

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

**2015**  
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.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2015** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ADVENTIST HEALTHCARE, INC.		<b>D</b> Employer identification number 52-1532556
	Doing business as		<b>E</b> Telephone number 301 315 3030
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 979,026,559.
	820 WEST DIAMOND AVE.	600	
City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878-1419		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: TERRY FORDE SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>H(c)</b> Group exemption number 1071	
<b>J</b> Website: WWW.ADVENTISTHEALTHCARE.COM		<b>L</b> Year of formation: 1983	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: MD	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: HEALTH-CARE NETWORK, INCLUDING ACUTE-CARE HOSPITALS, AND BRINGING WELLNESS TO THE COMMUNITY	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 6471
	<b>6</b> Total number of volunteers (estimate if necessary)	6 1028
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,571,755.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b -100,745.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 3,024,743. Current Year 2,042,972.
	<b>9</b> Program service revenue (Part VIII, line 2g)	614,223,129. 644,148,402.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,274,212. 2,384,461.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-442,843. -702,453.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	621,079,241. 647,873,382.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,860,645. 1,493,041.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	287,740,317. 305,097,904.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,176,863.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	300,433,013. 304,458,191.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	590,033,975. 611,049,136.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	31,045,266. 36,824,246.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 823,448,643. End of Year 843,819,661.
	<b>21</b> Total liabilities (Part X, line 26)	478,053,129. 464,677,785.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	345,395,514. 379,141,876.

**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.

<b>Sign Here</b>	Signature of officer	Date 11/14/16			
	JAMES G. LEE, EXE. VICE PRESIDENT AND CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHELE MELCHIOR	Preparer's signature Digitally signed by Melchior, Michele	Date 11/14/16	Check if self-employed <input type="checkbox"/>	PTIN P00488037
	Firm's name GRANT THORNTON LLP	Firm's address 201 S COLLEGE STREET CHARLOTTE, NC 28244	Firm's EIN 36-605558	Phone no. 704 632 3500	

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 DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 497,771,047. including grants of \$ 1,493,041. ) (Revenue \$ 600,836,950. ) THE MISSION OF ADVENTIST HEALTHCARE IS TO "DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A 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.

4b (Code: ) (Expenses \$ 12,546,383. including grants of \$ ) (Revenue \$ 43,311,452. ) 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, DORCHESTER AND WICOMICO COUNTIES, BH&WS OFFERS A BROAD RANGE OF SERVICES SUCH AS ACUTE CARE, RESIDENTIAL TREATMENT, SPECIAL EDUCATION AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES, AND COMMUNITY-BASED

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

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

4e Total program service expenses 510,317,430.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> 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
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> 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 check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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.
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 - 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 CHAIRMAN	1.00	X						0.	0.	0.
(2) SETH BARDU CHAIR OF AUDIT & FINANCE COMMITTEES	1.00	X						0.	0.	0.
(3) ROBERT T. VANDEMAN VICE CHAIRMAN	1.00	X						0.	0.	0.
(4) RENEE BATTLE-BROOKS, ESQ. GOVERNANCE EFFECTIVENESS COMMITTEE C	1.00	X						0.	0.	0.
(5) AVIS E. BUCHANAN, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(6) WALTER F. FENNEL TRUSTEE	1.00	X						0.	0.	0.
(7) NANCY E. HARDWICK STRATEGIC PLANNING COMMITTEE CHAIR	1.00	X						0.	0.	0.
(8) PATRICK J. HOGAN TRUSTEE	1.00	X						0.	0.	0.
(9) ROSEMARIE MELENDEZ TRUSTEE	1.00	X						0.	0.	0.
(10) DONALD MELNICK, M.D. TRUSTEE	1.00	X						0.	0.	0.
(11) RICK REMMERS TRUSTEE	1.00	X						0.	0.	0.
(12) BRUCE C. ROBERTSON, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(13) JAMES ROST, M.D. TRUSTEE	1.00	X						0.	0.	0.
(14) WEYMOUTH SPENCE, ED.D TRUSTEE	1.00	X						0.	0.	0.
(15) DREWRY J. WHITE, M.D. QUALITY&PATIENT SAFETY COMMITTEE CHA	1.00	X						0.	0.	0.
(16) THOMAS WERNER TRUSTEE	1.00	X						0.	0.	0.
(17) TERRY FORDE PRESIDENT & CEO, AHC	42.00 20.00	X		X				1,225,363.	0.	219,138.

**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 G. LEE EVP & CFO, AHC	42.00 20.00			X				662,822.	0.	135,961.
(19) JOHN SACKETT EVP & COO OF AHC; PRESIDENT OF SGMC	43.00 12.00			X				727,400.	0.	151,257.
(20) ERIK WANGSNESS PRESIDENT, WAH	44.00 6.00			X				422,561.	0.	114,374.
(21) JASON C. COE PRESIDENT, HRMC	5.00 55.00			X				393,566.	0.	82,998.
(22) PATRICK GARRETT SVP & PHYSICIAN INTEGRATION, AHC	20.00 40.00				X			533,450.	0.	116,149.
(23) SUSAN L. GLOVER SVP & SYSTEM QUALITY, AHC	50.00 10.00				X			393,640.	0.	86,254.
(24) MARTA BRITO PEREZ SVP & CHIEF HR OFFICER, AHC	40.00				X			440,162.	0.	102,083.
(25) KEVIN YOUNG PRESIDENT, BHWS	38.00 12.00				X			355,784.	0.	88,063.
(26) BRENT REITZ VP & ADMINISTRATOR, ARHM	15.00 40.00				X			267,531.	0.	80,099.
<b>1b Sub-total</b>								5,422,279.	0.	1,176,376.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,183,647.	0.	630,559.
<b>d Total (add lines 1b and 1c)</b>								9,605,926.	0.	1,806,935.

**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 393

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> 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
QUEST DIAGNOSTICS P.O. BOX 740709, ATLANTA, GA 30374-0709	CLININCAL LAB SERVICES	15,042,502.
CARETECH SOLUTIONS INC. P.O. BOX 674271, DETROIT, MI 48267-4271	IT SERVICES	14,299,789.
ATSITE, INC 2021 L STREET, NW, WASHINGTON, DC 20036	REAL ESTATE SERVICES	13,693,006.
CERNER CORPORATION P.O. BOX 412702, KANSAS CITY, MO 64141	IT/SOFTWARE SERVICES	10,524,380.
SODEXO, INC P.O. BOX 536922, ATLANTA, GA 30353-6922	DIETARY & PLANT OPS	6,437,317.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		177

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>	967,153.					
	<b>e</b> Government grants (contributions)	<b>1e</b>	360,145.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	715,674.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			2,042,972.				
	<b>Program Service Revenue</b>	<b>2 a</b> ACUTE CARE	<b>Business Code</b>	900099	593,657,118.	593,657,118.		
<b>b</b> BEHAVIORAL HEALTH			900099	43,311,452.	43,311,452.			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue			900099	7,179,832.	4,625,879.	2,553,953.		
<b>g Total.</b> Add lines 2a-2f				644,148,402.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			6,031,560.			6,031,560.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real		6,494,282.				
		(ii) Personal						
		<b>b</b> Less: rental expenses		7,457,311.				
		<b>c</b> Rental income or (loss)		-963,029.				
	<b>d</b> Net rental income or (loss)			-963,029.		17,802.	-980,831.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities		319,838,724.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses		323,485,823.				
		<b>c</b> Gain or (loss)		-3,647,099.				
	<b>d</b> Net gain or (loss)			-3,647,099.			-3,647,099.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
		<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from fundraising events								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	470,619.						
	<b>b</b> Less: cost of goods sold	<b>b</b>	210,043.					
	<b>c</b> Net income or (loss) from sales of inventory			260,576.			260,576.	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				647,873,382.	641,594,449.	2,571,755.	1,664,206.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,493,041.	1,493,041.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	9,165,077.		9,165,077.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	243,321,531.	212,271,153.	30,419,856.	630,522.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,137,527.	5,736,179.	378,581.	22,767.
<b>9</b> Other employee benefits	28,102,324.	21,084,898.	6,950,392.	67,034.
<b>10</b> Payroll taxes	18,371,445.	14,976,888.	3,352,767.	41,790.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	6,777,460.	4,852,834.	1,924,626.	
<b>b</b> Legal	1,362,843.		1,362,843.	
<b>c</b> Accounting	479,847.		479,847.	
<b>d</b> Lobbying	154,291.	154,291.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	547,625.		547,625.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	83,698,914.	74,544,510.	8,899,189.	255,215.
<b>12</b> Advertising and promotion	2,032,586.	243,906.	1,788,680.	
<b>13</b> Office expenses	43,344,026.	37,807,484.	5,504,916.	31,626.
<b>14</b> Information technology	18,626,309.	13,969,732.	4,656,577.	
<b>15</b> Royalties				
<b>16</b> Occupancy	33,690,225.	27,267,295.	6,319,831.	103,099.
<b>17</b> Travel	1,672,871.	843,899.	804,330.	24,642.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	765,060.	415,832.	349,060.	168.
<b>20</b> Interest	9,121,418.	1,456.	9,119,962.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	33,508,793.	33,213,030.	295,763.	
<b>23</b> Insurance	5,003,159.		5,003,159.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	61,441,002.	61,441,002.		
<b>b</b> RECRUITING	2,231,762.		2,231,762.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	611,049,136.	510,317,430.	99,554,843.	1,176,863.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	155,733.	<b>1</b>	1,063,528.
	<b>2</b> Savings and temporary cash investments .....	76,122,691.	<b>2</b>	82,854,531.
	<b>3</b> Pledges and grants receivable, net .....	809,086.	<b>3</b>	916,244.
	<b>4</b> Accounts receivable, net .....	87,987,045.	<b>4</b>	80,607,982.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	9,810,869.	<b>7</b>	12,843,184.
	<b>8</b> Inventories for sale or use .....	9,145,365.	<b>8</b>	8,829,816.
	<b>9</b> Prepaid expenses and deferred charges .....	6,682,729.	<b>9</b>	7,327,206.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 811,031,572.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 422,949,905.		
		373,762,415.	<b>10c</b>	388,081,667.
	<b>11</b> Investments - publicly traded securities .....	137,889,131.	<b>11</b>	142,337,123.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	10,553,133.	<b>12</b>	8,297,298.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	67,604,975.	<b>13</b>	61,285,501.
	<b>14</b> Intangible assets .....	3,196,195.	<b>14</b>	8,256,409.
<b>15</b> Other assets. See Part IV, line 11 .....	39,729,276.	<b>15</b>	41,119,172.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	823,448,643.	<b>16</b>	843,819,661.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	93,985,161.	<b>17</b>	101,340,105.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	666,728.	<b>19</b>	345,211.
	<b>20</b> Tax-exempt bond liabilities .....	246,345,919.	<b>20</b>	235,469,029.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	94,718,964.	<b>23</b>	82,239,259.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	42,336,357.	<b>25</b>	45,284,181.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	478,053,129.	<b>26</b>	464,677,785.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	344,389,003.	<b>27</b>	378,268,670.
	<b>28</b> Temporarily restricted net assets .....	1,006,511.	<b>28</b>	873,206.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	345,395,514.	<b>33</b>	379,141,876.	
<b>34</b> Total liabilities and net assets/fund balances .....	823,448,643.	<b>34</b>	843,819,661.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	647,873,382.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	611,049,136.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	36,824,246.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	345,395,514.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,973,325.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	895,441.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	379,141,876.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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** (2015)



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

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

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

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

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

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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) 2015

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI**

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

Horizontal lines for supplemental information input.

