALISBURY.

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.

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:

BH&WS 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.

BH&WS AND ITS EMPLOYEES ALSO SPONSOR AND SUPPORT COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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.

FORM 990, PART VI, SECTION A, LINE 6:

MID-ATLANTIC ADVENTIST HEALTHCARE, INC. IS THE SOLE MEMBER OF ADVENTIST

HEALTHCARE, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

MID-ATLANTIC ADVENTIST HEALTHCARE, INC. CAN ELECT MEMBERS OF THE BOARD.

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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.

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.

FORM 990, PART VI, SECTION B, LINE 12C:

PURSUANT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, EACH FACILITY

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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

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LEGAL DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 15:

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").

> 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.

> 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 IN 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.

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> WHEN SETTING EXECUTIVE COMPENSATION, ADVENTIST HEALTHCARE, INC. FULLY

COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED IN IRS REGULATIONS.

> EXECUTIVE COMPENSATION FOR ADVENTIST HEALTHCARE, INC. IS ENTIRELY SET BY

A COMMITTEE OF ADVENTIST HEALTHCARE, INC.'S GOVERNING BOARD;

> IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET

COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

CONSULTANT; AND

> TO FURTHER ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH

PERCENTILE (OR MEDIAN) OF THE MARKET.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 33,707,228.

MANAGEMENT AND GENERAL EXPENSES 1,729,674.

FUNDRAISING EXPENSES 16,585.

TOTAL EXPENSES 35,453,487.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 23,270,382.

MANAGEMENT AND GENERAL EXPENSES 4,675,251.

FUNDRAISING EXPENSES 8,632.

TOTAL EXPENSES 27,954,265.

CONTRACT LAB SERVICES:

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PROGRAM SERVICE EXPENSES 18,349,040.

MANAGEMENT AND GENERAL EXPENSES 150.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 18,349,190.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES 2,108,558.

MANAGEMENT AND GENERAL EXPENSES 1,996,690.

FUNDRAISING EXPENSES 66,139.

TOTAL EXPENSES 4,171,387.

PATIENT TRANSPORTATION SERVICES:

PROGRAM SERVICE EXPENSES 1,071,634.

MANAGEMENT AND GENERAL EXPENSES 525.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,072,159.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 87,000,488.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ORGANIZATION TRANSFER -50,493,996.

OTHER UNRESTRICTED NET ASSETS ACTIVITY -1,063,598.

CHANGE IN VALUE REMAINDER TRUST 18,397.

ACQUIRED NET ASSETS FROM SALE OF HACKETTSTOWN COMMUNITY HOSPITAL, INC.

TOTAL TO FORM 990, PART XI, LINE 9 -51,539,197.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **ADVENTIST HEALTHCARE, INC.** Employer identification number **52-1532556**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ADVENTIST CANCER CARE, LLC - 26-2515407 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	OUTPATIENT CANCER CARE	MARYLAND	1,737,631.	1,815,192.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ALLIANCE, LLC - 52-1532556, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	INTEGRATED PHYSICIAN GROUP	MARYLAND	0.	-2,292,572.	ADVENTIST HEALTHCARE, INC.
ONE HEALTH QUALITY ACO, LLC - 47-4070973 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	MEDICARE SHARED SAVINGS PLAN ACCOUNTABLE CARE ORGANIZATION	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.
BLACKWELL PHYSICIANS, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	AMBULATORY SERVICES	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC. - 46-1577511, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	CLINIC - EMERGENCY CARE	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST HOME HEALTH SERVICES, INC. - 52-0986808, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOME CARE SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST PHYSICIAN SERVICES, INC - 20-4600646, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	PHYSICIAN SERVICES	MARYLAND	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE, INC.	X	
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC. - 20-1486678, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	REHABILITATION HOSPITAL	MARYLAND	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	

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

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

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	
SHADY GROVE MEDICAL BUILDING, LLC - 27-4599411, 1650 TYSONS BOULEVARD, STE 820, MCLEAN, VA 22102	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	237,505.	18,620.		X	N/A		X	50.00%
MID-ATLANTIC PRIMARY CARE ACO, LLC - 35-2477392, 820 WEST DIAMOND AVE. SUITE 600, GAITHERSBURG, MD 20878	ACCOUNTABLE CARE ORGANIZATION	MD	N/A	RELATED	209,998.	0.		X	N/A		X	25.00%
NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC - 81-5410250, 820 WEST DIAMOND AVE. SUITE 600, GAITHERSBURG,	HEALTHCARE & COMMUNITY SERVICE FOR IMPROVED HEALTH	MD	N/A	RELATED	0.	0.		X	N/A		X	25.00%

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
PREMIER MEDICAL NETWORK, INC. - 52-1952469 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE, INC.	C CORP	450.	19,745.	50.00%		X

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	B	177,164	COST
(2) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	B	27,581	COST
(3) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	C	1,131,494	COST
(4) ADVENTIST BEHAVIORAL HEALTH FOUNDATION, INC.	C	45,000	COST
(5) ADVENTIST HOME HEALTH SERVICES, INC.	L	875,479	COST
(6) ADVENTIST PHYSICIAN SERVICES, INC.	L	492,538	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	L	1,417,193.	COST
(8) ADVENTIST HEALTHCARE URGENT CARE CENTERS, INC.	L	150,497.	COST
(9) REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC.	L	338,708.	COST
(10) ADVENTIST HOME HEALTH SERVICES, INC.	Q	801,203.	COST
(11) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Q	2,642,421.	COST
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ADVENTIST REHABILITATION, INC.

DIRECT CONTROLLING ENTITY: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND,

INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN,

INC.

EIN: 52-1255870

820 W. DIAMOND AVE SUITE 600

GAITHERSBURG, MD 20878-1419

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEXUS MONTGOMERY REGIONAL PARTNERSHIP, LLC

EIN: 81-5410250

820 WEST DIAMOND AVE. SUITE 600

GAITHERSBURG, MD 20878

**Adventist HealthCare, Inc. and
Controlled Entities**

Financial Statements and
Supplementary Information

December 31, 2017 and 2016



BAKER TILLY

Candor. Insight. Results.

Adventist HealthCare, Inc. and Controlled Entities

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December 31, 2017 and 2016

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Independent Auditors' Report

Board of Trustees
Adventist HealthCare, Inc. and Controlled Entities

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Adventist HealthCare, Inc. and controlled entities (collectively, the "Corporation"), which comprise the consolidated balance sheets as of December 31, 2017 and 2016, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Adventist HealthCare, Inc. and controlled entities as of December 31, 2017 and 2016, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating and combining information presented on pages 42 to 46 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual companies and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Baker Tilly Virchow Krause, LLP

Wilkes-Barre, Pennsylvania
April 25, 2018

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 40,714,884	\$ 30,198,079
Short-term investments	197,803,029	188,594,181
Assets whose use is limited	2,923,796	2,870,341
Patient accounts receivable, net of estimated allowance for doubtful collections of \$22,487,000 in 2017 and \$27,415,000 in 2016	93,209,946	91,827,593
Other receivables, net of estimated allowance for doubtful collections of \$628,000 in 2017 and \$2,436,000 in 2016	16,070,981	15,244,017
Inventories	9,410,777	10,211,601
Prepaid expenses and other current assets	<u>7,653,048</u>	<u>7,366,320</u>
Total current assets	367,786,461	346,312,132
Property and Equipment, Net	511,609,795	431,961,901
Assets Whose Use is Limited		
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	244,332,570	269,595,205
Professional liability trust fund	11,878,591	12,233,224
Deferred compensation fund	1,403,371	1,466,041
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisitions	2,322,753	2,264,115
Investments and Investments in Unconsolidated Subsidiaries	15,665,245	13,283,684
Land Held for Healthcare Development	47,660,070	48,706,305
Intangible Assets, Net	8,343,130	8,966,166
Deposits and Other Noncurrent Assets	<u>5,610,693</u>	<u>5,784,836</u>
Total assets	<u>\$ 1,216,612,679</u>	<u>\$ 1,140,573,609</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 86,818,184	\$ 83,843,748
Accrued compensation and related items	37,260,446	34,851,454
Interest payable	9,747,294	2,021,390
Due to third party payors	17,818,402	18,665,027
Estimated self-insured professional liability	1,179,664	1,150,302
Current maturities of long-term obligations	<u>13,019,860</u>	<u>12,749,886</u>
Total current liabilities	165,843,850	153,281,807
Construction Payable	14,828,539	3,027,323
Long-Term Obligations, Net		
Bonds payable	551,211,489	515,091,030
Notes payable	22,089,282	26,381,525
Capital lease obligations	11,229,970	16,263,001
Derivative Financial Instruments	1,145,303	2,073,079
Other Liabilities	11,963,765	14,864,817
Estimated Self-Insured Professional Liability	<u>13,082,881</u>	<u>11,715,201</u>
Total liabilities	<u>791,395,079</u>	<u>742,697,783</u>
Net Assets		
Unrestricted	417,328,975	391,327,657
Temporarily restricted	7,547,204	6,206,748
Permanently restricted	<u>341,421</u>	<u>341,421</u>
Total net assets	<u>425,217,600</u>	<u>397,875,826</u>
Total liabilities and net assets	<u><u>\$ 1,216,612,679</u></u>	<u><u>\$ 1,140,573,609</u></u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations

Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Unrestricted Revenues		
Net patient service revenue	\$ 801,836,667	\$ 773,827,332
Provision for doubtful collections	(31,782,541)	(35,002,586)
Net patient service revenue less provision for doubtful collections	770,054,126	738,824,746
Other revenue	38,064,322	41,106,399
Total unrestricted revenues	<u>808,118,448</u>	<u>779,931,145</u>
Expenses		
Salaries and wages	360,720,746	345,296,234
Employee benefits	68,630,252	65,852,367
Contract labor	39,039,683	36,319,743
Medical supplies	103,013,363	100,324,519
General and administrative	122,036,220	117,809,537
Building and maintenance	41,922,317	42,794,430
Insurance	5,674,763	5,297,256
Interest	10,353,452	10,362,411
Depreciation and amortization	36,463,353	36,746,661
Total expenses	<u>787,854,149</u>	<u>760,803,158</u>
Income from operations	<u>20,264,299</u>	<u>19,127,987</u>
Other Income (Expense)		
Investment income	8,232,502	3,129,171
Loss on extinguishment of debt	-	(686,357)
Other (expense) income	(1,994,397)	44,281
Total other income	<u>6,238,105</u>	<u>2,487,095</u>
Revenues in excess of expenses from continuing operations	26,502,404	21,615,082
Change in net unrealized gains (losses) on investments other than trading securities	2,582,625	(1,430,441)
Change in net unrealized gain on derivative financial instruments	700,697	2,352,325
Net assets released from restriction for purchase of property and equipment	1,152,590	1,217,796
Deferred compensation plan liability adjustment	(512,305)	(521,260)
Other unrestricted net asset activity	(1,762,971)	(1,458,904)
Increase in unrestricted net assets from continuing operations	28,663,040	21,774,598
Loss from discontinued operations	<u>(2,661,722)</u>	<u>(20,227,038)</u>
Increase in unrestricted net assets	<u>\$ 26,001,318</u>	<u>\$ 1,547,560</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Changes in Net Assets
Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Unrestricted Net Assets		
Revenues in excess of expenses from continuing operations	\$ 26,502,404	\$ 21,615,082
Change in net unrealized gains (losses) on investments other than trading securities	2,582,625	(1,430,441)
Change in net unrealized gain on derivative financial instruments	700,697	2,352,325
Net assets released from restriction for purchase of property and equipment	1,152,590	1,217,796
Deferred compensation plan liability adjustment	(512,305)	(521,260)
Other unrestricted net asset activity	<u>(1,762,971)</u>	<u>(1,458,904)</u>
Increase in unrestricted net assets from continuing operations	28,663,040	21,774,598
Loss from discontinued operations	<u>(2,661,722)</u>	<u>(20,227,038)</u>
Increase in unrestricted net assets	<u>26,001,318</u>	<u>1,547,560</u>
Temporarily Restricted Net Assets		
Restricted gifts and donations	4,933,934	3,438,671
Net assets released from restriction for purchase of property and equipment	(1,152,590)	(1,217,796)
Net assets released from restriction used for operations	(2,480,828)	(2,075,440)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	18,397	(30,449)
Change in discount of pledges receivable and provision for doubtful pledges	11,309	(496,776)
Donor restricted investment income	<u>10,234</u>	<u>4,098</u>
Increase (decrease) in temporarily restricted net assets	<u>1,340,456</u>	<u>(377,692)</u>
Permanently Restricted Net Assets		
Other permanently restricted net asset activity	<u>-</u>	<u>(410,000)</u>
Increase in net assets	27,341,774	759,868
Net Assets, Beginning	<u>397,875,826</u>	<u>397,115,958</u>
Net Assets, Ending	<u>\$ 425,217,600</u>	<u>\$ 397,875,826</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash Flows from Operating Activities		
Increase in net assets	\$ 27,341,774	\$ 759,868
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for doubtful collections	31,782,541	36,284,410
Depreciation and amortization	36,453,533	38,098,970
Amortization of deferred financing costs	200,349	189,890
Deferred compensation plan liability adjustment	512,305	521,260
Loss on extinguishment of debt	-	686,357
Restricted contributions and grants	(3,782,795)	(1,878,488)
Earnings recognized from unconsolidated subsidiaries and affiliates	(2,040,340)	(2,335,147)
Amortization of physician income guarantees	9,105	31,530
Net realized (gain) loss on investments	(3,628,355)	710,869
Change in net unrealized (gains) losses on investments other than trading securities	(2,582,625)	1,430,441
Change in net unrealized gain on derivative financial instruments	(700,697)	(2,352,325)
Change in value of beneficial interest in trusts and charitable gift annuity	(18,397)	30,449
Change in discount on pledges receivable and provision for doubtful pledges	(11,309)	496,776
Loss on disposal of BH&WS Eastern Shore	2,911,706	-
Loss on sale of HRMC	-	16,967,178
Changes in assets and liabilities:		
Patient accounts receivable, net	(33,960,881)	(26,011,792)
Other receivables, net	(836,069)	628,056
Inventories, prepaid expenses and other current assets	514,096	(2,229,881)
Accounts payable and accrued expenses	2,880,926	(3,167,435)
Accrued compensation and related items	2,408,992	1,749,437
Interest payable	7,725,904	(309,870)
Estimated self-insured professional liability	1,397,042	573,922
Due to third party payors	(846,625)	(1,495,631)
Other noncurrent assets and liabilities	(3,415,492)	(3,889,927)
Net cash provided by operating activities	<u>\$ 62,314,688</u>	<u>\$ 55,488,917</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows
Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash Flows from Investing Activities		
Purchase of property and equipment	\$ (105,592,446)	\$ (45,840,372)
Increase in investments and investments in unconsolidated subsidiaries	(3,959,138)	(52,498,944)
Additions to land held for healthcare development	(6,675,741)	(4,729,611)
Proceeds from sale of land for healthcare development	7,721,976	5,938,458
Proceeds from sale of HRMC	-	47,000,550
Distributions from investments in unconsolidated subsidiaries	321,113	389,555
Purchase of investment in unconsolidated subsidiary	(674,626)	(2,435,579)
Decrease (increase) in trustee held funds and restricted cash	26,520,312	(264,548,939)
	<u>(82,338,550)</u>	<u>(316,724,882)</u>
Net cash used in investing activities		
Cash Flows from Financing Activities		
Payment of financing costs	(423,227)	(3,509,604)
Proceeds from issuance of bonds	40,000,000	296,979,390
Repayments on long-term obligations, net	(12,818,901)	(32,710,743)
Proceeds from capital lease facility	-	32,922
Payment of termination fee for derivative financial instrument	-	(16,875,000)
Proceeds from restricted contributions and grants	3,782,795	1,878,488
	<u>30,540,667</u>	<u>245,795,453</u>
Net cash provided by financing activities		
Net increase (decrease) in cash and cash equivalents	10,516,805	(15,440,512)
Cash and Cash Equivalents, Beginning	<u>30,198,079</u>	<u>45,638,591</u>
Cash and Cash Equivalents, Ending	<u>\$ 40,714,884</u>	<u>\$ 30,198,079</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 4,138,018</u>	<u>\$ 12,490,712</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Capital lease obligation incurred for equipment	<u>\$ 469,249</u>	<u>\$ 14,740,520</u>
Construction payable for property and equipment	<u>\$ 14,828,539</u>	<u>\$ 3,027,323</u>
Long-term debt refinanced	<u>\$ -</u>	<u>\$ 110,035,000</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Adventist HealthCare, Inc. ("AHC") is a nonstock membership corporation organized to effectuate coordinated administration of hospitals and other health care organizations through the provision of key management and administrative services. The mission of AHC is to extend God's care through the ministry of physical, mental and spiritual healing. AHC is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. AHC is not exempt from income taxes for unrelated business income. AHC's sole corporate member is Mid-Atlantic Adventist HealthCare, Inc. AHC is comprised of several operating divisions and controlled entities, as follows:

Shady Grove Medical Center ("SGMC") is a 266-bed acute care hospital located in Rockville, Maryland.

Washington Adventist Hospital ("WAH") is a 236-bed acute care hospital located in Takoma Park, Maryland.

Hackettstown Community Hospital d.b.a. Hackettstown Regional Medical Center ("HRMC") is a 111-bed not-for-profit acute care hospital organized under the laws of the State of New Jersey. On March 31, 2016, the Corporation sold the operating assets to an unrelated third party, and discontinued the operations of the facility. See Note 3 for further details.

Behavioral Health & Wellness Services ("BH&WS") is comprised of two separate facilities located in Maryland. BH&WS - Rockville is a 107-bed psychiatric hospital. BH&WS - Eastern Shore is an acute care and residential mental health resource for children and adolescents, which had 15 acute care psychiatric beds and 59 residential treatment rooms. In November, 2016, AHC made the decision to discontinue the operations of the BH&WS - Eastern Shore location. See Note 3 for further details.

Rehabilitation ("Rehab") operates one inpatient hospital with two sites in Maryland, as well as two outpatient locations. Rehab - Rockville is a 55-bed rehabilitation facility and Rehab - Takoma Park is a 32-bed rehabilitation facility.

Adventist HealthCare Imaging ("Imaging") operates six clinical sites and provides inpatient and outpatient imaging services at SGMC and WAH.

Clinical Integration Services ("CIS") is comprised of Adventist Medical Group ("AMG"). AMG is a not-for-profit entity that provides primary care and specialty care physician professional health services to the communities it serves. AHC contracted with Medical Faculty Associates, Inc. ("MFA") to employ the AMG employees, through a wholly owned affiliate of MFA, in exchange for certain economic support to facilitate the growth by MFA of the AMG physician practices. In December 2017, however, AHC terminated its contract with MFA as it relates to the primary care, physiatry and endocrinology practices. The termination is effective July 2018, at which time the primary care, physiatry and endocrinology practices will be operated by AHC. The remaining specialty care practices will continue to be operated by MFA, with the respective operating results recorded in SGMC and WAH. CIS also includes the administration needed to facilitate the coordination of patient care across conditions, providers and settings.

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The Other Health Services operating division is comprised of two entities. Lifework Strategies ("LWS") provides employee assistance and employee wellness programs to client employees. LWS's mission is to help individuals live healthier, happier and more productive lives. Capital Choice Pathology Lab ("CCPL") provides full pathology production services to client hospitals.

The Support Center is comprised of the Corporate Office ("CO") and the AHC benefit business unit. The CO provides corporate and centralized shared service functions that benefit the entire AHC system. The AHC benefit business unit administers the self-insurance health benefit program including health insurance, dental and vision coverage for AHC and controlled entities.

The Lourie Center for Infants and Young Children ("Lourie Center") is a not-for-profit organization that specializes in the diagnosis, treatment and prevention of developmental and emotional disorders in children from birth through ten years of age.

Adventist Home Care Services, Inc. ("AHCS") is a nonstock membership corporation organized to provide home health services in Maryland and includes Adventist Home Assistance ("AHA"). AHA provides non clinical assistance to homebound patients who cannot perform certain daily activities on their own.

The Urgent Care operating division is comprised of three urgent care centers located in Germantown, Laurel, and Rockville, Maryland. These centers provide ambulatory services to patients without life threatening conditions, as well as occupational health screenings to the community. The operating division started in October 2013 when Adventist HealthCare Urgent Care Centers, Inc. ("Urgent Care"), a Maryland non-profit corporation and Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital Centra Care, a Florida non-profit corporation, entered into a management services and license agreement to establish free standing urgent care centers in Montgomery and Prince Georges County, Maryland. This agreement was terminated effective October 10, 2017 and going forward an unrelated third party will assist in management of these centers.

One Health Quality Alliance ("OHQA") is a physician-led clinically integrated network designed to deliver value to payors, employers and consumers through the highest quality care at a lower cost. Through this alliance, participating physicians gain access to resources to support the transition to value-based care, while maintaining their independence. Through this collaboration, OHQA aims to improve the health of patient populations and communities, while enhancing the patient experience and reducing the costs of health care. The OHQA currently has over 450 physician members, most of whom are on the medical staff of AHC, including primary care, orthopedics and other community and hospital based specialists.

Mid-Atlantic Primary Care Accountable Care Organization ("ACO") was managed by AHC and cared for approximately 13,500 patients through its 1,000 providers. The ACO was a program designed to provide a high level of access and coordination of care for Medicare fee for service patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. The final performance year for the ACO was calendar year 2016, with a final distribution of \$3,140,869 made to its members in October 2017, after which the ACO no longer existed. AHC's portion of this payment was approximately \$1,356,000 and is included in other income in the accompanying consolidated statements of operations in 2017.

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The Foundations operating division is comprised of Washington Adventist Hospital Foundation, Inc., Shady Grove Medical Center Foundation, Inc., and Adventist Behavioral Health & Wellness Services Foundation, Inc. (collectively, the "Foundations"). Each are separate nonstock corporations that operate for the furtherance of each named hospital's health care objectives primarily through the solicitation of contributions, gifts and bequests. The Foundations also exist to help fund new equipment purchases and capital improvement projects for their respective hospitals. Prior to March 31, 2016, the Foundations also included the operations of the Hackettstown Community Hospital Foundation, Inc. ("HRMC Foundation"). On March 31, 2016, however, AHC sold the operating assets of the HRMC Foundation to an unrelated third party and discontinued the operations of the foundation. See Note 3 for further details.

All of the operating divisions and controlled entities mentioned above are tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Principles of Consolidation

The consolidated financial statements for 2017 and 2016 include the accounts of AHC, the controlling parent, SGMC, WAH, HRMC, BH&WS, Rehab, Imaging, CIS, LWS, CCPL, the Support Center, the Lourie Center, AHCS, Urgent Care, OHQA, ACO and the Foundations, which include their majority-owned subsidiaries and controlled affiliates (collectively, the "Corporation"). All significant intercompany balances and transactions have been eliminated in the consolidated financial statements of the Corporation.

Subsequent Events

The Corporation evaluated subsequent events for recognition or disclosure through April 25, 2018, the date the consolidated financial statements were issued.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risk Factors

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future financial effects of this matter on the Corporation, if any, are not presently determinable.

Adventist HealthCare, Inc. and Controlled Entities

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Maryland Health Services Cost Review Commission

Certain hospital charges are subject to review and approval by the Maryland Health Services Cost Review Commission ("HSCRC"). The HSCRC has jurisdiction over hospital reimbursement in Maryland by agreement with the Centers for Medicare and Medicaid Services ("CMS"). This agreement is based on a waiver from the Medicare Prospective Payment System reimbursement principles granted under Section 1814(b) of the Social Security Act. Management has filed the required forms with the Commission and believes all entities that fall under the HSCRC's jurisdiction are in compliance with applicable requirements.

In January 2014, the Centers for Medicare and Medicaid Services approved a modernized waiver that grants Maryland (via the HSCRC) the authority to regulate hospital revenue within a rigorous per capita expenditure limit. Maryland's All Payer Model Agreement builds on decades of innovation and equity in healthcare payment and delivery – with an aim to enhance patient care, improve health outcomes and lower costs.

As a result of the new waiver, the HSCRC introduced new revenue arrangements, including the Global Budget Revenue ("GBR") model. The GBR methodology encourages hospitals to focus on population health strategies by establishing a fixed annual revenue cap for each GBR hospital. The agreement establishes a fixed amount of charging authority (i.e. revenue) at the beginning of the rate year. It is evergreen in nature and covers both regulated inpatient and outpatient revenues. Annual revenue is calculated from a base year and is adjusted annually for inflation, infrastructure requirements, population changes, performance in quality-based programs and changes in levels of uncompensated care. Revenue may also be adjusted annually for market levels and shifts of services from one health system to another and from a regulated setting to an unregulated setting (or vice versa).

In April 2014, Adventist Healthcare entered into a Global Budget Revenue Agreement with the HSCRC for SGMG, WAH and Shady Grove Germantown Emergency Center, retroactive to July 1, 2013. This agreement sets a fixed amount of revenue for each entity for the period July 1, 2013 through June 30, 2014 and is subsequently updated on an annual basis every July 1.