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

OMB No. 1545-0047

**2015**

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

**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 <b>ADVENTIST HEALTHCARE, INC.</b>	Employer identification number <b>52-1532556</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  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) 2015

LHA  
532041  
10-05-15

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		154,291.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			154,291.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (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 2015, ADVENTIST HEALTHCARE, INC. WAS 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 THE LOCAL

HEALTH CARE SAFETY NET AND ISSUES OF ACCESS TO CARE. CONTACT WITH

**Part IV** Supplemental Information (continued)

LEGISLATORS AND LOBBYING ON ISSUES AT THE STATE LEVEL ALSO TOOK PLACE,

PARTICULARLY AROUND ISSUES OF PUBLIC HEALTH AND ACCESS TO HEALTH CARE

SERVICES. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WAS ENGAGED IN

MONITORING LEGISLATIVE AND EXECUTIVE ACTION RELATED TO MEDICARE,

MEDICAID, FEDERAL HEALTH REFORM, MENTAL HEALTH POLICY, HEALTHCARE

REIMBURSEMENT AND ACCESS TO CARE.

Multiple horizontal lines for supplemental information.

**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.**

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

OMB No. 1545-0047

**2015**

**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 8/17/06, 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 .....

**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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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		8,162,408.		8,162,408.
b Buildings		362,680,002.	216,595,798.	146,084,204.
c Leasehold improvements		39,719,027.	21,962,095.	17,756,932.
d Equipment		307,736,120.	159,863,102.	147,873,018.
e Other		92,734,015.	24,528,910.	68,205,105.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				388,081,667.

**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)		
<b>Total.</b> (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) LAND HELD FOR HEALTHCARE DEVELOPMENT	61,285,501.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	61,285,501.	

**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)	
<b>Total.</b> (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	22,275,775.
(3) DEFERRED COMPENSATION	2,165,545.
(4) PROFESSIONAL LIABILITY INS: SE	12,291,581.
(5) COMPLIANCE LIABILITY RESERVE	2,812,910.
(6) OTHER LONG TERM LIABILITIES	5,738,370.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	45,284,181.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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 2015 OR 2014.

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

**Part XIII** Supplemental Information (continued)

THE CORPORATION'S FEDERAL EXEMPT ORGANIZATION RETURNS OF INCOME TAX AND  
ITS BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED PRIOR TO DECEMBER 31,  
2012 NO LONGER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE  
SERVICE.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	X	
<b>b</b> If "Yes," was it a written policy? .....	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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: .....	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</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: .....	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 <u>600</u> %		
<b>c</b> 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.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		X
<b>c</b> 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? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	X	
<b>b</b> If "Yes," did the organization make it available to the public? .....	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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			18,866,483.		18,866,483.	3.09%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			15,561,858.	13,307,334.	2,254,524.	.37%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			34,428,341.	13,307,334.	21,121,007.	3.46%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			10,975,729.	345,474.	10,630,255.	1.74%
<b>f</b> Health professions education (from Worksheet 5) .....			1,771,073.	138,474.	1,632,599.	.27%
<b>g</b> Subsidized health services (from Worksheet 6) .....			35,441,417.	744,397.	34,697,020.	5.68%
<b>h</b> Research (from Worksheet 7) .....			1,273,191.	392,325.	880,866.	.14%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1,063,516.		1,063,516.	.17%
<b>j Total.</b> Other Benefits .....			50,524,926.	1,620,670.	48,904,256.	8.00%
<b>k Total.</b> Add lines 7d and 7j .....			84,953,267.	14,928,004.	70,025,263.	11.46%



**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			4,752.		4,752.	.00%
2 Economic development						
3 Community support			304,771.	118,437.	186,334.	.03%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			165,409.	14,485.	150,924.	.02%
7 Community health improvement advocacy			2,544,087.		2,544,087.	.42%
8 Workforce development						
9 Other						
<b>10 Total</b>			<b>3,019,019.</b>	<b>132,922.</b>	<b>2,886,097.</b>	<b>.47%</b>

**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	208,333,206.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	190,190,441.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	18,142,765.
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 GERMANTOWN OUTPATIENT IMAGING, LLC	OUTPATIENT IMAGING CENTER	50.00%		50.00%
2 MID-ATLANTIC PRIMARY CARE ACO, LLC	MEDICARE SHARED SAVINGS PLAN ACO	25.00%		75.00%
3 PREMIER MEDICAL NETWORK, INC.	PHYSICIAN HOSPITAL ORGANIZATION	50.00%		50.00%

**Part V Facility Information**

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 6

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

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SHADY GROVE MEDICAL CENTER 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-315	X	X					X			
2 WASHINGTON ADVENTIST HOSPITAL 7600 CARROLL AVENUE TAKOMA PARK, MD 20912 SEE PART VI FOR WEBSITE 15-031	X	X					X			
3 HACKETTSTOWN REGIONAL MEDICAL CENTER 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 HTTP://WWW.HRMCNJ.ORG/ 12101	X	X					X		SEPARATE LEGAL ENTITY MANAGED BY AHC	
4 ADVENTIST REHABILITATION HOSP OF MARYL 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-077	X								SEPARATE LEGAL ENTITY MANAGED BY AHC	
5 BEHAVIORAL HEALTH & WELLNESS SVS-ROCK 14901 BROSCHART ROAD ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-039	X								BEHAVIORAL TREATMENT CENTER	
6 BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE 821 FIELDCREST ROAD CAMBRIDGE, MD 21613 SEE PART VI FOR WEBSITE 09-001	X								BEHAVIORAL TREATMENT CENTER	

**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
<b>Community Health Needs Assessment</b>		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</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 13</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? .....		X
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:		
<b>13</b> 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:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

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

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			

**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
<b>Community Health Needs Assessment</b>		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</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 13</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? .....		X
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:		
<b>13</b> 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:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URL ON SECTION C</u>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

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

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			



**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 HACKETTSTOWN COMMUNITY HOSPITAL

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

	Yes	No
<b>Community Health Needs Assessment</b>		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</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>HTTP://WWW.HRMCNJ.ORG</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 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 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>HTTP://WWW.HRMCNJ.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		X
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 HACKETTSTOWN COMMUNITY HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> 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:		
<b>a</b> <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>300</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.HRMCNJ.ORG/FINANCIAL-ASSISTANCE.ASP</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SAME AS LINE 16A</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SAME AS LINE 16A</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group HACKETTSTOWN COMMUNITY HOSPITAL

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			

**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): 4

	Yes	No
<b>Community Health Needs Assessment</b>		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</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 14</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? .....		X
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 ADVENTIST REHABILITATION HOSPITAL OF MAR

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> 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:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

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

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			

**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): 5

	Yes	No
<b>Community Health Needs Assessment</b>		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</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 13</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? .....		X
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:		
<b>13</b> 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:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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



**Part V Facility Information** (continued)

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

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			

**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 SVS-E SHORE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

	Yes	No
<b>Community Health Needs Assessment</b>		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</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 13</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? .....		X
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 SVS-E SHORE

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> 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:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE URLS ON SECTION C</u>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			

**Part V Facility Information** (continued)

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

SHADY GROVE MEDICAL CENTER:

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

CONDUCTED CHNA IN 2013:

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY MEMBERS. WE PARTNER WITH CLINICS THAT SERVE THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MANY OF WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES. WE ALSO PARTNER WITH MERCY HEALTH CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED PATIENTS. ANOTHER KEY PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY.

WE EXPANDED OUR PRENATAL SERVICES IN 2006 BY PARTNERING WITH THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ITS MATERNAL PARTNERSHIPS PROGRAM, A REFERRAL PROGRAM THAT COLLABORATES WITH HOSPITALS TO PROVIDE OBSTETRIC AND GYNECOLOGIC SERVICES FOR UNINSURED WOMEN IN MONTGOMERY COUNTY. WE ALSO PROVIDE HEALTH SERVICES FOR WOMEN IN THE COMMUNITY WITH BREAST CANCER THROUGH A PARTNERSHIP WITH THE KOMEN FOUNDATION. IN ADDITION, ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH EQUITY AND WELLNESS HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE, THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY. PUBLIC HEALTH EXPERTS FROM THESE VARIOUS PARTNER ORGANIZATIONS PROVIDE SGMC WITH IMPORTANT INPUT ON

**Part V Facility Information** (continued)

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

THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE.

SGMC'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL

RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR

CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS

THAT ADDRESS THESE NEEDS. SOME OF THE CONGREGATIONS HAVE TRAINED FAITH

COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT PROVIDE

EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES. THESE FCNS OFTEN

FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL

NEED.

IN ADDITION, WE 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.

ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS (DURING THE

LAST CONDUCTED CHNA IN 2013):

> AISHA BIVENS, JD, BSN;

ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS;

WASHINGTON ADVENTIST HOSPITAL;

> PERRY CHAN;

SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> IRENE DANKWA-MULLAN, MD, MPH;

DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION;

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

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

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES;

> STEVE GALEN, MS;

PRESIDENT AND CEO;

PRIMARY CARE COALITION OF MONTGOMERY COUNTY;

> CAROL W. GARVEY, MD, MPH;

CHAIR;

PRIMARY CARE COALITION;

> CARLESSIA HUSSEIN, DRPH, RN;

DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES;

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

> JUDY LICHTY, MPH;

REGIONAL DIRECTOR, HEALTH AND WELLNESS;

> SKIP MARGOT, RN, MS;

CNE AND VP OF PATIENT CARE SERVICES;

SHADY GROVE MEDICAL CENTER;

> SONIA MORA, RN;

MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> RICHARD "DICK" PAVLIN, MHCA;

EXECUTIVE DIRECTOR;

MERCY HEALTH CLINIC;

> OLIVIA CARTER-POKRAS, PHD;

ASSOCIATE PROFESSOR;

UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH;

> HOWARD ROSS;

CHIEF LEARNING OFFICER;

COOK ROSS, INC.;

**Part V Facility Information** (continued)

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

> TERRENCE P. SHEEHAN, MD;

CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

> TOM SWEENEY, RN, MBA, FACHE;

VICE PRESIDENT - CHIEF NURSING OFFICER;

WASHINGTON ADVENTIST HOSPITAL;

> LOIS A. WESSEL, RN CFNP;

ASSOCIATE DIRECTOR FOR PROGRAMS;

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF SGMC PARTICIPATES

IN VARIOUS WAYS IN THE COMMUNITY. WE ACTIVELY PARTICIPATE IN NUMEROUS

COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE

HEALTH NEEDS IN THE COMMUNITY. THE HEALTH PROFESSIONALS THAT PROVIDE

PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE

OF COMMUNITY NEEDS.

FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY

HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON

THIS ORGANIZATION'S FACEBOOK PAGES, NEWSLETTERS, EMAIL LIST SERVES, AND

MEETINGS WITH COMMUNITY LEADERS. A 25-ITEM SURVEY, AVAILABLE ONLINE

THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS

ALIKE TO IDENTIFY THEIR SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS,

PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING

CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

WASHINGTON ADVENTIST HOSPITAL:



**Part V Facility Information** (continued)

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

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

CONDUCTED CHNA IN 2013:

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS ONGOING

PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE

CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY

MEMBERS. WE PARTNER WITH CLINICS THAT IMPROVE ACCESS TO CARE BY SERVING

THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY,

MANY OF WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC

MINORITIES. ONE OF WAH'S SAFETY NET CLINIC PARTNERS IS MARY'S CENTER FOR

MATERNAL AND CHILD CARE. ANOTHER PARTNER, MOBILE MEDICAL CARE, INC.

(MOBILEMED), OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES

PRIMARY AND PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING

POOR AND HOMELESS IN MONTGOMERY COUNTY.

WE EXPANDED OUR PRENATAL SERVICES IN 2006 BY PARTNERING WITH THE

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ITS MATERNAL

PARTNERSHIPS PROGRAM, A REFERRAL PROGRAM THAT COLLABORATES WITH HOSPITALS

TO PROVIDE OBSTETRIC AND GYNECOLOGIC SERVICES FOR UNINSURED WOMEN IN

MONTGOMERY COUNTY. WE ALSO PROVIDE HEALTH SERVICES FOR WOMEN IN THE

COMMUNITY WITH BREAST CANCER THROUGH A PARTNERSHIP WITH THE KOMEN

FOUNDATION. IN ADDITION, ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH

EQUITY AND WELLNESS HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF

BALTIMORE, THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE

PRIMARY CARE COALITION OF MONTGOMERY COUNTY. PUBLIC HEALTH EXPERTS FROM

THESE VARIOUS PARTNER ORGANIZATIONS PROVIDE WAH WITH IMPORTANT INPUT ON

THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE.

**Part V Facility Information** (continued)

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

WAH'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL

RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR

CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS

THAT ADDRESS THESE NEEDS. SOME OF THE CONGREGATIONS HAVE TRAINED FAITH

COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT PROVIDE

EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES. THESE FCNS OFTEN

FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL

NEED.

IN ADDITION, WE 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.

ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS (DURING THE

LAST CONDUCTED CHNA IN 2013):

> AISHA BIVENS, JD, BSN;

ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS;

WASHINGTON ADVENTIST HOSPITAL;

> PERRY CHAN;

SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> IRENE DANKWA-MULLAN, MD, MPH;

DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION;

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES;

> STEVE GALEN, MS;

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

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

PRESIDENT AND CEO;

PRIMARY CARE COALITION OF MONTGOMERY COUNTY;

> CAROL W. GARVEY, MD, MPH;

CHAIR;

PRIMARY CARE COALITION;

> CARLESSIA HUSSEIN, DRPH, RN;

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MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

> JUDY LICHTY, MPH;

REGIONAL DIRECTOR, HEALTH AND WELLNESS;

ADVENTIST HEALTHCARE;

> SKIP MARGOT, RN, MS;

CNE AND VP OF PATIENT CARE SERVICES;

SHADY GROVE MEDICAL CENTER;

> SONIA MORA, RN;

MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE;

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EXECUTIVE DIRECTOR;

MERCY HEALTH CLINIC;

> OLIVIA CARTER-POKRAS, PHD;

ASSOCIATE PROFESSOR;

UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH;

> HOWARD ROSS;

CHIEF LEARNING OFFICER;

COOK ROSS, INC.;

> TERRENCE P. SHEEHAN, MD;

**Part V Facility Information** (continued)

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CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

> TOM SWEENEY, RN, MBA, FACHE;

VICE PRESIDENT - CHIEF NURSING OFFICER;

WASHINGTON ADVENTIST HOSPITAL;

> LOIS A. WESSEL, RN CFNP;

ASSOCIATE DIRECTOR FOR PROGRAMS;

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF ADVENTIST

HEALTHCARE AND WAH PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY. WE

ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS

THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY. THE HEALTH

PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE

INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS.

FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY

HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON

THIS ORGANIZATION'S FACEBOOK PAGES, NEWSLETTERS, EMAIL LIST SERVES, AND

MEETINGS WITH COMMUNITY LEADERS. A 25-ITEM SURVEY, AVAILABLE ONLINE

THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS

ALIKE TO IDENTIFY THEIR SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS,

PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING

CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

HACKETTSTOWN COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 5: HACKETTSTOWN COMMUNITY HOSPITAL UNDERTOOK 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH CONCLUDED IN 2015.

THE PURPOSE OF THE STUDY WAS TO GATHER CURRENT STATISTICS AND QUALITATIVE

FEEDBACK ON THE KEY HEALTH ISSUES FACING OUR SERVICE MARKET RESIDENTS.

SECONDARY DATA WAS RESEARCHED AND UPDATED. FIFTY FIVE COMMUNITY

STAKEHOLDERS COMPLETED A "KEY INFORMANT SURVEY TOOL". AFTER COMPLETION OF

THE COMMUNITY HEALTH NEEDS ASSESSMENT, APPROXIMATELY 23 LEADERS FROM

HACKETTSTOWN COMMUNITY HOSPITAL, COMMUNITY AGENCIES AND AREA HEALTHCARE

AND SOCIAL SERVICES ORGANIZATIONS MET TO REVIEW AND PRIORITIZE THE

FINDINGS AND TO DEVELOP AN IMPLEMENTATION PLAN. THE FOLLOWING KEY

STAKEHOLDERS PARTICIPATED IN THE PROCESS:

ADMINISTRATIVE DIRECTOR, HRMC;

BACH'S MEDICAL SUPPLIES;

BENTLEY COMMONS AT PARAGON VILLAGE;

CENTENARY COLLEGE;

CHELSEA AT BROOKFIELD;

CHIEF NURSING OFFICER, HRMC;

CHURCH OF THE ASSUMPTION;

COMMUNITY PREVENTION RESOURCES;

COORDINATOR, HEALTHLINK, HRMC;

EMS, HRMC;

EXECUTIVE DIRECTOR, HRMC;

FAMILY GUIDANCE OF WARREN COUNTY;

HACKETTSTOWN BUSINESS IMPROVEMENT;

HACKETTSTOWN POLICE DEPARTMENT;

HACKETTSTOWN ROTARY CLUB;

HEALTH EDUCATOR, HRMC;

HEALTHSTART PRENATAL CLINIC, HRMC;

**Part V Facility Information** (continued)

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

HEALTH VILLAGE;

HOME INSTEAD;

HOUSE OF THE GOOD SHEPHERD;

KAREN ANN QUINLAN HOSPICE;

KIWANIS CLUB OF HACKETTSTOWN;

LONG VALLEY FIRST AID SQUAD;

MANAGER, CENTER FOR HEALTHIER LIVING, HRMC;

MANAGER, COUNSELING AND ADDICTION CENTER, HRMC;

MANAGER, EDUCATION, HRMC;

MANAGER, EMERGENCY DEPARTMENT, HRMC;

MANAGER, MARKETING AND PUBLIC RELATIONS, HRMC;

MT. OLIVE HEALTH DEPARTMENT;

NORTH WARREN REGIONAL SCHOOL DISTRICT;

PHYSICIAN, EMERGENCY DEPARTMENT, HRMC;

PLANNED PARENTHOOD;

PRESIDENT, HACKETTSTOWN REGIONAL MEDICAL CENTER;

PROJECT SELF-SUFFICIENCY;

UNITED WAY OF NORTHERN NJ;

WARREN COUNTY AGENCY ON AGING AND DISABILITY;

WARREN COUNTY DEPARTMENT OF HUMAN SERVICES;

WARREN COUNTY HEALTH DEPARTMENT;

WARREN COUNTY MENTAL HEALTH BOARD;

WARREN COUNTY OFFICE OF EMERGENCY MANAGEMENT;

WARREN COUNTY SURROGATE;

WARREN COUNTY TEMPORARY ASSISTANCE;

WARREN COUNTY TRANSPORTATION COORDINATOR;

WASHINGTON TOWNSHIP HEALTH DEPARTMENT;

**Part V Facility Information** (continued)

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

ZUFALL, FEDERALLY QUALIFIED HEALTH CENTER.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

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

CONDUCTED CHNA IN 2013:

ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH EQUITY AND WELLNESS HAVE

ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE, THE UNIVERSITY OF

MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE COALITION OF

MONTGOMERY COUNTY. PUBLIC HEALTH EXPERTS FROM THESE VARIOUS PARTNER

ORGANIZATIONS PROVIDE ADVENTIST HEALTHCARE PHYSICAL HEALTH AND

REHABILITATION (APHR) WITH IMPORTANT INPUT ON THE NEEDS AFFECTING THE

HEALTH OF THE COMMUNITIES WE SERVE.

APHR'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL

RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR

CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS

THAT ADDRESS THOSE NEEDS. SOME OF THE CONGREGATIONS HAVE TRAINED FAITH

COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT ALSO

PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES. THESE FCNS

OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER

MEDICAL NEED.

ADDITIONALLY, ADVENTIST HEALTHCARE CONVENED A COMMUNITY 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.

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

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

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> AISHA BIVENS, JD, BSN;

ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS;

WASHINGTON ADVENTIST HOSPITAL;

> PERRY CHAN;

SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> IRENE DANKWA-MULLAN, MD, MPH;

DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION;

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES;

> STEVE GALEN, MS;

PRESIDENT AND CEO;

PRIMARY CARE COALITION OF MONTGOMERY COUNTY;

> CAROL W. GARVEY, MD, MPH;

CHAIR;

PRIMARY CARE COALITION;

> CARLESSIA HUSSEIN, DRPH, RN;

DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES;

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

> JUDY LICHTY, MPH;

REGIONAL DIRECTOR, HEALTH AND WELLNESS;

ADVENTIST HEALTHCARE;

> SKIP MARGOT, RN, MS;

CNE AND VP OF PATIENT CARE SERVICES;



**Part V Facility Information** (continued)

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SHADY GROVE MEDICAL CENTER;

> SONIA MORA, RN;

MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> RICHARD "DICK" PAVLIN, MHCA;

EXECUTIVE DIRECTOR;

MERCY HEALTH CLINIC;

> OLIVIA CARTER-POKRAS, PHD;

ASSOCIATE PROFESSOR;

UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH;

> HOWARD ROSS;

CHIEF LEARNING OFFICER;

COOK ROSS, INC.;

> TERRENCE P. SHEEHAN, MD;

CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

> TOM SWEENEY, RN, MBA, FACHE;

VICE PRESIDENT - CHIEF NURSING OFFICER;

WASHINGTON ADVENTIST HOSPITAL;

> LOIS A. WESSEL, RN CFNP;

ASSOCIATE DIRECTOR FOR PROGRAMS;

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF APHR PARTICIPATES

IN VARIOUS WAYS IN THE COMMUNITY. WE ACTIVELY PARTICIPATE IN NUMEROUS

COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE

HEALTH NEEDS IN THE COMMUNITY. THE HEALTH PROFESSIONALS THAT PROVIDE

**Part V Facility Information** (continued)

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

PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE

OF COMMUNITY NEEDS.

FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY

HEALTH NEEDS ASSESSMENT SURVEY, CUSTOMER SATISFACTION SURVEYS, AND KEY

INFORMANT INTERVIEWS. THE CHNA SURVEY WAS OFFERED TO THE PUBLIC THROUGH

POSTINGS ON ADVENTIST HEALTHCARE'S FACEBOOK PAGES, NEWSLETTERS, EMAIL LIST

SERVES, AND MEETINGS WITH COMMUNITY LEADERS. A 25-ITEM SURVEY, AVAILABLE

ONLINE THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY

LEADERS ALIKE TO IDENTIFY THEIR SOCIO-DEMOGRAPHIC INFORMATION, HEALTH

NEEDS, PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO

ACCESSING CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

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

CONDUCTED CHNA IN 2013:

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES ROCKVILLE

(BHWS -R) BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH

PROGRAMS AND SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES.