The HSCRC requires rate-regulated hospitals under its jurisdiction to calculate the amount of revenue lost or gained due to variances from approved rates. Revenue lost due to undercharges in rates is recouped through increases in prospective rates. Similarly, revenue gained due to overcharges in rates is paid back, wholly or in part, through reductions in prospective rates. The Corporation reported net undercharges of \$3,043,105 and \$4,183,452 as of December 31, 2017 and 2016, respectively. These price variances reflect the variance between actual patient charges and the pro-rata share of approved rate orders. The net amounts are reported as a component of net patient service revenue and patient accounts receivable in the accompanying consolidated financial statements. Since the HSCRC's rate year extends from July 1 through June 30, these amounts will continue to fluctuate until the end of the rate year as actual patient charges deviate from the total approved charging authority. At the conclusion of the rate year, any over/under charges are amortized on the straight-line basis over the following rate year when the price variance adjustments are actually built into each entity's rate order.

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Under Maryland law, charges of specialty hospitals such as BH&WS and Rehab are subject to review and approval by the HSCRC. HSCRC regulations also include a provision whereby a hospital may apply for an exemption from the requirements to charge for services in accordance with HSCRC regulations. Certain conditions regarding the percentage of revenue related to Medicare and Medicaid patients and total revenues must be met to receive the initial exemption and must be met each year thereafter. Reporting requirements as established by the HSCRC continue even if an exemption regarding charging for services is received. The Corporation's management believes BH&WS-Eastern Shore and Rehab met the conditions for exemption during 2017 and 2016.

BH&WS-Rockville is subject to HSCRC rate setting. For 2016 and 2017, BH&WS-Rockville did not enter into a Global Budget Revenue Agreement. Instead, BH&WS-Rockville continues to generate charging authority based on the volume of services it provides to patients. Unit rates are set for all payers, however Medicare and Medicaid are not required to reimburse at HSCRC rates. Services provided to Medicare beneficiaries are reimbursed under the Inpatient Psychiatric Facility Prospective Payment System. Services provided to Medicaid patients are cost-settled for outpatient services and reimbursed for inpatient services at a rate of 94% percent of charges (as set forth in the Code of Maryland Regulations 10.09.06.09).

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and certificates of deposit purchased with original maturities of less than 90 days, excluding assets whose use is limited.

Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful collections and provision for doubtful collections. For patient accounts receivable associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful collections and provision for doubtful collections, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections.

The Corporation's allowance for doubtful collections for self-pay patients as a percentage of self-pay accounts receivable was 44% and 52% at December 31, 2017 and 2016, respectively. In addition, the Corporation's self-pay account bad debt writeoffs, net of recoveries, decreased from \$31,701,926 in 2016 to \$31,495,503 in 2017 which was the result of small positive trends experienced in the collection of amounts from self-pay patients in 2017.

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Other Receivables

Other receivables represent amounts due to the Corporation for charges other than providing health care services to patients and pledges from donors. These services include, but are not limited to, fees from educational programs, rental of health care facility space, interest earned, and management services provided to unconsolidated subsidiaries. Other receivables are written off when they are determined to be uncollectible based on management's assessment of individual accounts. The allowance for doubtful collections is estimated based upon historical collection experience and other managerial information.

Assets Whose Use Is Limited

Assets whose use is limited includes assets held by bond trustees under trust indentures, assets set aside as required by the Corporation's self-funded professional liability trust, and assets set aside for deferred compensation agreements. Amounts available to meet current liabilities of the Corporation have been reclassified as current assets in the accompanying consolidated balance sheets.

Investments and Investment Risk

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying consolidated balance sheets. Cash and cash equivalents and certificates of deposit are carried at cost which approximates fair value. Investments in joint ventures are accounted for using the equity or cost method of accounting depending on the Corporation's ownership interest. Investment income or loss (including realized gains and losses on investments, write-downs of the cost basis of investments due to an other-than-temporary decline in fair value, interest, and dividends) is included in the determination of revenues in excess of expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the determination of revenues in excess of expenses from continuing operations unless the investments are trading securities. Donor-restricted investment income is reported as an increase in temporarily restricted net assets. Investments available for current operations have been classified as short-term investments in the accompanying consolidated balance sheets.

The Corporation's investments are comprised of a variety of financial instruments. The fair values reported in the consolidated balance sheets are subject to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair value of investment securities, it is reasonably possible that the amounts reported in the accompanying consolidated financial statements could change materially in the near term.

Inventories

Inventories of drugs, medical supplies and surgical supplies are valued at the lower of cost or net realizable value. Cost is determined primarily by the weighted average cost method.

Adventist HealthCare, Inc. and Controlled Entities

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Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful lives of the assets using the straight-line method. Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the accompanying consolidated statements of operations.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment losses are recognized in the consolidated statements of operations as a component of revenues in excess of expenses from continuing operations as they are determined. The Corporation reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, the Corporation calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, an impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. There were no impairment losses reported in 2017 or 2016.

Intangible Assets

The Corporation's intangible assets primarily include costs in excess of net assets acquired related to certain business acquisitions. The Corporation is amortizing certain intangible assets over a period not to exceed 40 years. Amortization of these intangible assets was \$221,457 in 2017 and \$273,535 in 2016. Accumulated amortization of intangible assets was \$3,608,016 and \$3,386,559 as of December 31, 2017 and 2016, respectively.

Goodwill, which is included in intangible assets in the accompanying consolidated balance sheet, is reviewed annually for impairment or more frequently if events or circumstances indicate the carrying amount of the goodwill will not be recoverable.

Goodwill related to HRMC of \$867,660 was written off in 2016 related to the sale of HRMC (Note 3) and is included in loss from discontinued operations in the accompanying consolidated statements of operations.

Goodwill related to BH&WS Eastern Shore of \$411,579 and \$241,359 were written off in 2017 and 2016, respectively, related to the closure of this location (Note 3) and is included in loss from discontinued operations in the accompanying consolidated statements of operations.

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Deferred Financing Costs

Costs incurred in connection with the issuance of long-term obligations have been deferred and are being amortized over the term of the related obligation using the straight-line method. Deferred financing costs of \$423,227 and \$3,509,604 were paid in 2017 and 2016, respectively, in relation to the Series 2016A and 2016B Bonds issued in 2016. In addition, deferred financing costs of \$686,357 were written-off in 2016 related to redemption of the Series 2005A and 2011B Bonds and are included in the loss on extinguishment of debt in the accompanying consolidated statements of operations in 2016. Deferred financing costs remaining as of December 31, 2017 and 2016 totaled \$5,062,797 and \$4,839,919, respectively, and are included in the consolidated balance sheets as a reduction of bonds payable.

Amortization expense was \$200,349 and \$189,890 in 2017 and 2016, respectively, and is included as a component of interest expense in the consolidated statements of operations. Amortization for HRMC was \$5,799 in 2016 and is included in loss from discontinued operations in the consolidated statements of operations. Accumulated amortization of deferred financing costs was \$2,861,822 and \$2,661,473 at December 31, 2017 and 2016, respectively, and is included as a component of bonds payable in the consolidated balance sheets.

Due to Third Party Payors

The Corporation receives advances from third party payors to provide working capital for services rendered to the beneficiaries of such services. These advances are principally determined based on the timing differences between the provision of care and the anticipated payment date of the claim for service in accordance with HSCRC's rate regulations. These advances are subject to periodic adjustment.

For certain Corporation subsidiaries, services provided on behalf of Medicaid beneficiaries are ultimately reimbursed at cost. For cost reimbursement programs, statements of reimbursable costs are filed with the program to compute the difference between reimbursable cost and interim payments, in order to determine a final settlement for services rendered to patients covered under the Medicaid program. Reimbursements are affected by limitations relating to charges and the reasonableness of costs (subject to limitations) and are subject to audits by the agencies administering the applicable program.

The Corporation's working capital advances and all expected third party payor settlement activity are classified as a net current liability in the accompanying consolidated balance sheets.

Derivative Financial Instruments

The Corporation has an interest rate swap agreement, which is considered a derivative financial instrument, to manage its interest rate exposure on certain long-term obligations (Note 11). The interest rate swap agreement is reported at fair value in the accompanying consolidated balance sheets. The interest rate swap agreement is not designated as a cash flow hedge. Changes in fair value are reported as a component of other non-operating (expense) income. The Corporation had an interest rate swap agreement that was designated as a cash flow hedge and terminated in 2016 (Note 10).

Adventist HealthCare, Inc. and Controlled Entities

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Estimated Self-Insured Professional Liability

The provision for estimated self-insured professional liability includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the Corporation's consolidated balance sheets at net realizable value.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose, including the purchase of capital renovations and equipment, providing health education to the community, and designation for the furtherance of programs provided by specific operating departments. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

Revenues in Excess of Expenses from Continuing Operations

The consolidated statements of operations include the determination of revenues in excess of expenses from continuing operations. Revenues in excess of expenses from continuing operations is the Corporation's performance indicator. Changes in unrestricted net assets which are excluded from the determination of revenues in excess of expenses from continuing operations, consistent with industry practice, include the loss from discontinued operations, unrealized gains and losses on investments other than trading securities, the effective portion of the unrealized gain (loss) on derivative financial instruments, the deferred compensation plan liability adjustment, transfers with unconsolidated subsidiaries, contributions of long-lived assets (including contributions which by donor restriction were to be used for the purpose of acquiring such long-lived assets), and other unrestricted net asset activity.

Net Patient Service Revenue

The Corporation reports net patient service revenue at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including an estimate for retroactive adjustments that may occur as a result of future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period they become known, and such amounts are adjusted in future periods as adjustments become finalized or as years are no longer subject to such audits, review and investigations. Net patient service revenue reported in the accompanying consolidated statements of operations is reduced by (1) estimated allowances for the excess of charges over anticipated patient or third party payor payments and (2) a provision for doubtful collections. Certain of the health care services provided by the Corporation are reimbursed by third party payors on the basis of the lower of cost or charges, with costs subject to certain imposed limitations.

Patient accounts receivable are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients (Note 16). 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. The Corporation also deducts from patient accounts receivable an estimated allowance for doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

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The Corporation has agreements with third-party payors that provide for payments to the Corporation at amounts different from its established rates. The Corporation recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Corporation recognizes revenues on the basis of its standard rates, discounted in accordance with the Corporation's financial assistance policy. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable to pay for the services provided. Thus, the Corporation records a significant provision for doubtful collections related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for doubtful collections), recognized in 2017 and 2016 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				Total
	Medicare	Medicaid	Other Third Party Payors	Self-Pay and Other	
December 31, 2017	<u>\$ 299,641,313</u>	<u>\$ 84,024,467</u>	<u>\$ 386,516,398</u>	<u>\$ 31,654,489</u>	<u>\$ 801,836,667</u>
December 31, 2016	<u>\$ 304,061,127</u>	<u>\$ 67,425,014</u>	<u>\$ 396,777,024</u>	<u>\$ 33,464,551</u>	<u>\$ 801,727,716</u>

Patient service revenues (net of contractual allowances and discounts) for HRMC were \$22,165,831 in 2016. Patient service revenues (net of contractual allowances and discounts) for BH&WS - Eastern Shore were \$5,734,553 in 2016. These amounts have been classified in loss from discontinued operations in the consolidated statements of operations.

Income Taxes

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 2017 or 2016.

The Corporation's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.

Charity Care

The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on financial information obtained from the patient (or their guarantor) and subsequent analysis which includes the patient's ability to pay for services rendered. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as a component of net patient service revenue or patient accounts receivable.

The Corporation maintains records to identify and monitor the level of charity care it provides. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by the Corporation amounted to approximately \$7,748,000 in 2017 and \$9,395,000 in 2016.

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Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or when the underlying conditions have been substantially met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Restricted funds to be used for capital acquisitions have been reported as noncurrent assets in the accompanying consolidated balance sheets, while other restricted cash and investments are included with the cash and cash equivalents of unrestricted net assets.

Investment income that is earned on donor restricted net assets and subject to similar restrictions is reported as temporarily restricted net assets. Gifts, grants, and bequests not restricted by donors are reported as other operating income.

Advertising Costs

The Corporation expenses advertising costs as they are incurred.

Reclassifications

Certain amounts relating to 2016 have been reclassified to conform to the 2017 reporting format.

2. Adoption of Accounting Standards

Revenue Recognition

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. ASU No. 2014-09 supersedes the revenue recognition requirements in Topic 605, Revenue Recognition, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Corporation will be required to retrospectively adopt the guidance in ASU No. 2014-09 for years beginning after December 15, 2017. The Corporation has not yet determined the impact of adoption of ASU No. 2014-09 will have on its consolidated financial statements.