THE COMMUNITY ADVISORY COUNCIL (CAC) WAS FORMED FOR THE PURPOSE OF

INCORPORATING FEEDBACK FROM THE COMMUNITY IN THE PLANNING AND DELIVERY OF

OUR SERVICES. THROUGH REGULAR AND PRODUCTIVE DIALOGUE WITH OUR CAC, BHWS-R

AIMS TO STRENGTHEN ITS EXISTING PROGRAMS AND BETTER ADDRESS GAPS IN MENTAL

HEALTH CARE. THE CAC CONSISTS OF 17 MEMBERS WHO HAVE DEMONSTRATED AN

INTEREST IN THE MENTAL HEALTH CONCERNS OF THE COMMUNITY THROUGH THEIR

PROFESSION OR VOLUNTEER SERVICE. THIS INCLUDES, BUT IS NOT LIMITED TO,

FORMER PATIENTS AND/OR THEIR FAMILY MEMBERS, MENTAL HEALTH ADVOCACY

**Part V Facility Information** (continued)

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GROUPS, COUNTY AND STATE LEADERS, MONTGOMERY COUNTY PUBLIC SCHOOLS, AND

MONTGOMERY COUNTY POLICE DEPARTMENT. THE COMMUNITY ADVISORY COUNCIL MEETS

BIMONTHLY AT ADVENTIST BEHAVIORAL HEALTH IN ROCKVILLE.

MEMBERS OF BHWS - ROCKVILLE'S COMMUNITY ADVISORY COUNCIL INCLUDED (DURING

THE LAST CONDUCTED CHNA IN 2013):

> CLINICAL DIRECTOR OF MONTGOMERY COUNTY COALITION FOR THE

HOMELESS/HOMEBUILDERS CARE ASSESSMENT CENTER;

> MONTGOMERY COUNTY POLICE DEPARTMENT CRISIS INTERVENTION TEAM

COORDINATOR;

> EXECUTIVE DIRECTOR OF THE MONTGOMERY COUNTY FEDERATION OF FAMILIES FOR

CHILDREN'S MENTAL HEALTH, INC.;

> NAMI MONTGOMERY COUNTY DIRECTOR OF CHILDREN AND ADOLESCENT PROGRAM AND

FAMILY-TO-FAMILY COORDINATOR;

> FORMER PATIENTS AND/OR FAMILY MEMBERS OF ADVENTIST BEHAVIORAL HEALTH;

> ABHW VICE PRESIDENT OF OPERATIONS;

> ABHW INTERIM CHIEF NURSING OFFICER AND STAFF EDUCATOR;

> ABHW COMMUNICATIONS DIRECTOR;

> ABHW ASSOCIATE VICE PRESIDENT, BUSINESS DEVELOPMENT;

> ABHW MEDICAL DIRECTOR;

> ABHW PSYCHIATRIST;

> ABHW DIRECTOR OF COMMUNITY BASED RESIDENTIAL SERVICES;

> ABHW DIRECTOR OF ADULT CLINICAL SERVICES;

> ABHW CHAPLAIN;

> ABHW ASSOCIATE VICE PRESIDENT, QUALITY AND PATIENT SAFETY AND LOCAL

INTEGRITY/CHIEF PRIVACY OFFICER;

**Part V Facility Information** (continued)

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BHWS-R HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS

AND HEALTH CARE CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF

COMMUNITY MEMBERS. WE PARTNER WITH CLINICS THAT SERVE THE LOW-INCOME

RESIDENTS OF MONTGOMERY COUNTY, MANY OF WHOM ARE LIMITED ENGLISH

PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES. ONE OF ADVENTIST

HEALTHCARE'S SAFETY NET CLINIC PARTNERS IS MERCY HEALTH CLINIC, WHICH

PROVIDES PRIMARY CARE TO UNINSURED, LOW-INCOME ADULT RESIDENTS OF

MONTGOMERY COUNTY. ADVENTIST HEALTHCARE ALSO PARTNERS WITH MERCY HEALTH

CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED

PATIENTS. ANOTHER KEY PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH

OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND

PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING POOR AND

HOMELESS IN MONTGOMERY COUNTY.

IN ADDITION, ADVENTIST HEALTHCARE CONVENED A COMMUNITY 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

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ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS;

WASHINGTON ADVENTIST HOSPITAL;

> PERRY CHAN;

SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE;

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

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MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> IRENE DANKWA-MULLAN, MD, MPH;

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NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES;

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> CAROL W. GARVEY, MD, MPH;

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PRIMARY CARE COALITION;

> CARLESSIA HUSSEIN, DRPH, RN;

DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES;

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

> JUDY LICHTY, MPH;

REGIONAL DIRECTOR, HEALTH AND WELLNESS;

ADVENTIST HEALTHCARE;

> SKIP MARGOT, RN, MS;

CNE AND VP OF PATIENT CARE SERVICES;

SHADY GROVE MEDICAL CENTER;

> SONIA MORA, RN;

MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE;

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES;

> RICHARD "DICK" PAVLIN, MHCA;

EXECUTIVE DIRECTOR;

MERCY HEALTH CLINIC;

> OLIVIA CARTER-POKRAS, PHD;

ASSOCIATE PROFESSOR;

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

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

UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH;

> HOWARD ROSS;

CHIEF LEARNING OFFICER;

COOK ROSS, INC.;

> TERRENCE P. SHEEHAN, MD;

CHIEF MEDICAL OFFICER;

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND;

> TOM SWEENEY, RN, MBA, FACHE;

VICE PRESIDENT - CHIEF NURSING OFFICER;

WASHINGTON ADVENTIST HOSPITAL;

> LOIS A. WESSEL, RN CFNP;

ASSOCIATE DIRECTOR FOR PROGRAMS;

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED;

FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY

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SERVES, AND MEETINGS WITH COMMUNITY LEADERS. A 25-ITEM SURVEY, AVAILABLE

ONLINE THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY

LEADERS ALIKE TO PROVIDE SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS,

PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING

CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY.

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE:

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

CONDUCTED CHNA IN 2013:

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE

**Part V Facility Information** (continued)

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

(BHWS-ES) BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES. THE LOCAL COMMUNITY ADVISORY BOARD (CAB) OF BHWS-ES WAS FORMED FOR THE PURPOSE OF PROVIDING BETTER SERVICES FOR OUR RESIDENTS AND THEIR FAMILIES, THROUGH INTERACTIVE AND PARTICIPATORY INPUT WITHIN THE GROUP AND TO TREAT "SHORE KIDS" ON THE SHORE. THROUGH REGULAR AND PRODUCTIVE DIALOGUE WITH ITS COMMUNITY ADVISORY BOARD, BHWS-ES AIMS TO STRENGTHEN ITS EXISTING PROGRAMS AND ADDRESS GAPS IN MENTAL HEALTH CARE. THE COMMUNITY ADVISORY BOARD CONSISTS OF MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN THE MENTAL HEALTH CONCERNS OF THE COMMUNITY THROUGH THEIR WORK OR VOLUNTEER SERVICES. THIS INCLUDES, BUT IS NOT LIMITED TO: PARENT/FAMILY NAVIGATORS, MID-SHORE MENTAL HEALTH CORE SERVICE AGENCY REPRESENTATIVE, PARENTS OF PATIENTS, DORCHESTER COUNTY DEPARTMENT OF JUVENILE SERVICES PROGRAM SUPERVISOR, WICOMICO SOMERSET REGIONAL CORE SERVICE AGENCY REPRESENTATIVE, DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES REPRESENTATIVE, EASTERN SHORE MOBILE CRISIS REPRESENTATIVE, AND DORCHESTER COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION NON-PUBLIC COORDINATOR. THE COMMUNITY ADVISORY BOARD WAS BEING LED BY KEVIN DRUMHELLER, EXECUTIVE DIRECTOR OF ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE, AND BARBARA COLEMAN, SCRIBE. THE COMMUNITY ADVISORY BOARD FOR BHWS-ES HELD ITS FIRST MEETING IN NOVEMBER 2012 AND MEETS QUARTERLY.

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE COMMUNITY ADVISORY BOARD MEMBERS (DURING THE LAST CONDUCTED CHNA IN 2013):

- > AUDRA CHERBONNIER;
- FAMILY NAVIGATOR, PARENT;
- MARYLAND COALITION OF FAMILIES;

**Part V Facility Information** (continued)

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

> ADELAIDE (ADDIE) ECKARDT;

DELEGATE;

HOUSE OF DELEGATES;

> REBECCA HUTCHISON;

CHILD AND ADOLESCENT COORDINATOR;

MID SHORE MENTAL HEALTH SYSTEMS;

> DIANE LANE;

EXECUTIVE DIRECTOR AND PARENT;

CHESAPEAKE VOYAGERS, INC.;

> KENNETH MALIK;

CHIEF;

CAMBRIDGE POLICE DEPARTMENT;

> CAROL MASDEN;

DIRECTOR AND PARENT;

EASTERN SHORE MOBILE CRISIS;

> CHRISTOPHER MIELE;

PROGRAM SUPERVISOR;

DEPARTMENT OF JUVENILE SERVICES;

> HEIDI ROCHON;

DIRECTOR AND PARENT;

MARYLAND COALITION OF FAMILIES;

> DARLENE SAMPSON;

ASSISTANT DIRECTOR OF SERVICES;

DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES;

> CHALARRA SESSOMS;

CHILD AND ADOLESCENT DIRECTOR;

WICOMICO/SOMERSET BEHAVIORAL HEALTH AUTHORITY;



**Part V Facility Information** (continued)

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

> BERNADETT TOWNSEND;

FAMILY NAVIGATOR AND PARENT;

MARYLAND COALITION OF FAMILIES;

> DEBBIE USAB;

DIRECTOR;

DORCHESTER COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION;

IN ADDITION TO THE ADVISORY BOARD, THE STAFF OF ADVENTIST HEALTHCARE AND

BHWS-ES PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY. WE ACTIVELY

PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT

PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY. THE HEALTH

PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE

INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS.

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 EITHER ONE OF

THESE URLS: [HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3166/](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3166/)

2013-CHNA-SGAH.PDF

,OR,

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

**Part V Facility Information** (continued)

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

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

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3339/2013-CHNA-SGAH-IMPLEMENTATIONSTRATEGY.PDF](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3339/2013-CHNA-SGAH-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, SECTION B, LINE 7A: THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF

THESE URLS:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3167/2013-CHNA-WAH.PDF](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3167/2013-CHNA-WAH.PDF)

,OR,

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

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

URL [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3338/2013-CHNA-WAH-IMPLEMENTATIONSTRATEGY.PDF](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3338/2013-CHNA-WAH-IMPLEMENTATIONSTRATEGY.PDF)

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

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

UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT:

820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878

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

**Part V Facility Information** (continued)

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

THESE URLS: [HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3275/](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3275/)

2013-CHNA-ARHM.PDF

, OR,

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

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

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3446/2013-CHNA-ARHM-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3446/2013-CHNA-ARHM-IMPLEMENTATIONSTRATEGY.PDF)

IMPLEMENTATIONSTRATEGY.PDF

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/3274/](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3274/)

2013-CHNA-ABH-RV.PDF

, OR,

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

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

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3447/2013-CHNA-ABH-RV-](http://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3447/2013-CHNA-ABH-RV-IMPLEMENTATIONSTRATEGY.PDF)

IMPLEMENTATIONSTRATEGY.PDF

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE:

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

**Part V Facility Information** (continued)

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

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/3273/](http://www.adventisthealthcare.com/app/files/public/3273/)

2013-CHNA-ABH-ES.PDF

,OR,

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

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

URL: [WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3448/2013-CHNA-ABH-ES-](http://www.adventisthealthcare.com/app/files/public/3448/2013-CHNA-ABH-ES-IMPLEMENTATIONSTRATEGY.PDF)

IMPLEMENTATIONSTRATEGY.PDF

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2013, AN

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON (1) THE EARLY SCREENING

AND DETECTION OF LUNG CANCER AMONG THE ASIAN POPULATION, AND (2) DIABETES

MANAGEMENT AMONG THE UNINSURED.