Adventist HealthCare, Inc. and Controlled Entities

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Financial Instruments

During January 2016, the FASB issued ASU No. 2016-01, *Recognition and Measurement of Financial Assets and Financial Liabilities*. ASU No. 2016-01: a) requires equity investments (except those accounted for under the equity method of accounting or those that result in consolidation of the investee) to be measured at fair value with changes in fair value recognized in net income; (b) simplifies the impairment assessment of equity investments without readily determinable fair values by requiring a qualitative assessment to identify impairment; (c) eliminates the requirement to disclose the fair value of financial instruments measured at amortized cost for entities that are not public business entities; (d) eliminates the requirement for public business entities to disclose the method(s) and significant assumptions used to estimate the fair value that is required to be disclosed for financial instruments measured at amortized cost on the balance sheet; (e) requires public business entities to use the exit price notion when measuring the fair value of financial instruments for disclosure purposes; (f) requires an entity to present separately in other comprehensive income the portion of the total change in the fair value of a liability resulting from a change in the instrument-specific credit risk when the entity has elected to measure the liability at fair value in accordance with the fair value option for financial instruments; (g) requires separate presentation of financial assets and financial liabilities by measurement category and form of financial asset (that is, securities or loans and receivables) on the balance sheet or the accompanying notes to the financial statements; and (h) clarifies that an entity should evaluate the need for a valuation allowance on a deferred tax asset related to available-for-sale securities in combination with the entity's other deferred tax assets. ASU No. 2016-01 is effective for annual periods and interim periods within those annual periods beginning after December 15, 2017. Early adoption of certain amendments is permitted for financial statements of fiscal years or interim periods that have not yet been issued. The Corporation has not yet determined the impact of adoption of ASU No. 2016-01 will have on its consolidated financial statements.

Not-for-Profit Financial Statement Presentation

In August 2016, FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statement of Not-for-Profit Entities*. The new guidance is intended to improve and simplify the current net asset classification requirements and information presented in financial statements and notes that is useful in assessing a not-for-profit's liquidity, financial performance and cash flows. ASU No 2016-14 is effective for fiscal years beginning after December 15, 2017, with early adoption permitted. ASU No. 2016-14 is to be applied retrospectively with transition provisions. The Corporation has not yet determined the impact of adoption of ASU No. 2016-14 will have on its consolidated financial statements.

Statement of Cash Flows

During August 2016, the FASB issued ASU No. 2016-15, *Classification of Certain Cash Receipts and Cash Payments*. ASU No. 2016-15 addresses eight cash flow issues with specific guidance on how certain cash receipts and cash payments should be presented on the statement of cash flows. ASU No. 2016-15 is effective for annual periods and interim periods within those annual periods beginning after December 15, 2017. Early adoption is permitted. The Corporation has not yet determined the impact of adoption of ASU No. 2016-15 will have on its consolidated statement of cash flows.

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Restricted Cash

During November 2016 the FASB issued ASU No. 2016-18, *Statement of Cash Flows (Topic 30), Restricted Cash*. ASU No. 2016-18 requires that a statement of cash flows explain the change during the period in the total cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts showing on the statement of cash flows. ASU No. 2016-18 is effective for fiscal years beginning after December 15, 2017, and interim periods within those fiscal years. Early adoption is permitted. The ASU should be applied using the retrospective transition method to each period presented. The Corporation has not yet determined the impact of adoption of ASU No. 2016-18 will have on its consolidated statement of cash flows.

Lease Accounting

In February 2016, FASB issued ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 was issued to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. Under the provisions of ASU No. 2016-02, a lessee is required to recognize a right-to-use asset and lease liability, initially measured at the present value of the lease payments, in the balance sheet. In addition, lessees are required to provide qualitative and quantitative disclosures that enable users to understand more about the nature of the Corporation's leasing activities. The Corporation will be required to retrospectively adopt the guidance in ASU No. 2016-02 for years beginning after December 15, 2018. The Corporation has not yet determined the impact of adoption of ASU No. 2016-02 will have on its consolidated financial statements.

Goodwill

During January 2017, FASB issued ASU No. 2017-04, *Simplifying the Test for Goodwill Impairment*. ASU No. 2017-04 simplifies how an entity is required to test goodwill for impairment by eliminating Step 2 from the goodwill impairment test. ASU No. 2017-04 is effective for annual or any interim goodwill impairment tests in fiscal years beginning after December 15, 2021. Early adoption is permitted for interim or annual goodwill impairment tests performed on testing dates after January 1, 2017. The Corporation does not believe that the adoption of ASU No. 2017-04 will have a material effect on its consolidated financial statements.

3. Discontinued Operations

On March 31, 2016, the Corporation sold the operating assets of HRMC and the HRMC Foundation to an unrelated third party, and discontinued the operations of the facility. The Corporation received net proceeds from the sale of approximately \$44,500,000, which was net of a contribution paid by the Corporation of \$2,500,000 to the HRMC Foundation. The Corporation recorded a loss on sale of \$16,967,178 in 2016 which was included in the loss from discontinued operations in the accompanying consolidated statements of operations. The largest component of the loss on sale in 2016 is related to the write-off of costs associated with HRMC's electronic medical records system, which totaled approximately \$11,518,000. During 2017, the Corporation recorded a gain from discontinued operations of \$249,984 related to the final settlement of receivables and payables that existed at the time of sale. The amount is included in the net loss from discontinued operations in the accompanying consolidated statements of operations.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2017 and 2016

The following amounts related to discontinued operations are included in the gain (loss) from discontinued operations in the accompanying consolidated statements of operations:

	<u>2017</u>	<u>2016</u>
Total unrestricted revenues	\$ -	\$ 22,901,438
Total expenses	-	(22,769,646)
Other non-operating income (loss), including loss on sale in 2016 of \$16,967,178	<u>249,984</u>	<u>(17,063,626)</u>
Revenues in excess of (less than) expenses	<u>\$ 249,984</u>	<u>\$ (16,931,834)</u>

During 2016, AHC discontinued operations at the BH&WS – Eastern Shore facility and made the decision to no longer provide services on Maryland’s eastern shore. The following amounts related to discontinued operations are included in loss from discontinued operations in the accompanying consolidated statements of operations:

	<u>2017</u>	<u>2016</u>
Total unrestricted revenues	\$ -	\$ 6,706,337
Total expenses	-	(10,001,541)
Other non-operating loss	<u>(2,911,706)</u>	<u>-</u>
Revenues less than expenses	<u>\$ (2,911,706)</u>	<u>\$ (3,295,204)</u>

The majority of the property and equipment was disposed as a result of the closure and a loss of approximately \$1,611,000 and \$358,000 for 2017 and 2016, respectively, was recognized and included in the loss from discontinued operations in the accompanying consolidated statements of operations. In addition, goodwill of approximately \$412,000 and \$241,000 related to BH&WS Eastern Shore was written off and included in the loss from discontinued operations in the accompanying consolidated statements of operations in 2017 and 2016, respectively.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

4. Investments

Short-Term Investments

The Corporation's short-term investments at December 31, 2017 and 2016 are comprised of the following:

	<u>2017</u>	<u>2016</u>
Cash and cash equivalents	\$ 827,792	\$ 3,653,630
Fixed Income:		
Corporate bonds	72,558,705	48,547,456
Asset backed securities	34,501,068	29,703,673
U.S. government securities, U.S. treasury notes	61,937,170	83,195,405
Mutual Funds:		
Equity - balanced	17,575,243	19,683,702
Equity - growth	10,403,051	3,810,315
Total	<u>\$ 197,803,029</u>	<u>\$ 188,594,181</u>

Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2017 and 2016 is set forth in the following tables:

	<u>2017</u>	<u>2016</u>
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks:		
Cash and cash equivalents	\$ 56,604,016	\$ 265,926,780
U.S. government securities, U.S. treasury notes	166,238,057	5,388,464
U.S. government agency notes	23,234,629	-
Total	246,076,702	271,315,244
Less funds held for current liabilities	<u>1,744,132</u>	<u>1,720,039</u>
Noncurrent portion of assets held under trust indentures and capital lease purchase financing facilities	<u>\$ 244,332,570</u>	<u>\$ 269,595,205</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 228,643	\$ 864,028
Mutual funds:		
Equity - balanced	801,545	9,191,703
Equity - large value	3,869,027	-
Equity - growth	1,137,927	-
Fixed income - intermediate	3,912,844	-
Fixed income - multi-sector	960,543	-
Fixed income - short term	2,147,726	3,327,795
Total	<u>13,058,255</u>	<u>13,383,526</u>
Less funds held for current liabilities	<u>1,179,664</u>	<u>1,150,302</u>
Noncurrent portion of professional liability trust fund	<u>\$ 11,878,591</u>	<u>\$ 12,233,224</u>
Deferred compensation fund:		
Mutual funds,		
Equity - growth	<u>\$ 1,403,371</u>	<u>\$ 1,466,041</u>

The indenture requirements of certain tax exempt financings provide for the establishment and maintenance of various accounts with a trustee (Note 10). These arrangements require the trustee to control the payment of interest and the ultimate repayment of respective debt to bondholders.

The composition of trustee held and escrow funds at December 31, 2017 and 2016 is as follows:

	<u>2017</u>	<u>2016</u>
Debt service reserve funds	\$ 28,224,212	\$ 28,118,144
Principal and interest funds	29,448,690	35,363,487
Project fund	<u>188,403,800</u>	<u>207,833,613</u>
Total	<u>\$ 246,076,702</u>	<u>\$ 271,315,244</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2017 and 2016

Unrestricted investment income and gains and losses for investments, assets whose use is limited, and cash and cash equivalents are comprised of the following in 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Investment income:		
Interest and dividends, net	\$ 4,555,234	\$ 3,853,355
Interest on trustee held funds	48,913	62,244
Net realized gains (losses) on sale of investments	<u>3,628,355</u>	<u>(710,869)</u>
Total	<u>\$ 8,232,502</u>	<u>\$ 3,204,730</u>
Other changes in unrestricted net assets,		
Change in net unrealized gains (losses) on investments other than trading securities	<u>\$ 2,582,625</u>	<u>\$ (1,430,441)</u>

Investment income for HRMC was \$75,559 in 2016, which is included in loss from discontinued operations in the consolidated statements of operations. Included in these amounts are net realized losses on sale of investments of \$60,700, interest on trustee held funds of \$4,030, and interest and dividends, net of \$132,229 in 2016.

5. Fair Value Measurements and Financial Instruments

Fair Value Measurements

The Corporation measures its short-term investments, assets whose use is limited, investments, beneficial interest in trusts, and derivative financial instruments at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America.

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that the authoritative guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Corporation for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

The fair value of the Corporation's financial instruments was measured using the following inputs at December 31:

	2017				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Reported at Fair Value					
Assets:					
Cash and cash equivalents	\$ 58,471,764	\$ 58,471,764	\$ 58,471,764	\$ -	\$ -
Mutual funds:					
Fixed income – intermediate	3,970,702	3,970,702	3,970,702	-	-
Fixed income – multi - sector	960,543	960,543	960,543	-	-
Fixed income – short term	2,147,726	2,147,726	2,147,726	-	-
Equity - growth	12,960,164	12,960,164	12,960,164	-	-
Equity - large value	3,887,685	3,887,685	3,887,685	-	-
Equity - balanced	18,376,788	18,376,788	18,376,788	-	-
U.S. government securities:					
U.S. treasury notes	228,175,227	228,175,227	-	228,175,227	-
U.S. government agency notes	23,234,629	23,234,629	-	23,234,629	-
Asset backed securities	34,501,068	34,501,068		34,501,068	-
Corporate bonds and other debt securities	72,558,705	72,558,705	-	72,558,705	-
Beneficial interest in trusts	1,052,891	1,052,891	-	-	1,052,891
	<u>\$ 460,297,892</u>	<u>\$ 460,297,892</u>	<u>\$ 100,775,372</u>	<u>\$ 358,469,629</u>	<u>\$ 1,052,891</u>
Liabilities,					
Derivative financial instruments	\$ 1,145,303	\$ 1,145,303	\$ -	\$ 1,145,303	\$ -

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2017 and 2016

Disclosed at Fair Value

Cash and cash equivalents	\$ 40,714,884	\$ 40,714,884	\$ 40,714,884	\$	\$
Pledges receivable	4,333,990	4,181,880	-	-	-
Long-term debt, excluding capital leases (Note 10):					
Fixed rate revenue bonds	526,076,559	578,746,439	-	578,746,439	-
Variable rate revenue bonds	22,985,000	22,985,000	-	22,985,000	-
Note payable	22,861,750	22,861,750	-	-	22,861,750
Secured line of credit	3,500,000	3,500,000	-	-	3,500,000

2016

Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
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Reported at Fair Value

Assets:

Cash and cash equivalents	\$ 270,610,738	\$ 270,610,738	\$ 270,610,738	\$	\$
Mutual funds:					
Fixed income – short term	3,327,795	3,327,795	3,327,795	-	-
Equity - growth	5,284,502	5,284,502	5,284,502	-	-
Equity - other	716,929	716,929	716,929	-	-
Equity - mid-cap	6,803	6,803	6,803	-	-
Equity - balanced	28,875,405	28,875,405	28,875,405	-	-
U.S. government securities,					
U.S. treasury notes	88,583,869	88,583,869	-	88,583,869	-
Asset backed securities	29,703,673	29,703,673	-	29,703,673	-
Corporate bonds and other debt securities	48,547,456	48,547,456	-	48,547,456	-
Beneficial interest in trusts	1,310,686	1,310,686	-	-	1,310,686
	<u>\$ 476,967,856</u>	<u>\$ 476,967,856</u>	<u>\$ 308,822,172</u>	<u>\$ 166,834,998</u>	<u>\$ 1,310,686</u>

Liabilities,

Derivative financial instruments	<u>\$ 2,073,079</u>	<u>\$ 2,073,079</u>	<u>\$ -</u>	<u>\$ 2,073,079</u>	<u>\$ -</u>
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Disclosed at Fair Value

Cash and cash equivalents	\$ 30,198,079	\$ 30,198,079	\$ 30,198,079	\$	\$
Pledges receivable	3,669,290	3,562,332	-	-	-
Long-term debt, excluding capital leases (Note 10):					
Fixed rate revenue bonds	488,299,967	521,087,175	-	521,087,175	-
Variable rate revenue bonds	23,985,000	23,985,000	-	23,985,000	-
Note payable	23,613,911	23,613,911	-	-	23,613,911
Secured lines of credit	7,032,921	7,032,921	-	-	7,032,921

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

The following table presents the fair value measurements for beneficial interest in trusts that have unobservable inputs at December 31, 2017 and 2016:

Balance, January 1, 2016	\$ 1,373,458
Decrease in value, included in changes in temporarily restricted net assets	(30,449)
Write-off of HRMC's beneficial interest in trusts	<u>(32,323)</u>
Balance, December 31, 2016	1,310,686
Distributions	(276,192)
Increase in value, included in changes in temporarily restricted net assets	<u>18,397</u>
Balance, December 31, 2017	<u><u>\$ 1,052,891</u></u>

The following represents a reconciliation of the assets reported at fair value included in the fair value table within the accompanying consolidated balance sheets at December 31:

	<u>2017</u>	<u>2016</u>
Short-term investments (Note 4)	\$ 197,803,029	\$ 188,594,181
Assets whose use is limited (Note 4):		
Current portion	2,923,796	2,870,341
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	244,332,570	269,595,205
Professional liability trust fund	11,878,591	12,233,224
Deferred compensation fund	1,403,371	1,466,041
Investments held by foundations	903,644	898,178
Beneficial interest in trusts	<u>1,052,891</u>	<u>1,310,686</u>
	<u><u>\$ 460,297,892</u></u>	<u><u>\$ 476,967,856</u></u>

The Corporation did not have any financial assets or financial liabilities measured at fair value.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value and for financial instruments disclosed at fair value. There have been no changes in methodologies used at December 31, 2017 and 2016.

Cash and cash equivalents: The carrying amounts approximate fair value because of the short maturity of these financial instruments.

Marketable certificates of deposit and mutual funds: Valued based on quoted market prices.

U.S. government securities, corporate bonds and other debt securities: Valued based on estimated quoted market prices of similar securities.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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Beneficial interest in trusts: Beneficial interest in trusts are valued based on the fair value of the trusts underlying assets which represents a proxy for discounted present value of future cash flows. Beneficial interest in trusts are included in deposits and other noncurrent assets in the accompanying consolidated balance sheets.

Pledges receivable: Valued based on the original pledge amount, adjusted by a discount rate that a market participant would demand and an evaluation of uncollectible pledges. Pledges receivables are included in prepaid expenses and other current assets and deposits and other noncurrent assets in the accompanying consolidated balance sheets.

Long-term debt: The fair value of the fixed rate debt is estimated based on market data provided by the Corporation's financial consultants. Fair values of the remaining long-term debt are considered to approximate their carrying amounts in the accompanying consolidated balance sheets.

The Corporation measures its derivative financial instruments at fair value based on proprietary models of an independent third-party valuation specialist. The fair value takes into consideration the prevailing interest rate environment and the specific terms and conditions of the derivative financial instrument, and considers the credit risk of the Corporation and counterparty. The method used to determine the fair value calculates the estimated future payments required by the derivative financial instrument and discounts these payments using an appropriate discount rate. The value represents the estimated exit price the Corporation would pay to terminate the agreement.

6. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment and accumulated depreciation and amortization at December 31, 2017 and 2016 consist of the following:

	<u>2017</u>	<u>2016</u>
Land and improvements	\$ 32,566,971	\$ 27,532,713
Buildings and improvements	457,474,313	448,226,562
Office furniture and equipment	194,126,065	183,173,853
Computer software and hardware	133,864,945	129,964,265
Equipment under capital leases	24,749,717	24,749,717
Total	842,782,011	813,647,110
Less accumulated depreciation and amortization	<u>(474,343,085)</u>	<u>(440,159,685)</u>
Total	368,438,926	373,487,425
Construction in progress	<u>143,170,869</u>	<u>58,474,476</u>
	<u>\$ 511,609,795</u>	<u>\$ 431,961,901</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
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Interest incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. During 2017 and 2016, the Corporation incurred interest expense, including amortization expense related to deferred financing costs, of approximately \$12,064,000 and \$12,012,000, respectively, of which approximately \$1,711,000 was capitalized in 2017 and \$1,650,000 was capitalized in 2016. HRMC incurred interest expense of approximately \$337,000, including amortization expense related to deferred financing costs, in 2016 which is included in loss from discontinued operations in the accompanying consolidated statements of operations of which there were no amounts capitalized. Investment earnings of approximately \$12,000 and \$16,000 were offset against capitalized interest in 2017 and 2016, respectively.

Depreciation expense, including amortization of equipment under capital leases, was approximately \$36,604,000 in 2017 and \$37,825,000 in 2016. Depreciation expense, including amortization of equipment under capital leases, for HRMC was approximately \$1,247,000 in 2016 and is included in loss from discontinued operations in the accompanying consolidated statements of operations. HRMC did not incur depreciation expense in 2017. Depreciation expense, including amortization of equipment under capital leases, for BH&WS - Eastern Shore was approximately \$54,000 in 2016 and is included in loss from discontinued operations in the accompanying consolidated statements of operations. BH&WS - Eastern Shore did not incur any depreciation expense in 2017. Accumulated amortization of equipment under capital lease as of December 31, 2017 and 2016 was approximately \$20,314,000 and \$19,354,000, respectively.

Construction in progress as of December 31, 2017 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were approximately \$155,237,000 at December 31, 2017. The cost of these projects is expected to be funded through the project fund established through bond proceeds as well as transfers from the Corporation's related foundations and operations.

7. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries include the following at December 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Investment in healthcare entities	\$ 6,447,367	\$ 5,887,970
Investment in Premier	8,409,290	6,595,929
Investments held by foundations	808,588	799,785
Total	<u>\$ 15,665,245</u>	<u>\$ 13,283,684</u>

Investment in Healthcare Entities

The Corporation recognized earnings of \$258,193 and \$509,587 during 2017 and 2016, respectively, related to its ownership interest in the healthcare entities accounted for under the equity method. The Corporation recognized earnings of \$98,332 during 2016, which is included in the loss from discontinued operations in the consolidated statement of operations, related to HRMC's ownership interest in healthcare entities accounted for under the equity method. A brief description of these investments is presented below:

Adventist HealthCare, Inc. and Controlled Entities

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Chesapeake Potomac Regional Cancer Center ("CPRCC") - CPRCC provides outpatient radiation oncology services to patients in Maryland. The Corporation has a 20% ownership interest in CPRCC.

Doctors Regional Cancer Center ("DRCC") - DRCC provides outpatient radiation oncology services to patients in Bowie and Lanham, Maryland. The Corporation has a 20% ownership interest in DRCC.

Shady Grove Medical Building, LLC ("SGMB") - SGMB was organized for the purpose of developing and constructing a cancer care center on the campus of Shady Grove Medical Center. The Corporation has a 50% ownership interest in SGMB.

The Corporation has invested \$259,100 in Advanced Health Collaborative, LLC for a 25% ownership interest. This organization was formed to share ideas and explore opportunities to enhance quality of healthcare in the state of Maryland.

The Corporation has invested \$2,702,672 in Advanced Health Collaborative II, LLC ("AHC II") for a 25% interest. AHC II was formed to hold a 24% interest in Maryland Health Advantage, LLC which is a Medicare preferred provider network providing health services to its members.

Summarized financial information related to these entities is presented below:

	<u>2017</u>	<u>2016</u>
Net revenue	\$ 17,682,566	\$ 17,258,901
Revenues in excess of expenses	958,934	1,705,494
Total assets	30,265,624	29,861,576
Total liabilities	15,478,915	15,834,676

Investment in Premier

The Corporation is a partner in Premier, Inc. ("Premier"), a health care system group purchasing organization. In 2013, the Corporation recorded its Premier investment under the cost method of accounting. In October 2013, Premier converted from a privately held company to a public company through the issuance of an Initial Public Offering. At the time of conversion, the Corporation was issued 493,810 Class B common units of which 78,946 units were sold.

The remaining 414,864 Class B common units held by the Corporation are exchangeable for Class A common stock over a 7-year quarterly vesting period. The Corporation recognized a gain of \$1,782,147 and \$1,727,228 during 2017 and 2016, respectively, based on the market value of the units available for exchange. In addition, the Corporation recognized earnings of \$707,426 and \$802,812 during 2017 and 2016, respectively, related to distributions. Both the gain and the distributions are included in other revenue in the accompanying consolidated statements of operations.

Investments Held by Foundations

The Foundations also hold marketable debt and equity securities for funds not required to be expended in less than 90 days. These marketable securities are subject to credit and market risks.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

8. Land Held for Healthcare Development

From 2002 through 2011, the Corporation acquired various parcels of land in Clarksburg, Maryland totaling approximately 200 acres. Several parcels of the land are fully owned by the Corporation, and the remainder is owned by Cabin Branch Commons, LLC ("Cabin Branch"), of which the Corporation owns 45%.

In May 2013, the Corporation and Cabin Branch entered into a purchase and sale agreement with an unrelated third party to sell 48.8 acres of the land located in Clarksburg. In June 2015, the Corporation and Cabin Branch closed on the sale of the land at a purchase price of \$28,250,000. The Corporation's portion of the proceeds was \$25,101,980. As of December 31, 2015, the Corporation received \$13,225,064 of their portion of the purchase price, with the additional proceeds being held in escrow to be received upon the completion of certain infrastructure improvements to the property, for which the Corporation and Cabin Branch are collectively responsible. Those infrastructure improvements were made during 2016 and 2017, and the Corporation received the remaining proceeds from the escrow of \$4,806,542 and \$7,070,374 in 2016 and 2017, respectively, as reimbursement for the infrastructure improvements made to the property.

In April 2017, the Corporation entered into a purchase and sale agreement with an unrelated third party to sell 1.6 acres of the land located in Clarksburg. The Corporation closed on the sale of the land in April 2017 at a purchase price of \$1,330,000, the entire proceeds of which were received in April 2017.

The total proceeds received related to the parcels of land sold by the Corporation in June 2015 and April 2017 noted above, was \$26,431,980. No gain or loss was recognized on the sale of the parcels of land as of December 31, 2017 and 2016. Total remaining land held for healthcare development in Clarksburg as of December 31, 2017 and 2016, was \$47,660,070 and \$48,706,305, respectively.