LUNG CANCER: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) HAS

IMPLEMENTED A PROGRAM TO IMPROVE EARLY SCREENING AND DETECTION OF LUNG

CANCER AMONG THE ASIAN POPULATION IT SERVES. THROUGH THIS INITIATIVE, SGMC

OFFERS LOW-DOSE CT LUNG CANCER SCREENINGS FOR HIGH-RISK ASIAN PACIFIC

ISLANDER COMMUNITIES.

STRATEGIES FOR THIS INITIATIVE INCLUDE: > AN EARLY DETECTION LUNG CANCER

SCREENING PROGRAM TARGETED TO THE ASIAN POPULATION; SCREENING EVENTS

**Part V Facility Information** (continued)

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

PREVIOUSLY TOOK PLACE ON A QUARTERLY BASIS. IN ORDER TO INCREASE ACCESS,

SCREENINGS ARE NOW AVAILABLE ON A REGULAR BASIS BY APPOINTMENT. > ROUTINE

FOLLOW-UP PROCESSES FOR IDENTIFIED LUNG NODULES; ALL SUSPICIOUS LUNG

NODULES ARE REVIEWED BY A MULTIDISCIPLINARY PHYSICIAN GROUP; PARTICIPANTS

ARE PROVIDED WITH A CD OF THEIR SCANS AT THE TIME OF THE SCREENING;

SCREENING RESULTS LETTERS ARE SENT TO EACH PARTICIPANT AS WELL AS TO THEIR

PRIMARY CARE PHYSICIAN; PARTICIPANTS RECOMMENDED FOR FOLLOW-UP ARE SENT

REMINDERS VIA LETTERS AND PHONE CALLS AT APPROPRIATE TIMES. >TOBACCO

CESSATION COUNSELING; SCREENING PARTICIPANTS ARE PROVIDED MATERIALS (WHICH

ARE AVAILABLE IN THE TOP ASIAN LANGUAGES IN THE AREA) REGARDING ADVENTIST

HEALTHCARE SHADY GROVE MEDICAL CENTERS FREE TOBACCO CESSATION PROGRAM.

THE PROGRAM INCLUDES 1 YEARS OF FOLLOW-UP COUNSELING AS WELL AS FREE

NICOTINE REPLACEMENT THERAPY, AS NEEDED. > COMMUNITY OUTREACH TO THE ASIAN

POPULATION; TARGETED OUTREACH TAKES PLACE FOR THE SCREENING PROGRAM

INCLUDING REACHING OUT TO LOCAL CHINESE AND KOREAN PHYSICIANS AND

PHYSICIANS SERVING THE ASIAN COMMUNITY IN THE HOSPITAL'S SERVICE AREA,

DISTRIBUTING TRANSLATED FLYERS AT LOCAL EVENTS, PARTNERING WITH LOCAL

COMMUNITY-BASED ORGANIZATIONS SERVING THE ASIAN COMMUNITY TO SPREAD THE

WORD ABOUT THE SCREENINGS, AND RELEASING ADVERTISEMENTS IN LOCAL CHINESE

AND KOREAN LANGUAGE NEWSPAPERS;MOST RECENTLY, WE HAVE ALSO DISTRIBUTED

"SCRIPT PADS" TO LOCAL AREA PHYSICIANS SERVING LARGELY ASIAN POPULATIONS

SO THAT THEY ARE EASILY ABLE TO REFER PATIENTS TO THE SCREENING PROGRAM.

DIABETES: SGMC HAS IMPLEMENTED SEVERAL PROGRAMS TO INCREASE ACCESS TO

EDUCATION AND RESOURCES FOR UNINSURED DIABETIC INDIVIDUALS IN MONTGOMERY

COUNTY IN ORDER TO INCREASE CONFIDENCE AND SKILLS IN BETTER MANAGING AND

CONTROLLING THEIR DIABETES.

STRATEGIES FOR THIS INITIATIVE INCLUDE: > OFFERING PRE-DIABETES CLASSES

**Part V Facility Information** (continued)

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

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. > INFORMAL DIABETES

SELF-MANAGEMENT EDUCATION FOR INDIVIDUALS DURING A GROUP MEDICAL

APPOINTMENT SETTING AT MOBILE MED IN ROCKVILLE, MARYLAND. SGMC'S

OUTPATIENT DIABETES EDUCATOR PROVIDES DIABETES EDUCATION TO THE GROUP AS

THEY EACH TAKE THEIR TURN VISITING THEIR HEALTH CARE PROVIDER. > OFFERING

A FREE 1-HOUR NUTRITION AND COOKING CLASS ON A MONTHLY BASIS AT SGMC. >

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. WHILE ONLY OFFERED

IN ENGLISH IN 2015, ADDITIONAL SGMC STAFF MEMBERS HAVE NOW BEEN TRAINED TO

OFFER THE WORKSHOP IN SPANISH AS WELL.

ADDITIONAL AREAS OF NEED ADDRESSED BY SGMC: > BREAST CANCER: PROVIDE FREE

MAMMOGRAM SCREENINGS, NAVIGATION, BIOPSIES, ULTRASOUNDS, SURGERIES, AND

TREATMENT FOR THE UNINSURED. ENCOURAGE PREVENTION AND EARLY DETECTION

THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS

SERVING VULNERABLE POPULATIONS. A BREAST CANCER SUPPORT GROUP AS WELL AS

THE AMERICAN CANCER SOCIETY LOOK GOOD FEEL BETTER SUPPORT GROUP ARE

OFFERED AS WELL. > COLORECTAL CANCER: PROVIDE COLONOSCOPIES FOR TARGET

POPULATION AND REFER PATIENTS WITH ABNORMAL FINDINGS TO MONTGOMERY CANCER

CRUSADES FOR FURTHER TREATMENT. ENCOURAGE PREVENTION AND EARLY DETECTION

THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS

SERVING VULNERABLE POPULATIONS. > CANCER (OTHER): PARTNER WITH PHYSICIANS

TO PROVIDE FREE ANNUAL CANCER SCREENINGS TO THE COMMUNITY, TARGETING:

BREAST, PROSTATE, COLORECTAL, ORAL, SKIN AND THYROID CANCER. ADDITIONALLY,

BILINGUAL CANCER OUTREACH COORDINATORS ENCOURAGE PREVENTION AND EARLY

**Part V Facility Information** (continued)

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

DETECTION BY PROVIDING EDUCATIONAL PRESENTATIONS AND MATERIALS TO

UNDERSERVED AND AT-RISK POPULATIONS AT COMMUNITY LOCATIONS. A FREE TOBACCO

CESSATION PROGRAM WAS ALSO NEWLY IMPLEMENTED IN 2015. THE PROGRAM PROVIDES

ONE YEAR OF FOLLOW-UP COUNSELING FROM TRAINED TOBACCO CESSATION

COUNSELORS, AS WELL AS NICOTINE REPLACEMENT THERAPY AS NEEDED. > HEART

DISEASE AND STROKE: HOLD ANNUAL "LOVE YOUR SWEET HEART" SCREENING EVENTS

TO PROVIDE FREE SCREENINGS TO COMMUNITY MEMBERS FOR: BLOOD PRESSURE,

CHOLESTEROL, GLUCOSE, WAIST CIRCUMFERENCE, BMI, BODY COMPOSITION, AND

SLEEP APNEA, AS WELL AS 1:1 COUNSELING WITH A CLINICIAN. OFFER LIPID

PROFILE, VERTICAL AUTO PROFILE, HOMOCYSTEINE, HSCRIP, BLOOD PRESSURE,

GLUCOSE AND A1C SCREENINGS; AND PROVIDE FREE EDUCATIONAL LECTURES TO THE

COMMUNITY. PROVIDE "HEALTHY CHOICES PROGRAM" IN DAMASCUS TO PROVIDE WOMEN

OF LOW SOCIO-ECONOMIC STATUS INFORMATION AND SUPPORT TO ASSIST THEM IN

MAKING HEALTHIER CHOICES FOR THEMSELVES AND THEIR CHILDREN. > OBESITY:

PROVIDE 1:1 HEALTH EDUCATION AND GROUP PRESENTATIONS ABOUT HEALTHY

NUTRITION AND THE IMPORTANCE OF EXERCISE AT HEALTH FAIRS, SENIOR AND

COMMUNITY CENTERS, AND FAITH-BASED ORGANIZATIONS. PROVIDE AFFORDABLE

INDIVIDUAL NUTRITION COUNSELING TO THE COMMUNITY. > INFLUENZA: PROVIDE LOW

COST FLU SHOT CLINICS THROUGHOUT MONTGOMERY COUNTY TO CHILDREN, ADULTS AND

SENIORS AT COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BASED ORGANIZATIONS,

THE HOSPITAL, AND SUBSIDIZED APARTMENT COMPLEXES. PARTNER WITH WTOP RADIO

TO PROVIDE HUNDREDS OF FREE FLU SHOTS TO THE COMMUNITY AT LARGE. >

MATERNAL & INFANT HEALTH: IN ADDITION TO CHILDBIRTH, BREASTFEEDING, AND

PARENTING CLASSES, SGMCO OFFERS FREE PROGRAMS TO ITS PATIENTS, SUCH AS BEST

(BREASTFEEDING, EDUCATION, SUPPORT AND TOGETHERNESS) TO PROMOTE AND

SUPPORT BREASTFEEDING, AND DISCOVERING MOTHERHOOD SUPPORT GROUP FOR NEW

MOTHERS. IN PARTNERSHIP WITH MONTGOMERY COUNTY HEALTH DEPARTMENT,

**Part V Facility Information** (continued)

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

ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER ALSO PROVIDES PRENATAL

SERVICES TO LOW-INCOME AND UNINSURED RESIDENTS, INCLUDING: PRENATAL CARE,

ROUTINE LAB TESTS, CLASSES AND DENTAL SCREENINGS. > SENIOR HEALTH: SGMC

OFFERS COMMUNITY HEALTH PROGRAMS FOR SENIORS AT: DAMASCUS SENIOR CENTER,

GAITHERSBURG UP-COUNTY SENIOR CENTER, ROCKVILLE SENIOR CENTER, REVITZ

HOUSE, AS WELL AS NUMEROUS SUBSIDIZED SENIOR APARTMENT COMPLEXES. PROGRAMS

INCLUDE BUT ARE NOT LIMITED TO CLINICAL HEART HEALTH SCREENINGS, MONTHLY

BLOOD PRESSURE SCREENINGS, CARDIOVASCULAR SUPPORT AND ACTIVITY GROUPS, AND

EDUCATIONAL LECTURES AND HEALTH FAIRS.