9. Short-Term Financing

The Corporation has a \$3,000,000 unsecured line of credit with a commercial bank, with interest at LIBOR plus 1.50% (3.06% at December 31, 2017). There were no borrowings outstanding under this line of credit as of December 31, 2017 or 2016.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

10. Long Term Obligations

Long term obligations as of December 31, 2017 and 2016 are comprised of the following:

	<u>2017</u>	<u>2016</u>
Fixed rate revenue bonds	\$ 526,076,559	\$ 488,299,967
Variable rate revenue bonds	22,985,000	23,985,000
Secured lines of credit	3,500,000	7,032,921
Note payable	22,861,750	23,613,911
Other long term liabilities	16,683,010	21,524,170
Total obligations	592,106,319	564,455,969
Plus bond premium	10,507,079	10,869,392
Less:		
Current maturities	(13,019,860)	(12,749,886)
Deferred financing costs	(5,062,797)	(4,839,919)
Noncurrent portion of long term obligations, net	<u>\$ 584,530,741</u>	<u>\$ 557,735,556</u>

Fixed Rate Revenue Bonds

Fixed rate revenue bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds. Fixed rate revenue bonds consist of the following at December 31:

	<u>Par Amounts</u>	<u>Interest Rates</u>	<u>2017</u>	<u>2016</u>
Adventist Healthcare, Inc.:				
Series 2011A	\$ 57,205,000	5-6.25%	\$ 57,205,000	\$ 57,205,000
Series 2013	15,623,500	3.21%	9,886,559	11,384,967
Series 2014A	24,280,000	3.56%	22,840,000	23,565,000
Series 2016A	269,750,000	5.00%	269,750,000	269,750,000
Series 2016B	126,395,000	3.23%	126,395,000	126,395,000
Series 2017	40,000,000	2.77%	40,000,000	-
Total			<u>\$ 526,076,559</u>	<u>\$ 488,299,967</u>

The above bond issues are subject to trust indentures which impose various covenants on SGMC, WAH, HRMC, BH&WS, Rehab, Imaging, CIS, Other Health Services and the Support Center (collectively, the "Obligated Group") which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with these required financial covenants for the years ended December 31, 2017 and 2016. Debt service reserve funds are required on the Series 2011A, Series 2016A and Series 2017 bonds.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

Variable Rate Revenue Bonds

The variable rate revenue bonds consist of the Maryland Health and Higher Educational Facilities Authority Revenue Refunding Bonds, Series 2014B, Adventist HealthCare, Inc. which had an outstanding balance of \$22,985,000 and \$23,985,000 as of December 31, 2017 and 2016, respectively. The Series 2014B Bonds bear interest at a variable rate of one month LIBOR plus 2.3% (3.86% at December 31, 2017). The Series 2014B bonds are subject to an Amended and Restated Master Trust Indenture that imposes various covenants on the Obligated Group which include restrictions on the transfer or disposition of property, the incurrence of additional liabilities, and the achievement of certain pre-established financial indicators. Management believes it has complied with these required financial covenants for the years ended December 31, 2017 and 2016.

The bonds subject to the Amended and Restated Master Trust Indenture are secured by the unrestricted revenues of the Obligated Group as well as a mortgage interest in the facilities of SGMC, WAH, HRMC, BH&WS and Rehab. In conjunction with the closing of the transfer of HRMC to Atlantic Health System as of March 31, 2016, HRMC is no longer a member of the Obligated Group, and as such, the mortgage on HRMC was released.

In December 2016, the variable rate revenue bonds Series 2005A and Series 2011B were refunded with the issuance of the Series 2016B bonds. The Series 2016B bonds were issued as a direct placement with a commercial bank. As a result of this refunding, a loss on extinguishment of debt was recognized in 2016 for \$686,357 which is comprised of the remaining unamortized deferred financing costs related to the Series 2005A and Series 2011B bonds.

Secured Lines of Credit

The Corporation has a secured line of credit for \$16,000,000 that bears interest at LIBOR plus 2.00% (3.56% at December 31, 2017) and expires on June 30, 2018. The balance on the line of credit was \$3,500,000 and \$7,032,921 at December 31, 2017 and 2016, respectively.

Note Payable

In December 2014, the corporation entered into a taxable term note for \$25,000,000 with a commercial bank, which is secured by a Master Note issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003. The note bears interest at one month LIBOR plus 2.45% (3.825% as of December 31, 2017). The amortization on the note extends to December 18, 2034, however, the note matures on December 18, 2024. As of December 31, 2017 and 2016, the outstanding balance was \$22,861,751 and \$23,613,911, respectively.

Other Long Term Liabilities

This category consists of several capital lease obligations and notes payable on various types of medical and IT equipment. The financed equipment serves as security on these leases. Interest rates on these other long term liabilities range from 2.70% - 3.40%.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

Scheduled principal repayments of long-term obligations at December 31, 2017 are as follows:

Years ending December 31:	
2018	\$ 13,019,860
2019	8,547,724
2020	14,048,645
2021	13,385,399
2022	13,758,949
Thereafter	<u>529,345,742</u>
Total	<u>\$ 592,106,319</u>

11. Derivative Financial Instruments

The Corporation has one interest rate swap agreement, which is considered a derivative financial instrument. The agreement is for a notional amount of \$50,880,000 and requires the Corporation to pay a fixed interest rate of 3.457% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2021. The agreement was entered into in order to manage interest rate exposure. The principal objective of the swap agreement is to minimize the risks associated with financing activities by reducing the impact of changes in interest rates on its debt portfolio. The notional amount of the swap agreements is used to measure the interest to be paid or received and does not represent the amount of exposure to credit loss. Exposure to credit loss is limited to the receivable, if any, which may be generated as a result of the swap agreement. The interest rate swap agreement is reported at fair value in the consolidated balance sheets. At December 31, 2017 and 2016, the fair value of the Corporation's derivative financial instruments was \$1,145,303 and \$2,073,079, respectively.

During 2016, the Corporation terminated one of its interest rate swap agreements with a notional amount of \$78,000,000 that was designated as a cash flow hedge with the counterparty for \$16,875,000. The Corporation borrowed the termination fee, which was included as a component of the proceeds for the 2016B bonds. No gain or loss was recognized on the termination of the swap. As of December 31, 2017 and 2016, \$12,288,864 and \$12,971,579, respectively, remained in unrestricted net assets. Beginning in January 2017, this amount is being amortized over the remaining term of the hedge, or through January 2035.

The net cash paid or received under the swap agreements is recognized as either an adjustment to interest expense or other income. The net cash paid under the interest rate swap agreements was \$928,616 in 2017 and \$3,791,973 in 2016. For 2016, \$2,548,804 is reported as a component of interest expense in the accompanying consolidated statements of operations which represents the net cash paid related to the swap agreement that was accounted for, prior to the termination, using hedge accounting. The remaining amounts for 2017 and 2016 are reported as a component of other (expense) income in the accompanying consolidated statements of operations, which is related to the swap agreement that does not qualify for hedge accounting.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2017 and 2016

The fair value of the interest rate swap agreement is estimated to be the amount the Corporation would receive or pay to terminate the swap agreements at the reporting date and was based on information supplied by an independent third party valuation agent (Note 5). Additionally, the fair value reflects a credit risk assessment required under accounting principles generally accepted in the United States of America. Gains or losses resulting from the interest rate swap agreement are entirely recognized as a component of revenues in excess of expenses from continuing operations. The impact on the consolidated statements of operations were gains of \$964,909 in 2017 and \$1,035,104 in 2016.

On October 3, 2008, the counterparty for the Corporation's fixed pay swap maturing in January 2035, Lehman Brothers, Inc., commenced proceedings under Chapter 11 of the Bankruptcy Code. This action triggered an Event of Default under the ISDA Master Agreement in effect with said party and gave the Corporation the right to terminate the transaction.

On October 16, 2008, the Corporation terminated this agreement and concurrently entered into an agreement with a new counterparty that assumed all existing terms and conditions of the original agreement. The termination of the original swap agreement resulted in a loss of \$472,023 which is included in unrestricted net assets in the consolidated balance sheets. This loss is being amortized over the remaining term of the designated period of the hedge, or through January 2035. As of December 31, 2017 and 2016, accumulated amortization of \$161,837 and \$143,855, respectively, is included in other changes in net assets and interest expense in the consolidated statements of operations and changes in net assets.

12. Leases

The Corporation has entered into various operating leases primarily for office space as well as certain equipment items. Rental expense for operating leases was \$20,924,709 in 2017 and \$21,263,623 in 2016. Rental expense for operating leases of HRMC was \$540,820 in 2016 and is included in loss from discontinued operations in the accompanying consolidated statements of operations. Rental expense for operating leases of BH&WS - Eastern Shore was \$692,074 in 2016 and is included in loss from discontinued operations in the accompanying consolidated statements of operations. Future minimum payments under non-cancelable operating leases with initial terms of one year or more consist of the following during the years ending December 31:

Years ending December 31:	
2018	\$ 13,368,551
2019	12,665,499
2020	12,554,912
2021	12,649,566
2022	12,537,323
Thereafter	<u>36,643,188</u>
Total	<u>\$ 100,419,039</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2017 and 2016

The Corporation has also entered into various sub-lease agreements with tenants that occupy space in the Corporation's buildings. The terms of these sub-leases vary and extend through 2030. Rental income was \$3,303,484 in 2017 and \$4,506,295 in 2016, which has been reported as a component of other operating revenue in the consolidated statements of operations. Future rent payments expected to be received by the Corporation during the years ending December 31, are as follows:

Years ending December 31:	
2018	\$ 4,166,546
2019	3,580,156
2020	3,299,498
2021	2,922,089
2022	2,499,530
Thereafter	<u>3,284,905</u>
Total	<u>\$ 19,752,724</u>

13. Retirement, Health Plan and Life Insurance

Defined Contribution Retirement Plan

The Corporation sponsors a 401(a) defined contribution retirement plan, which covers substantially all full-time employees. After twelve months of full-time or regular part-time employment of at least 1,000 base hours, the Corporation will contribute a total of 2% of eligible employees' compensation, plus a matching employer contribution equal to 50% of employee contributions (to the 403(b) plan) up to 6% of base salary. The Corporation also has a 403(b) retirement savings plan for employees. Employee contributions are made to the 403(b) retirement savings plan. Retirement plan expense was \$7,983,472 in 2017 and \$8,760,252 in 2016. Retirement plan expense for HRMC was \$174,378 in 2016 which is included in loss from discontinued operations in the consolidated statements of operations. Retirement plan expense for BH&WS - Eastern Shore was \$60,686 in 2016 which is included in loss from discontinued operations in the consolidated statements of operations.

Supplemental Executive Retirement Plan

The Corporation also has a Supplemental Executive Retirement Plan ("SERP") that became effective in 2015 and covers a group of key executives. SERP expense was \$404,894 in 2017 and \$300,900 in 2016. In addition, a SERP liability adjustment was recorded for \$512,305 in 2017 and \$521,260 in 2016, which was recognized in other changes in net assets in the consolidated statements of changes in net assets. At December 31, 2017 and 2016, the Corporation's liability for the SERP was \$3,811,232 and \$2,894,032, respectively, which is included in other liabilities in the consolidated balance sheets.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

Executive Retention 457(F) Plan

Effective January 1, 2015, the Corporation established the Executive Retention 457(F) Plan (the "457(F) Plan"). The 457(F) Plan is a tax-deferred plan offered to key executives, whereby annual employer contributions are made to the Plan. Plan participants become vested in the contributions and receive plan payments in the second calendar year after the contribution is made, if the participant is still employed. The final contribution will be made to the Plan for the year in which the plan participant becomes 62. The 457(F) plan expense was \$1,451,249 in 2017 and \$1,501,925 in 2016. The Corporation's liability for the 457(F) plan at December 31, 2017 and 2016 was \$2,792,809 and \$2,975,057, respectively, which is included in other liabilities in the consolidated balance sheets.

Salary Deferral (457(b)) Plan

Employees who contribute the maximum allowable amount to the 403(b) retirement plan have an opportunity to contribute additional funds on a tax-deferred basis to a 457(b) retirement plan up to the maximum tax-sheltered opportunity. There are no employer contributions to this plan.

Health Plan

The Corporation maintains a self-insurance employee program for its health insurance coverage. The Corporation accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its stop-loss insurance coverage, based upon data provided by the third-party administrator of the program and historical claims experience.

Life Insurance

Full-time and part-time employees are insured, through a third-party carrier, for an amount equal to one times their base salary at time of enrollment up to \$450,000 for full-time employees and \$10,000 for part-time employees. In addition, if death is caused by accident, the employee is insured for an additional benefit equal to the amount of their life insurance.

14. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for betterments to plant facilities and purchases of equipment or to support operating programs sponsored by the Corporation and its affiliates.

Permanently restricted net assets have been restricted by donor to be maintained by the Corporation in perpetuity.

Net assets were released from donor restriction by satisfying their restricted purposes in the amount of \$3,633,418 in 2017 and \$3,293,236 in 2016.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

15. Commitments and Contingencies

Litigation and Claims

The Corporation is subject to asserted and unasserted claims (in addition to litigation) encountered in the ordinary course of business. In the opinion of management and after consultation with legal counsel, the Corporation has established adequate reserves related to all known matters. The outcome of any potential investigative, regulatory or prosecutorial activity that may occur in the future cannot be predicted with certainty. However, any associated potential future losses resulting from such activity could have a material adverse effect on the Corporation's future financial position, results of operations and liquidity.

Insurance

The Corporation's primary coverage for professional liability is provided through a self-funded insurance retention trust (the "Trust") established on January 1, 1993. The Trust is funded based on actuarial estimates and provides coverage of \$4,000,000 per occurrence with no annual aggregate limitation. The Trust also provides general liability coverage up to \$1,000,000 per occurrence and \$3,000,000 in the aggregate. The Corporation also carries umbrella excess liability insurance on a claims made basis with a commercial carrier, with limits of \$20,000,000 per occurrence and in aggregate.

It is the Corporation's policy to accrue for the ultimate cost of uninsured asserted and unasserted malpractice claims, if any, when incidents occur. Based on a review of the Corporation's prior experience and incidents occurring through December 31, 2017, management determined that the fully-funded professional liability reserve reported at December 31, 2017 and 2016 is adequate in light of the program's excess umbrella policy currently in force and historical claims experience. The estimated professional liability for both asserted and unasserted claims was \$14,262,545 and \$12,865,503 at December 31, 2017 and 2016, respectively. The discount rate used in determining these liabilities was 2.5% at both December 31, 2017 and 2016.

The Corporation is self-insured for unemployment and workers' compensation benefits. The liability for unemployment and worker's compensation claims payable is an estimate based on the Corporation's past experience and is included in the accompanying consolidated balance sheets. It is reasonably possible that the estimates used could change materially in the near term.

Remediation

Certain buildings, which were constructed prior to the passage of the Clean Air Act, contain encapsulated asbestos material. Current law requires that this asbestos be removed in an environmentally safe fashion prior to demolition and renovation of these buildings. At this time, the Corporation has no plans to demolish or renovate these buildings and, as such, cannot reasonably estimate the fair value of the liability for such asbestos removal.

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements
December 31, 2017 and 2016

16. Business and Credit Concentrations

The Corporation grants credit to patients, substantially all of whom are local residents. The Corporation generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits receivable under their health insurance programs, plans or policies.

At December 31, 2017 and 2016, concentrations of gross receivables from third-party payors and others are as follows:

	<u>2017</u>	<u>2016</u>
Medicare	22 %	22 %
Medicaid	11	12
Other third party payers	39	45
Self-pay and others	<u>28</u>	<u>21</u>
	<u>100 %</u>	<u>100 %</u>

Net patient service revenue, by payor class, consisted of the following for the years ended December 31:

	<u>2017</u>	<u>2016</u>
Medicare	37 %	38 %
Medicaid	11	9
Other third party payers	48	49
Self-pay and others	<u>4</u>	<u>4</u>
	<u>100 %</u>	<u>100 %</u>

The Corporation maintains its cash and cash equivalents with several financial institutions. Cash and cash equivalents on deposit with any one financial institution are insured up to \$250,000.

17. Functional Expenses

A summary of the Corporation's operating expenses by function for the years ended December 31, is as follows:

	<u>2017</u>	<u>2016</u>
Hospital acute and ambulatory services	\$ 559,232,278	\$ 545,995,612
Home care services	26,374,013	19,113,770
Other health care services	196,113,197	184,260,531
Other, including general and administrative	5,702,160	10,751,002
Fundraising	<u>432,501</u>	<u>682,243</u>
Total	<u>\$ 787,854,149</u>	<u>\$ 760,803,158</u>

Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2017 and 2016

The Corporation also incurred hospital acute and other health care services expenses related to HRMC and BH&WS Eastern Shore that were included in loss from discontinued operations in the consolidated statements of operations. HRMC hospital acute services expenses were \$22,769,646 in 2016. BH&WS Eastern Shore other healthcare services expenses were \$10,001,541 in 2016. No operating expenses were incurred in 2017 for HRMC for BH&WS Eastern Shore.

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule, Balance Sheet
 December 31, 2017

	Shady Grove Medical Center	Washington Adventist Hospital	Hackettstown Regional Medical Center	Behavioral Health & Wellness Services	Rehabilitation	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Urgent Care Centers	One Health Quality Alliance	Mid-Atlantic Primary Care	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Assets																			
Cash and cash equivalents	\$ 169,434,502	\$ (48,120,660)	\$ 76,562,848	\$ (21,307,114)	\$ 15,664,304	\$ (24,043,730)	\$ (22,721,885)	\$ 976,421	\$ (102,774,082)	\$ -	\$ 43,670,604	\$ (683,588)	\$ 6,073,433	\$ (10,347,048)	\$ (2,292,572)	\$ 1,184,117	\$ 3,109,938	\$ -	\$ 40,714,884
Short-term investments	-	-	-	-	-	-	-	-	197,803,029	-	197,803,029	-	-	-	-	-	-	-	197,803,029
Assets whose use is limited	-	-	-	-	-	-	-	-	2,923,796	-	2,923,796	-	-	-	-	-	-	-	2,923,796
Patient accounts receivable, net of estimated allowance for doubtful collections of \$22,487,000	48,088,584	26,969,168	-	4,934,224	4,822,816	3,033,771	642,956	(519)	-	-	88,491,000	-	4,276,085	442,861	-	-	-	-	93,209,946
Other receivables, net of estimated allowance for doubtful collections of \$628,000	1,841,050	2,499,566	-	2,117,139	156,162	3,330,207	56,869	652,062	2,171,520	(597,738)	12,226,837	2,751,224	31,141	-	-	-	1,061,779	-	16,070,981
Due from third party payors	-	-	-	115,974	254,489	-	-	-	-	(370,443)	-	-	-	-	-	-	-	-	-
Inventories	5,118,233	3,982,471	-	90,779	93,906	-	-	125,388	-	-	9,410,777	-	-	-	-	-	-	-	9,410,777
Prepaid expenses and other current assets	676,417	861,007	-	56,871	65,765	58,059	19,950	148,175	5,658,068	-	7,544,312	-	52,908	55,828	-	-	-	-	7,653,048
Total current assets	225,158,786	(13,808,448)	76,562,848	(13,992,127)	21,057,422	(17,621,693)	(22,002,110)	1,901,527	105,782,331	(968,181)	362,070,355	2,067,636	10,433,567	(9,848,359)	(2,292,572)	1,184,117	4,171,717	-	367,786,461
Property and Equipment, Net	178,100,768	185,644,026	-	13,145,193	10,299,587	8,494,432	1,203,692	201,174	104,539,932	-	501,628,804	1,617,534	1,667,237	6,696,220	-	-	-	-	511,609,795
Assets Whose Use is Limited																			
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	841,316	239,237,934	-	490,768	444,028	-	-	-	3,318,524	-	244,332,570	-	-	-	-	-	-	-	244,332,570
Professional liability trust fund	-	-	-	-	-	-	-	-	11,878,591	-	11,878,591	-	-	-	-	-	-	-	11,878,591
Deferred compensation fund	-	-	-	-	-	-	-	-	1,403,371	-	1,403,371	-	-	-	-	-	-	-	1,403,371
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisitions	331,900	-	-	-	96,436	-	-	-	-	-	428,336	694,688	-	-	-	-	1,199,729	-	2,322,753
Investments and Investments in Unconsolidated Subsidiaries	843,836	-	-	-	-	-	-	-	14,012,821	-	14,856,657	-	-	-	-	-	808,588	-	15,665,245
Land Held for Healthcare Development	-	-	-	-	-	-	-	-	47,660,070	-	47,660,070	-	-	-	-	-	-	-	47,660,070
Intangible Assets, Net	1,018,809	-	-	841,587	845,496	5,435,091	-	36,236	7,736	-	8,184,955	-	158,175	-	-	-	-	-	8,343,130
Deposits and Other Noncurrent Assets	1,887,263	31,350	-	26,674	43,000	15,687	46,716	32,754	858,754	-	2,942,198	5,054	30,828	200,582	-	-	2,432,031	-	5,610,693
Total assets	\$ 408,182,678	\$ 411,104,862	\$ 76,562,848	\$ 512,095	\$ 32,785,969	\$ (3,676,483)	\$ (20,751,702)	\$ 2,171,691	\$ 289,462,130	\$ (968,181)	\$ 1,195,385,907	\$ 4,384,912	\$ 12,289,807	\$ (2,951,557)	\$ (2,292,572)	\$ 1,184,117	\$ 8,612,065	\$ -	\$ 1,216,612,679

Adventist HealthCare, Inc. and Controlled Entities

Consolidating Schedule, Balance Sheet
December 31, 2017

	Shady Grove Medical Center	Washington Adventist Hospital	Hackettstown Regional Medical Center	Behavioral Health & Wellness Services	Rehabilitation	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Urgent Care Centers	One Health Quality Alliance	Mid-Atlantic Primary Care	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Liabilities and Net Assets																			
Current Liabilities																			
Accounts payable and accrued expenses	\$ 26,268,407	\$ 18,582,280	\$ 673,330	\$ 2,828,158	\$ 1,041,179	\$ 1,454,804	\$ 1,669,173	\$ 526,843	\$ 29,413,814	\$ -	\$ 82,457,988	\$ 1,047,774	\$ 1,005,852	\$ 618,064	\$ 128,774	\$ 1,408,826	\$ 150,906	\$ -	\$ 86,818,184
Accrued compensation and related items	13,433,344	9,658,349	-	2,523,983	2,764,208	211,138	214,677	236,808	6,595,689	(597,738)	35,040,458	607,017	1,317,213	295,758	-	-	-	-	37,260,446
Interest payable	-	-	-	-	-	-	-	-	9,747,294	-	9,747,294	-	-	-	-	-	-	-	9,747,294
Due to third party payors	10,850,189	7,169,320	67,547	101,789	-	-	-	-	-	(370,443)	17,818,402	-	-	-	-	-	-	-	17,818,402
Estimated self-insured professional liability	-	-	-	-	-	-	-	-	1,179,664	-	1,179,664	-	-	-	-	-	-	-	1,179,664
Current maturities of long-term obligations	5,044,073	2,770,640	-	165,859	-	775,089	-	-	4,109,705	-	12,865,366	-	-	154,494	-	-	-	-	13,019,860
Total current liabilities	55,596,013	38,180,589	740,877	5,619,789	3,805,387	2,441,031	1,883,850	763,651	51,046,166	(968,181)	159,109,172	1,654,791	2,323,065	1,068,316	128,774	1,408,826	150,906	-	165,843,850
Construction Payable	1,786,159	12,402,322	-	92,500	94,556	14,286	-	-	282,306	-	14,672,129	-	152,030	4,380	-	-	-	-	14,828,539
Long-Term Obligations, Net																			
Bonds payable	123,749,836	379,651,523	-	5,954,585	4,293,277	-	-	-	37,577,507	-	551,226,728	-	-	(15,239)	-	-	-	-	551,211,489
Notes payable	-	-	-	-	-	-	-	-	17,688,481	-	17,688,481	-	-	4,400,801	-	-	-	-	22,089,282
Capital lease obligations	2,661,743	1,191,231	-	776,029	-	1,401,975	-	-	5,198,992	-	11,229,970	-	-	-	-	-	-	-	11,229,970
Derivative Financial Instruments	-	-	-	-	-	-	-	-	1,145,303	-	1,145,303	-	-	-	-	-	-	-	1,145,303
Other Liabilities	1,544,428	-	-	-	-	-	549,178	-	9,816,737	-	11,910,343	-	-	-	-	-	53,422	-	11,963,765
Estimated Self-Insured Professional Liability	-	-	-	-	-	-	-	-	13,082,881	-	13,082,881	-	-	-	-	-	-	-	13,082,881
Total liabilities	185,338,179	431,425,665	740,877	12,442,903	8,193,220	3,857,292	2,433,028	763,651	135,838,373	(968,181)	780,065,007	1,654,791	2,475,095	5,458,258	128,774	1,408,826	204,328	-	791,395,079
Net Assets (Deficit)																			
Unrestricted	222,945,080	(21,043,903)	75,821,971	(11,930,808)	24,590,615	(7,533,775)	(23,184,730)	1,408,040	152,816,329	-	413,888,819	2,095,431	9,814,712	(8,409,815)	(2,421,346)	(224,709)	2,585,883	-	417,328,975
Temporarily restricted	(100,581)	723,100	-	-	2,134	-	-	-	807,428	-	1,432,081	293,269	-	-	-	-	5,821,854	-	7,547,204
Permanently restricted	-	-	-	-	-	-	-	-	-	-	-	341,421	-	-	-	-	-	-	341,421
Total net assets (deficit)	222,844,499	(20,320,803)	75,821,971	(11,930,808)	24,592,749	(7,533,775)	(23,184,730)	1,408,040	153,623,757	-	415,320,900	2,730,121	9,814,712	(8,409,815)	(2,421,346)	(224,709)	8,407,737	-	425,217,600
Total liabilities and net assets	\$ 408,182,678	\$ 411,104,862	\$ 76,562,848	\$ 512,095	\$ 32,785,969	\$ (3,676,483)	\$ (20,751,702)	\$ 2,171,691	\$ 289,462,130	\$ (968,181)	\$ 1,195,385,907	\$ 4,384,912	\$ 12,289,807	\$ (2,951,557)	\$ (2,292,572)	\$ 1,184,117	\$ 8,612,065	\$ -	\$ 1,216,612,679