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

SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL

PROGRAMS SPECIFICALLY FOR ASTHMA BECAUSE ASTHMA PREVALENCE AND RATES OF ED

VISITS IN MONTGOMERY COUNTY ARE BELOW RATES STATEWIDE, AND BECAUSE THERE

ARE OTHER ASTHMA RESOURCES AVAILABLE IN THE COUNTY. SGMC WILL CONTINUE TO

MONITOR TRENDS IN ASTHMA TO DETERMINE WHETHER FUTURE REALLOCATION OF

RESOURCES IS NEEDED TO PROVIDE ASTHMA-RELATED COMMUNITY PROGRAMS. >

HIV/AIDS: SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND

EDUCATIONAL PROGRAMS FOR HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES.

ADVENTIST HEALTHCARE'S CENTER FOR HEALTH EQUITY AND WELLNESS LED AN

INITIATIVE CALLED PROJECT BEAT IT! (BECOMING EMPOWERED AFRICANS THROUGH

IMPROVED TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEPATITIS B), WHICH

WAS A GRANT-FUNDED INITIATIVE FROM U.S. DHHS OFFICE OF MINORITY HEALTH

THAT PROVIDED CULTURALLY APPROPRIATE HEALTH EDUCATION CLASSES TO HEALTH

CARE PROVIDERS AND THE AFRICAN IMMIGRANT COMMUNITY TO IMPROVE HEALTH

OUTCOMES RELATED TO THESE CHRONIC AND INFECTIOUS DISEASES. THE 20-MONTH

GRANT FUNDED PROJECT ENDED IN SEPTEMBER 2013. > BEHAVIORAL HEALTH: SGMC

DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES BECAUSE THESE SERVICES ARE



**Part V Facility Information** (continued)

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

ALREADY PROVIDED BY THE NEIGHBORING SPECIALTY CARE HOSPITAL WITHIN ITS

HOSPITAL SYSTEM, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS

SERVICES. IN ADDITION TO ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND

WELLNESS SERVICES, THERE ARE MANY ORGANIZATIONS THAT PROVIDE BEHAVIORAL

HEALTH SERVICES WITHIN THE SGMC SERVICE AREA. > SOCIAL DETERMINANTS OF

HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION; TRANSPORT): SGMC DOES NOT

DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH BECAUSE THOSE

ARE NOT SPECIALTY AREAS OF THE HOSPITAL AND SGMC DOES NOT HAVE THE

RESOURCES OR EXPERTISE TO MEET MANY OF THESE NEEDS. INSTEAD, SGMC PARTNERS

WITH AND SUPPORTS OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN

ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION,

TRANSPORTATION, AND OTHER SOCIAL DETERMINANTS OF HEALTH.

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2013, AN

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON (1) FLU PREVENTION, AND

(2) BEHAVIORAL HEALTH.

FLU: ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS

IMPLEMENTED STRATEGIES TO ADDRESS HIGH INFLUENZA-RELATED EMERGENCY ROOM

RATES IN TARGETED AREAS.

STRATEGIES FOR THIS INITIATIVE INCLUDE:

> PARTNERING WITH COMMUNITY ORGANIZATIONS, PLACES OF WORSHIP, SENIOR

CENTERS, COMMUNITY CENTERS, LOW-INCOME HOUSING COMPLEXES, AND COUNTY

HEALTH DEPARTMENTS IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES TO PROVIDE

FREE OR LOW COST VACCINATIONS TO RESIDENTS WITH THE GREATEST NEED.

> PARTNERING WITH A MICRO-PRACTICE LOCATED IN ZIP CODE 20904 CALLED "CARE

**Part V Facility Information** (continued)

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

FOR YOUR HEALTH" TO PROVIDE VACCINE TO UNDERSERVED PATIENTS. THE PATIENT

POPULATION SERVED BY THE CARE FOR YOUR HEALTH MICROPRACTICE IS 75%

HISPANIC, 12% BLACK, 5% WHITE, 4% ASIAN, AND 4% OTHER. THE MAJORITY OF

PATIENTS ARE SPANISH-SPEAKING.

> PARTNERING WITH LOCAL SAFETY NET CLINICS, COMMUNITY CLINIC, INC. (FQHC)

AND MOBILE MEDICAL CARE, INC., TO PROVIDE FREE FLU VACCINE TO LOW-INCOME,

UNINSURED RESIDENTS IN ADVENTIST HEALTHCARE WASHINGTON ADVENTIST

HOSPITAL'S PRIMARY SERVICE AREA.

BEHAVIORAL HEALTH: ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL HAS

IMPLEMENTED STRATEGIES TO ADDRESS BEHAVIORAL HEALTH (MENTAL HEALTH AND

SUBSTANCE ABUSE) NEEDS IN THE POPULATION IT SERVES.

THE STRATEGIES INCLUDE:

> REFERRING ADMITTED PATIENTS WITH IDENTIFIED CONDITIONS OF SUBSTANCE

ABUSE AND/OR CHEMICAL DEPENDENCY TO APPROPRIATE RESOURCES FOR INTERVENTION

AND FOLLOW-UP AS NEEDED (E.G., OUTPATIENT REHABILITATION PROGRAMS AND

SUPPORT GROUPS); > STRENGTHENING A PARTNERSHIP WITH VICTORY TOWER

(LOW-INCOME SENIOR HOUSING LOCATED IN ZIP CODE 20912) TO PROVIDE

COUNSELING RESOURCES AND MATERIALS TO RESIDENTS REGARDING ALCOHOL AND

SUBSTANCE ABUSE. THROUGH THIS PARTNERSHIP, WAH HAS PROVIDED VICTORY TOWER

WITH SEVERAL SERVICES ON-SITE INCLUDING: - A WEEKLY WELLNESS CIRCLE

ORGANIZED BY A CERTIFIED SUBSTANCE ABUSE COUNSELOR. WEEKLY SESSIONS ARE

APPROXIMATELY 1.5 HOURS IN LENGTH. THE PURPOSE IS TO ENHANCE QUALITY OF

LIFE AND ASSIST PARTICIPANTS WITH SOBRIETY AND MENTAL HEALTH MAINTENANCE.

WEEKLY DISCUSSIONS FOCUS ON THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

ADMINISTRATION'S (SAMHSA) 8 DIMENSIONS OF WELLNESS. - MONTHLY 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PRESSURE AND OTHER HEALTH SCREENINGS, HEALTH FAIRS, EDUCATIONAL LECTURES

AND DEMONSTRATIONS, AND A BIWEEKLY WELLNESS CIRCLE/SUPPORT GROUP FOR

ALCOHOL AND SUBSTANCE ABUSE LED BY A CERTIFIED CHEMICAL DEPENDENCE

COUNSELOR.

ADDITIONAL AREAS OF NEED ADDRESSED BY WAH: > BREAST CANCER: PROVIDE FREE

MAMMOGRAM SCREENINGS, NAVIGATION, BIOPSIES, ULTRASOUNDS, SURGERIES, AND

TREATMENT FOR THE UNINSURED. ENCOURAGE PREVENTION & EARLY DETECTION

THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS

SERVING VULNERABLE POPULATIONS. A BREAST CANCER SUPPORT GROUP AS WELL AS

THE AMERICAN CANCER SOCIETY LOOK GOOD FEEL BETTER SUPPORT GROUP ARE

OFFERED AS WELL. > COLORECTAL CANCER: PROVIDE FREE COLONOSCOPIES FOR

TARGET POPULATION AND REFER PATIENTS WITH ABNORMAL FINDINGS TO MONTGOMERY

CANCER CRUSADES FOR FURTHER TREATMENT. ENCOURAGE PREVENTION & EARLY

DETECTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY

LOCATIONS SERVING VULNERABLE POPULATIONS. > CANCER (OTHER): WAH PARTNERS

WITH PHYSICIANS TO PROVIDE FREE ANNUAL CANCER SCREENINGS TO THE COMMUNITY,

TARGETING: BREAST, PROSTATE, COLORECTAL, ORAL, SKIN AND THYROID CANCER.

ADDITIONALLY, BILINGUAL CANCER OUTREACH COORDINATORS ENCOURAGE PREVENTION

AND EARLY DETECTION BY PROVIDING EDUCATIONAL PRESENTATIONS AND MATERIALS

TO UNDERSERVED AND AT-RISK POPULATIONS AT COMMUNITY LOCATIONS. WAH ALSO

PROVIDES TOBACCO CESSATION EDUCATION AND COUNSELING AS WELL AS NICOTINE

REPLACEMENT THERAPY (NRT) AT NO COST TO ELIGIBLE PATIENTS AND COMMUNITY

MEMBERS. > DIABETES: PROVIDE INPATIENT AND OUTPATIENT SERVICES AND

EDUCATION FOR DIABETES, AND ITS CENTER FOR ADVANCED WOUND CARE &

HYPERBARIC MEDICINE TREATS WOUNDS DUE TO COMPLICATIONS OF DIABETES.

PROVIDE DIABETIC EDUCATION CLASSES INCLUDING FREE PRE-DIABETES CLASSES 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

COOKING/NUTRITION CLASSES. ENCOURAGE DIABETES PREVENTION THROUGH EDUCATION

AT COMMUNITY HEALTH FAIRS AND COMMUNITY LOCATIONS. OFFER THE STANFORD

UNIVERSITY DIABETES SELF MANAGEMENT PROGRAM AT VARIOUS COMMUNITY

LOCATIONS. THIS SIX WEEK WORKSHOP TEACHES SELF-MANAGEMENT SKILLS TO

IMPROVE CONFIDENCE AND IN TURN CONTROL. WHILE CURRENTLY ONLY OFFERED IN

ENGLISH, STAFF HAVE RECENTLY BEEN TRAINED TO OFFER THE PROGRAM IN SPANISH

AS WELL. > HEART DISEASE AND STROKE: HOLD ANNUAL "LOVE YOUR SWEAT HEART"

SCREENING EVENTS TO PROVIDE FREE SCREENINGS TO COMMUNITY MEMBERS FOR:

BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, WAIST CIRCUMFERENCE, BMI, BODY

COMPOSITION, AND SLEEP APNEA, AS WELL AS 1:1 COUNSELING WITH A CLINICIAN.