Adventist Healthcare, Inc. and Controlled Entities

 Consolidating Schedule, Statement of Operations
 Year Ended December 31, 2017

	Shady Grove Medical Center	Washington Adventist Hospital	Hackettstown Regional Medical Center	Behavioral Health & Wellness Services	Rehabilitation	Imaging Services	Clinical Integration Services	Other Health Services	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Urgent Care Centers	One Health Quality Alliance	Mid-Atlantic Primary Care	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
Unrestricted Revenues																			
Net patient service revenue	\$ 375,793,489	\$ 261,758,259	\$ -	\$ 42,080,118	\$ 48,151,057	\$ 30,871,761	\$ 11,078,330	\$ 38,286	\$ -	\$ (100,874)	\$ 769,670,426	\$ 818,945	\$ 27,207,082	\$ 4,156,714	\$ -	\$ -	\$ -	\$ (16,500)	\$ 801,836,667
Provision for doubtful collections	(13,378,429)	(12,611,472)	-	(1,828,140)	(655,338)	(2,097,280)	(650,236)	(131,895)	-	-	(31,352,790)	(112,355)	(42,553)	(274,843)	-	-	-	-	(31,782,541)
Net patient service revenue less provision for doubtful collections	362,415,060	249,146,787	-	40,251,978	47,495,719	28,774,481	10,428,094	(93,609)	-	(100,874)	738,317,636	706,590	27,164,529	3,881,871	-	-	-	(16,500)	770,054,126
Other revenue	7,490,548	3,755,767	-	6,313,442	3,070,951	1,788,034	220,297	6,866,110	6,113,830	(10,653,269)	24,965,710	10,903,927	260,955	150	-	1,356,468	1,946,154	(1,369,042)	38,064,322
Total unrestricted revenues	369,905,608	252,902,554	-	46,565,420	50,566,670	30,562,515	10,648,391	6,772,501	6,113,830	(10,754,143)	763,283,346	11,610,517	27,425,484	3,882,021	-	1,356,468	1,946,154	(1,385,542)	808,118,448
Expenses																			
Salaries and wages	122,047,800	97,092,286	-	26,452,333	28,307,040	15,571,770	9,608,695	2,333,144	34,239,094	(2,060,361)	333,591,801	5,956,279	17,868,478	2,914,752	340,586	48,850	-	-	360,720,746
Employee benefits	25,662,739	16,874,104	-	5,161,671	5,142,120	2,952,109	351,085	422,926	7,185,299	(351,542)	63,400,511	1,280,600	3,432,002	445,078	63,799	8,262	-	-	68,630,252
Contract labor	18,763,758	13,844,823	-	2,538,947	312,986	531,457	-	747,671	259,318	(64,709)	36,934,251	1,437,866	402,529	418,974	-	-	-	(153,937)	39,039,683
Medical supplies	55,251,030	41,406,956	-	1,360,408	1,566,646	1,142,348	746,210	849,253	49,752	(64,820)	102,307,783	85,141	406,590	213,849	-	-	-	-	103,013,363
General and administrative	33,256,315	27,437,502	-	3,789,842	3,296,744	5,001,846	3,486,150	1,158,968	45,660,458	(5,867,109)	117,220,716	1,725,367	1,158,556	1,232,698	153,593	459,063	1,294,806	(1,208,579)	122,036,220
Building and maintenance	22,580,781	7,805,978	-	2,384,851	1,499,134	5,045,272	376,233	514,655	1,967,342	(2,345,603)	39,828,643	307,054	731,810	1,077,236	300	300	-	(23,026)	41,922,317
Insurance	2,101,469	1,988,032	-	344,492	140,095	630,688	164,407	4,213	43,309	-	5,416,705	28,892	75,738	153,428	-	-	-	-	5,674,763
Interest	5,632,231	1,330,250	-	263,249	158,289	84,581	-	-	2,719,498	-	10,188,098	-	-	165,354	-	-	-	-	10,353,452
Depreciation and amortization	15,188,646	5,205,877	-	1,285,983	906,729	1,312,531	253,095	75,768	11,505,885	-	35,734,514	160,196	251,761	316,882	-	-	-	-	36,463,353
IT depreciation	5,663,083	3,835,214	-	742,097	509,355	94,123	-	30,213	(10,956,906)	-	(82,821)	-	82,821	-	-	-	-	-	-
IT services	19,972,695	12,812,683	-	1,903,545	2,133,066	260,713	-	139,555	(37,940,639)	-	(718,382)	-	718,382	-	-	-	-	-	-
Shared Services	15,063,059	9,385,490	-	1,718,548	1,468,869	442,566	557,721	66,039	(29,398,034)	-	(695,742)	278,867	368,827	48,048	-	-	-	-	-
Management fees	8,656,970	5,857,705	-	1,615,414	1,417,193	20,923	492,538	145,592	(19,571,019)	-	(1,364,684)	338,708	875,479	150,497	-	-	-	-	-
Total expenses	349,840,576	244,876,900	-	49,561,380	46,858,266	33,090,927	16,036,134	6,487,997	5,763,357	(10,754,144)	741,761,393	11,598,970	26,372,973	7,136,796	558,278	516,475	1,294,806	(1,385,542)	787,854,149
Income (loss) from operations	20,065,032	8,025,654	-	(2,995,960)	3,708,404	(2,528,412)	(5,387,743)	284,504	350,473	1	21,521,953	11,547	1,052,511	(3,254,775)	(558,278)	839,993	651,348	-	20,264,299
Other Income (Expense)																			
Investment income (loss)	4,046,655	4,018	-	3,492	349,920	-	-	13,674	3,636,073	-	8,053,832	14,074	135,858	-	-	-	28,738	-	8,232,502
Other (expense) income	(504,187)	(2,209,514)	249,985	(2,838,286)	(16,509)	-	-	-	662,392	2,661,722	(1,994,397)	-	-	-	-	-	-	-	(1,994,397)
Total other income (expense)	3,542,468	(2,205,496)	249,985	(2,834,794)	333,411	-	-	13,674	4,298,465	2,661,722	6,059,435	14,074	135,858	-	-	-	28,738	-	6,238,105
Revenues in excess of (less than) expenses from continuing operations	23,807,500	5,820,158	249,985	(5,830,754)	4,041,815	(2,528,412)	(5,387,743)	298,178	4,648,938	2,661,723	27,581,388	25,621	1,188,369	(3,254,775)	(558,278)	839,993	680,086	-	26,502,404
Change in net unrealized gains (losses) on investments other than trading securities	770,559	(674,580)	-	548	58,735	-	-	(2,025)	2,434,283	-	2,587,520	(9,815)	24,570	-	-	-	(19,650)	-	2,582,625
Change in net unrealized gain on derivative financial instruments	-	-	-	-	-	-	-	-	700,697	-	700,697	-	-	-	-	-	-	-	700,697
Transfer from (to) subsidiaries	648,577	423,286	2,272,747	1,611,358	50,255	-	-	-	(5,065,250)	-	(59,027)	-	-	-	-	-	-	59,027	-
Net assets released from restriction for purchase of property and equipment	30,957	1,078,789	-	-	42,844	-	-	-	-	-	1,152,590	-	-	-	-	-	-	-	1,152,590
Deferred compensation plan liability adjustment	-	-	-	-	-	-	-	-	(512,305)	-	(512,305)	-	-	-	-	-	-	-	(512,305)
Other unrestricted net asset activity	(1)	6	-	2	(185,835)	8	797	-	(1,518,108)	(1)	(1,703,132)	(1)	(4)	(6)	-	(801)	-	(59,027)	(1,762,971)
Increase (decrease) in unrestricted net assets from continuing operations	25,057,592	6,647,659	2,522,732	(4,218,846)	4,007,814	(2,528,404)	(5,386,946)	296,153	688,255	2,661,722	29,747,731	15,805	1,212,935	(3,254,781)	(558,278)	839,192	660,436	-	28,663,040
Loss from discontinued operations	-	-	-	-	-	-	-	-	-	(2,661,722)	(2,661,722)	-	-	-	-	-	-	-	(2,661,722)
Increase (decrease) in unrestricted net assets	\$ 25,057,592	\$ 6,647,659	\$ 2,522,732	\$ (4,218,846)	\$ 4,007,814	\$ (2,528,404)	\$ (5,386,946)	\$ 296,153	\$ 688,255	\$ -	\$ 27,086,009	\$ 15,805	\$ 1,212,935	\$ (3,254,781)	\$ (558,278)	\$ 839,192	\$ 660,436	\$ -	\$ 26,001,318

Adventist HealthCare, Inc. - Foundations

Combining Schedule, Balance Sheet

December 31, 2017

	Shady Grove Medical Center Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Behavioral Health & Wellness Services Foundation, Inc.	Eliminating Entries	Combined Adventist HealthCare, Inc. Foundations
Assets					
Current Assets					
Cash and cash equivalents	\$ 2,116,816	\$ 755,937	\$ 237,185	\$ -	\$ 3,109,938
Current portion pledges receivable, less allowance for doubtful pledges of \$65,000	457,156	551,283	53,340	-	1,061,779
Total current assets	2,573,972	1,307,220	290,525	-	4,171,717
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisitions	-	1,160,963	38,766	-	1,199,729
Investments	802,871	5,717	-	-	808,588
Beneficial Interest in Trusts	95,055	431,162	-	-	526,217
Noncurrent Portion of Pledges Receivable	659,364	1,246,450	-	-	1,905,814
Total assets	<u>\$ 4,131,262</u>	<u>\$ 4,151,512</u>	<u>\$ 329,291</u>	<u>\$ -</u>	<u>\$ 8,612,065</u>
Liabilities and Net Assets					
Current Liabilities					
Accounts payable and accrued expenses	\$ 19,866	\$ 131,040	\$ -	\$ -	\$ 150,906
Liability to Charitable Gift Annuitants	53,422	-	-	-	53,422
Total liabilities	73,288	131,040	-	-	204,328
Net Assets					
Unrestricted	2,162,088	276,285	147,510	-	2,585,883
Temporarily restricted	1,895,886	3,744,187	181,781	-	5,821,854
Total net assets	4,057,974	4,020,472	329,291	-	8,407,737
Total liabilities and net assets	<u>\$ 4,131,262</u>	<u>\$ 4,151,512</u>	<u>\$ 329,291</u>	<u>\$ -</u>	<u>\$ 8,612,065</u>

Adventist HealthCare, Inc. - Foundations

 Combining Schedule, Statement of Operations and Changes in Net Assets
 Year Ended December 31, 2017

	Shady Grove Medical Center Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Behavioral Health & Wellness Services Foundation, Inc.	Eliminating Entries	Combined Adventist HealthCare, Inc. Foundations
Changes in Unrestricted Net Assets					
Unrestricted Revenues, Gains, And Other Support					
Contributions, net	\$ 630,669	\$ 111,425	\$ 31,376	\$ -	\$ 773,470
Investment income	28,500	-	238	-	28,738
Net assets released from restrictions	(219,861)	1,304,552	87,993	-	1,172,684
	<u>439,308</u>	<u>1,415,977</u>	<u>119,607</u>	<u>-</u>	<u>1,974,892</u>
Total unrestricted revenues, gains, and other support					
Expenses					
General and administrative expenses	90,104	120,306	43,746	-	254,156
In-kind gifts expended	161,164	17,181	-	-	178,345
	<u>251,268</u>	<u>137,487</u>	<u>43,746</u>	<u>-</u>	<u>432,501</u>
Total expenses before transfers to the hospitals					
Transfers to the hospitals	(314,189)	1,131,494	45,000	-	862,305
	<u>(62,921)</u>	<u>1,268,981</u>	<u>88,746</u>	<u>-</u>	<u>1,294,806</u>
Total expenses					
Revenues in excess of expenses	502,229	146,996	30,861	-	680,086
Change in net unrealized losses on investments other than trading securities	(19,650)	-	-	-	(19,650)
	<u>482,579</u>	<u>146,996</u>	<u>30,861</u>	<u>-</u>	<u>660,436</u>
Increase in unrestricted net assets					
Unrestricted net assets, beginning	1,679,509	129,289	116,649	-	1,925,447
	<u>\$ 2,162,088</u>	<u>\$ 276,285</u>	<u>\$ 147,510</u>	<u>\$ -</u>	<u>\$ 2,585,883</u>
Unrestricted net assets, ending					
Changes in Temporarily Restricted Net Assets					
Contributions, net	\$ 310,736	\$ 1,486,275	\$ 107,077	\$ -	\$ 1,904,088
Net assets released from restrictions	219,861	(1,304,552)	(87,993)	-	(1,172,684)
Change in discount of pledges receivable and provision for doubtful pledges	50,057	(38,581)	(167)	-	11,309
Investment income and unrealized gain on investments	10,234	-	-	-	10,234
	<u>590,888</u>	<u>143,142</u>	<u>18,917</u>	<u>-</u>	<u>752,947</u>
Increase in temporarily restricted net assets					
Temporarily restricted net assets, beginning	1,304,998	3,601,045	162,864	-	5,068,907
	<u>\$ 1,895,886</u>	<u>\$ 3,744,187</u>	<u>\$ 181,781</u>	<u>\$ -</u>	<u>\$ 5,821,854</u>
Temporarily restricted net assets, ending					