OFFER LIPID PROFILE, VERTICAL AUTO PROFILE, HOMOCYSTEINE, HSCRIP, BLOOD

PRESSURE, GLUCOSE AND A1C SCREENINGS, AS WELL AS FREE EDUCATIONAL LECTURES

TO THE COMMUNITY. WAH HAS ALSO OFFERED THE COMPLETE HEALTH IMPROVEMENT

PROGRAM (CHIP), WHICH COUNSELS PARTICIPANTS ON HEALTHY CHOICES REGARDING

DIET AND WEIGHT MANAGEMENT. > OBESITY: PROVIDE 1:1 HEALTH EDUCATION AND

GROUP PRESENTATIONS ABOUT HEALTHY NUTRITION AND THE IMPORTANCE OF EXERCISE

AT HEALTH FAIRS, SENIOR AND COMMUNITY CENTERS, AND FAITH-BASED

ORGANIZATIONS. PROVIDE AFFORDABLE INDIVIDUAL NUTRITION COUNSELING TO THE

COMMUNITY. WAH HAS ALSO OFFERED THE COMPLETE HEALTH IMPROVEMENT PROGRAM

(CHIP), WHICH COUNSELS PARTICIPANTS ON HEALTHY CHOICES REGARDING DIET AND

WEIGHT MANAGEMENT. > MATERNAL AND INFANT HEALTH: IN ADDITION TO

CHILDBIRTH, BREASTFEEDING, AND PARENTING CLASSES, WAH OFFERS FREE PROGRAMS

TO ITS PATIENTS, SUCH AS HECHO DE PECHO(BREASTFEEDING EDUCATION AND

SUPPORT FOR SPANISH SPEAKING MOTHERS) TO PROMOTE AND SUPPORT

BREASTFEEDING. IN PARTNERSHIP WITH THE MONTGOMERY COUNTY MATERNITY

PARTNERSHIP PROGRAM, WAH PROVIDES PRENATAL SERVICES TO LOW-INCOME AND

UNINSURED RESIDENTS, INCLUDING: PRENATAL CARE, ROUTINE LAB TESTS,

**Part V Facility Information** (continued)

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

EDUCATION/CLASSES AND DENTAL SCREENINGS. WAH ALSO SUPPORTS MARY'S CENTER

FOR MATERNAL AND CHILD CARE, WHICH PROVIDES CULTURALLY AND LINGUISTICALLY

COMPETENT CARE TO LOW-INCOME, UNINSURED INDIVIDUALS AND FAMILIES. > SENIOR

HEALTH: WAH OFFERS COMMUNITY HEALTH PROGRAMS FOR SENIORS AT: LONG BRANCH

COMMUNITY CENTER, TAKOMA PARK COMMUNITY CENTER, MID-COUNTY COMMUNITY

CENTER, BOWIE SENIOR CENTER, VICTORY TOWERS, GREEN RIDGE HOUSE, SPRINGVALE

TERRACE, AS WELL AS NUMEROUS OTHER SUBSIDIZED SENIOR APARTMENT COMPLEXES.

PROGRAMS INCLUDE BUT ARE NOT LIMITED TO CLINICAL HEART HEALTH SCREENINGS,

MONTHLY BLOOD PRESSURE SCREENINGS, CARDIOVASCULAR SUPPORT AND ACTIVITY

GROUPS, AND EDUCATIONAL LECTURES AND HEALTH FAIRS.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE WASHINGTON

ADVENTIST HOSPITAL AND THE RATIONALE: > ASTHMA: WAH DOES NOT CURRENTLY

PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFICALLY FOR

ASTHMA BECAUSE ASTHMA PREVALENCE AND RATES OF ER VISITS IN MONTGOMERY

COUNTY AND PRINCE GEORGE'S COUNTY ARE BELOW RATES STATEWIDE, AND BECAUSE

THERE ARE OTHER ASTHMA RESOURCES AVAILABLE IN THE COUNTY. WAH WILL

CONTINUE TO MONITOR TRENDS IN ASTHMA TO DETERMINE WHETHER FUTURE

REALLOCATION OF RESOURCES IS NEEDED TO PROVIDE ASTHMA-RELATED COMMUNITY

PROGRAMS. > HIV/AIDS: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH

AND EDUCATIONAL PROGRAMS FOR HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES,

AND BECAUSE MANY HIV/AIDS SERVICES ARE PROVIDED BY OTHER LOCAL

ORGANIZATIONS. ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES LED AN

INITIATIVE CALLED PROJECT BEAT IT! (BECOMING EMPOWERED AFRICANS THROUGH

IMPROVED TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEPATITIS B), WHICH

WAS A GRANT-FUNDED INITIATIVE FROM U.S. DHHS OFFICE OF MINORITY HEALTH

THAT PROVIDED CULTURALLY APPROPRIATE HEALTH EDUCATION CLASSES TO HEALTH

**Part V Facility Information** (continued)

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

CARE PROVIDERS AND THE AFRICAN IMMIGRANT COMMUNITY TO IMPROVE HEALTH  
OUTCOMES RELATED TO THESE CHRONIC AND INFECTIOUS DISEASES. THE 20-MONTH  
GRANT FUNDED PROJECT ENDED IN SEPTEMBER 2013. > SOCIAL DETERMINANTS OF  
HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION; TRANSPORTATION: WAH DOES  
NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH BECAUSE  
THOSE ARE NOT SPECIALTY AREAS OF THE HOSPITAL AND WAH DOES NOT HAVE THE  
RESOURCES OR EXPERTISE TO MEET MANY OF THESE NEEDS. INSTEAD, WAH PARTNERS  
WITH AND SUPPORTS OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN  
ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION,  
TRANSPORTATION, AND OTHER SOCIAL DETERMINANTS OF HEALTH. WAH HAS RECENTLY  
PARTNERED WITH LOCAL FARMERS MARKETS TO OFFER "PRESCRIPTIONS" FOR HEALTHY  
FOODS WHICH ALLOW PATIENTS TO RECEIVE FRESH PRODUCE AT A DISCOUNTED RATE.  
WAH HAS ALSO RECENTLY PARTNERED WITH REBUILDING TOGETHER IN ORDER TO MATCH  
INDIVIDUALS IN NEED WITH HOME REPAIR/RENOVATION SERVICES THAT WILL ALLOW  
THEM TO MORE SAFELY MAINTAIN THEIR RESIDENCE AND AGE AT HOME. FOR EXAMPLE,  
INSTALLING ARM RAILS AND RAMPS. FOR ADDITIONAL DETAILS INCLUDING THE CHNA  
FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE  
WASHINGTON ADVENTIST HOSPITAL'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND  
HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3338/2013-CHNA-WAH-IMP](http://www.adventisthealthcare.com/app/files/public/3338/2013-CHNA-WAH-IMP)

HACKETTSTOWN COMMUNITY HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING WERE IDENTIFIED AS THE KEY

COMMUNITY PRIORITIES: ACCESS TO CARE,

CHRONIC DISEASE MANAGEMENT, COORDINATION OF CARE, AND MENTAL HEALTH.

THE PLAN TO ADDRESS THESE ISSUES ARE AS FOLLOWS. ACCESS TO CARE:

GOAL - INCREASE ACCESS TO AFFORDABLE QUALITY HEALTH CARE FOR HACKETTSTOWN

**Part V Facility Information** (continued)

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

MEDICAL CENTER'S SERVICE AREA RESIDENTS. OBJECTIVE - IDENTIFY A

COMPREHENSIVE LIST OF AVAILABLE COMMUNITY RESOURCES FOR THE LOW INCOME AND

UNINSURED POPULATION IN HACKETTSTOWN MEDICAL CENTER'S SERVICE AREA BY

MARCH 2017. ACTIONS - > IDENTIFY COMMUNITY PARTNERS TO OBTAIN AND EVALUATE

AVAILABLE RESOURCES AND RESOURCE GUIDES. > WORK WITH COMMUNITY PARTNERS TO

CONSOLIDATE RESOURCE INFORMATION ON AREA HEALTH CLINICS AND LOCAL

RESOURCES. > POST INFORMATION ON THE HOSPITAL'S WEBSITE AND DISTRIBUTE

THROUGH: HACKETTSTOWN MEDICAL CENTER'S FINANCIAL COUNSELORS, EMERGENCY

DEPARTMENT, WARREN COUNTY HEALTH DEPARTMENT, MT. OLIVE HEALTH DEPARTMENT

AND OTHER IDENTIFIED AGENCIES.

PLAN TO EVALUATE - HACKETTSTOWN MEDICAL CENTER WILL EVALUATE THE

DISTRIBUTION OF THE RESOURCE GUIDE BY CONTACTING THE LOCAL AGENCIES TO

EVALUATE THE NUMBER THAT WERE PROVIDED TO COMMUNITY RESIDENTS. POTENTIAL

PARTNERS - HACKETTSTOWN MEDICAL CENTER, ZUFALL HEALTH CENTER, WARREN

COUNTY HEALTH DEPARTMENT, MT. OLIVE HEALTH DEPARTMENT, WARREN COUNTY

DIVISION OF HUMAN SERVICES, UNITED WAY.

MENTAL HEALTH/SUBSTANCE ABUSE: GOAL - INCREASE ACCESS TO EXISTING MENTAL

HEALTH SERVICES AND INCREASE AWARENESS OF MENTAL HEALTH ISSUES FOR

HACKETTSTOWN MEDICAL CENTER'S SERVICE AREA. OBJECTIVE - IDENTIFY A

COMPREHENSIVE LIST OF AVAILABLE RESOURCES FOR THOSE IN NEED OF MENTAL

HEALTH AND ADDICTION SERVICES IN HACKETTSTOWN MEDICAL CENTER'S SERVICE

AREA BY MARCH 2017. ACTIONS - > IDENTIFY AND CONTACT COMMUNITY PARTNERS TO

PARTICIPATE IN A MENTAL HEALTH STRATEGY WORKGROUP. > IDENTIFY LOCAL

COMMUNITY PARTNERS TO OBTAIN AND EVALUATE AVAILABLE RESOURCES AND RESOURCE

GUIDES. > WORK WITH LOCAL COMMUNITY PARTNERS TO CONSOLIDATE RESOURCE

INFORMATION. > POST INFORMATION ON THE HOSPITAL'S WEBSITE AND DISTRIBUTE

THROUGH: HACKETTSTOWN MEDICAL CENTER'S COUNSELING AND ADDICTION 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SCHOOLS, CHURCHES, EMERGENCY DEPARTMENT, FIRST AID SQUADS, WARREN COUNTY

HEALTH DEPARTMENT, MT. OLIVE HEALTH DEPARTMENT, ZUFALL HEALTH CENTER. PLAN

TO EVALUATE - HACKETTSTOWN MEDICAL CENTER WILL EVALUATE THE DISTRIBUTION

OF THE RESOURCE GUIDE BY CONTACTING LOCAL AGENCIES TO EVALUATE THE NUMBER

THAT WERE DISTRIBUTED. POTENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER'S

COUNSELING AND ADDICTION CENTER, EMERGENCY DEPARTMENT, FIRST AID SQUADS,

WARREN COUNTY HEALTH DEPARTMENT, MT. OLIVE HEALTH DEPARTMENT, ZUFALL

HEALTH CENTER WARREN COUNTY DIVISION OF HUMAN SERVICES, FAMILY GUIDANCE,

LOCAL SCHOOLS AND CHURCHES. OBJECTIVE - DECREASE MENTAL HEALTH STIGMA BY

INCREASING AWARENESS AND IDENTIFICATION OF MENTAL HEALTH /SUBSTANCE ABUSE

DISORDERS. ACTIONS - > EXPLORE EVIDENCED BASED TRAINING OPPORTUNITIES TO

INCREASE AWARENESS OF MENTAL HEALTH ISSUES. > IDENTIFY TARGET GROUPS TO

RECEIVE TRAINING SUCH AS STUDENT ASSISTANCE COUNSELORS, CLERGY, AND LOCAL

FIRST AID SQUADS. > ENGAGE GROUPS TO BE TRAINED AND COLLECT DATA ON THE

NEEDS OF THE GROUP. HOLD TRAINING FOR 25 PARTICIPANTS IN YEAR ONE. PLAN

TO EVALUATE - EVALUATE THE SUCCESS OF THE PROGRAM BY FEEDBACK FROM

PARTICIPANTS. POTENTIAL PARTNERS - MENTAL HEALTH WORKGROUP, HACKETTSTOWN

MEDICAL CENTER'S COUNSELING AND ADDICTION CENTER, CENTER FOR HEALTHIER

LIVING, FAMILY GUIDANCE, NAMI.

CHRONIC DISEASE MANAGEMENT/COORDINATION OF CARE: GOAL - REDUCE RISK

FACTORS FOR CHRONIC DISEASE AND IMPROVE MANAGEMENT OF DISEASE CONDITIONS

THROUGH PROMOTION AND EDUCATION OF HEALTHY LIFESTYLES. OBJECTIVE -

INCREASE THE NUMBER OF PARTICIPANTS ATTENDING CHRONIC DISEASE EDUCATION

PROGRAMS AND SUPPORT GROUPS. ACTIONS - > PROVIDE AT LEAST 4 EDUCATIONAL

OPPORTUNITIES FOR THOSE DIAGNOSED WITH CHRONIC DISEASES SUCH AS DIABETES,

CARDIOVASCULAR DISEASE AND PULMONARY DISEASE. > WORK WITH LOCAL COMMUNITY

RESOURCES AND PHYSICIANS TO REFER PATIENTS TO SUPPORT GROUPS. > INCREASE



**Part V Facility Information** (continued)

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

ATTENDANCE AT THE HEALTHY HEARTS, BETTER BREATHER'S CLUB AND DIABETES

SUPPORT GROUPS. PLAN TO EVALUATE - > DOCUMENT THE NUMBER OF EDUCATIONAL

PROGRAMS. > EVALUATE THE NUMBER OF PEOPLE ATTENDING THE PROGRAMS VERSUS

ATTENDANCE IN THE PAST. > EVALUATE THE NUMBER OF PEOPLE REFERRED TO

SUPPORT GROUPS THROUGH COMMUNITY AGENCIES AND PHYSICIANS BY SURVEY.

POTENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER, LOCAL HEALTH

DEPARTMENTS, ZUFALL HEALTH CLINIC, LOCAL PRIMARY CARE PHYSICIAN'S.

OBJECTIVE - PARTNER WITH COMMUNITY AGENCIES TO PROVIDE 3 HEALTH SCREENINGS

AND 3 EDUCATION EVENTS TO THE LOW INCOME AND UNINSURED POPULATION.

ACTIONS - > IDENTIFY LOCAL AGENCIES TO COORDINATE HEALTH EDUCATION

PROGRAMS AND SCREENINGS. > PROVIDE AT LEAST 3 SCREENINGS AND 3 COMMUNITY

EDUCATION PROGRAMS TO IDENTIFY THOSE AT RISK FOR CHRONIC DISEASES. >

TARGET PROGRAMS AND SCREENINGS TO THE LOW INCOME AND UNINSURED POPULATION.

PLAN TO EVALUATE - DOCUMENT THE COMPLETION OF 3 COMMUNITY EDUCATION AND

SCREENING PROGRAMS. > EVALUATE THE NUMBER OF PEOPLE WHO ATTENDED THE

PROGRAM. > EVALUATE THE NUMBER OF PEOPLE REFERRED FROM THE SCREENING

PROGRAM. POTENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER, ZUFALL HEALTH

CLINIC, WARREN COUNTY HEALTH DEPARTMENT, MT. OLIVE HEALTH DEPARTMENT,

WARREN COUNTY DIVISION OF HUMAN SERVICES, LOCAL CHURCHES.

RATIONALE FOR COMMUNITY HEALTH NEEDS NOT ADDRESSED: HACKETTSTOWN MEDICAL

CENTER PLANS TO ADDRESS ALL OF THE HEALTH PRIORITIES AS IDENTIFIED THROUGH

THE COMMUNITY HEALTH NEEDS ASSESSMENT AND PRIORITIZATION SESSION.

COORDINATION OF CARE WILL FOCUS ON CHRONIC DISEASE MANAGEMENT.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 11: BASED ON THE CHNA COMPLETED IN 2013, 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON CONCUSSION CARE.

ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION (PH&R) HAS

IMPLEMENTED AN INITIATIVE TO BUILD A COMPREHENSIVE CONCUSSION SCREENING

AND TREATMENT PROGRAM SERVING COMMUNITY MEMBERS AND STUDENT ATHLETES.

STRATEGIES FOR THIS INITIATIVE INCLUDE:

> INCREASING KNOWLEDGE AND AWARENESS OF CONCUSSION RISKS; CONCUSSION

IDENTIFICATION, CARE, AND MANAGEMENT IN THE COMMUNITY AND THE MONTGOMERY

COUNTY PUBLIC SCHOOL SYSTEM;

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

REASONABLE RATE;

> PROVIDING RETESTS AND ANALYSES AT A REDUCED RATE OR FREE OF CHARGE FOR

STUDENTS WITH ECONOMIC DIFFICULTIES;

> SERVING AS A RESOURCE ON CONCUSSION EDUCATION FOR STUDENTS, PARENTS, AND

COACHES;

> 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

**Part V Facility Information** (continued)

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

PROFESSIONAL RESPONSIBILITIES.

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

RESPONSIBILITIES RELATED TO THE HEALTH AND SAFETY OF STUDENT ATHLETES.

> PROVIDING AMERICAN HEART ASSOCIATION CPR/AED RECERTIFICATION FOR

ATHLETIC STAFF AT 14 MONTGOMERY COUNTY HIGH SCHOOLS

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE PHYSICAL

HEALTH AND REHABILITATION AND THE RATIONALE:

> ASTHMA: PH&R DOES NOT CURRENTLY DIRECTLY ADDRESS ASTHMA BECAUSE IT IS

NOT A SPECIALTY AREA OF THE HOSPITAL. SUFFICIENT RESOURCES AND EXPERTISE

ARE NOT AVAILABLE TO MEET THESE NEEDS. ADDITIONAL RESOURCES ARE AVAILABLE

IN THE COMMUNITY.

> INFLUENZA: PH&R DOES NOT DIRECTLY PROVIDE INFLUENZA SERVICES AS THEY

FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER.

INFLUENZA SERVICES ARE ALREADY PROVIDED BY THE ACUTE CARE HOSPITALS IN THE

ADVENTIST HEALTHCARE SYSTEM, SGMC AND WAH, AS WELL AS BY SEVERAL OTHER

ORGANIZATIONS IN PH&R'S SERVICE AREA.

> HIV/AIDS: PH&R DOES NOT PROVIDE HIV/AIDS SERVICES AS THEY FALL OUTSIDE

THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER. HIV/AIDS SERVICES

ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE

NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN PH&R'S SERVICE AREA.

> MATERNAL AND INFANT HEALTH: PH&R DOES NOT PROVIDE MATERNAL AND INFANT

SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

REHABILITATION CENTER. A FULL SPECTRUM OF MATERNAL AND INFANT SERVICES IS

ALREADY PROVIDED BY SGMC, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN

PH&R'S SERVICE AREA.

> BEHAVIORAL HEALTH: PH&R DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES

BECAUSE THESE SERVICES ARE ALREADY PROVIDED BY A NEIGHBORING SPECIALTY

**Part V Facility Information** (continued)

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

CARE HOSPITAL WITHIN ITS HOSPITAL SYSTEM, ADVENTIST BEHAVIORAL HEALTH. IN

ADDITION TO ADVENTIST BEHAVIORAL HEALTH, THERE ARE MANY ORGANIZATIONS THAT

PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE PH&R SERVICE AREA.

> SENIOR HEALTH: PH&R DOES NOT DIRECTLY PROVIDE SENIOR CARE COMMUNITY

OUTREACH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

REHABILITATION CENTER. MANY OLDER ADULTS AND SENIORS ARE SERVED BY VARIOUS

PROGRAMS AT PH&R, ALTHOUGH THESE NOT SPECIFICALLY/EXCLUSIVELY OFFERED TO

SENIORS. SENIOR HEALTH SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN

THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER

ORGANIZATIONS IN PH&R'S SERVICE AREA.

> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORTATION): PH&R DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL

DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF THE

HOSPITAL AND PH&R DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET THOSE

NEEDS. INSTEAD PH&R SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS IN THE

COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS,

HOUSING QUALITY, EDUCATION, AND TRANSPORTATION.

FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT

LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST REHABILITATION HOSPITAL

OF MARYLAND'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3446/2013-CHNA-ARHM-](http://www.adventisthealthcare.com/app/files/public/3446/2013-CHNA-ARHM-)

IMPLEMENTATIONSTRATEGY.PDF

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

PART V, SECTION B, LINE 11: IN 2015 ADVENTIST HEALTHCARE BEHAVIORAL

HEALTH AND WELLNESS SERVICES - ROCKVILLE FOCUSED ON MENTAL HEALTH

**Part V Facility Information** (continued)

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

PROFESSIONAL TRAINING AND CONTINUED EDUCATION. THE PRIMARY OBJECTIVE OF

THE INITIATIVE WAS TO INCREASE ACCESS TO MENTAL HEALTH CARE BY PROVIDING

TRAINING OPPORTUNITIES FOR YOUNG PROFESSIONALS AS WELL AS CONTINUED

LEARNING EXPERIENCES FOR BOTH STUDENTS AND PROFESSIONALS IN THE FIELD.

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES ROCKVILLE

WORKED TO DO THIS BY PROVIDING OPPORTUNITIES FOR STUDENTS TO GAIN HANDS ON

TRAINING IN SPECIALIZED AREAS OF CARE THAT HAVE A HIGH DEMAND IN THE

COMMUNITY. IN ADDITION, THE HOSPITAL WORKS TO PROVIDE CONTINUED LEARNING

EXPERIENCES FOR BEHAVIORAL HEALTH STUDENTS AND PROFESSIONALS IN THE

COMMUNITY.

STRATEGIES FOR THIS INITIATIVE INCLUDED: > OFFERING A CHILD AND ADOLESCENT

PSYCHIATRY RESIDENCY PROGRAM IN PARTNERSHIP WITH MEDSTAR GEORGETOWN

UNIVERSITY HOSPITAL. STUDENTS ARE WITH THE HOSPITAL FOR AN EXTENDED PERIOD

OF TIME DURING WHICH THEY HAVE THE OPPORTUNITY TO WORK CLOSELY WITH

PHYSICIANS IN MULTIPLE SETTINGS. > OFFERING NURSING STUDENT PSYCHIATRIC

ROTATIONS FOR SEVERAL AREA SCHOOLS. ROTATIONS TYPICALLY INCLUDE A MIX OF

SHADOWING AND HANDS ON EXPERIENCE DEPENDING ON THE NEEDS OF EACH NURSING

PROGRAM. > PARTNERING WITH MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL TO HOST

A FREE SYMPOSIUM ON THE THERAPEUTIC NEEDS OF CHILDREN AND ADOLESCENTS

AFFECTED BY EMOTIONAL AND PHYSICAL TRAUMA. > HOSTING A SYMPOSIUM ON THE

LATEST RESEARCH AND CLINICAL APPLICATIONS AROUND RELIGION, SPIRITUALITY,

AND GERIATRIC MENTAL HEALTH.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL

HEALTH AND WELLNESS SERVICES ROCKVILLE AND THE RATIONALE:

> CANCER: ABHW ROCKVILLE DOES NOT PROVIDE DIRECT SERVICES AROUND CANCER AS

**Part V Facility Information** (continued)

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

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

CANCER SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW

ROCKVILLE'S SERVICE AREA.

> HEART DISEASE & STROKE: ABHW ROCKVILLE DOES NOT PROVIDE HEART DISEASE

AND STROKE SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

BEHAVIORAL HEALTH CENTER. HEART DISEASE AND STROKE SERVICES ARE ALREADY

PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS

BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA.

> DIABETES: ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE DIABETES SERVICES AS

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

DIABETES SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW

ROCKVILLE'S SERVICE AREA.

> OBESITY: ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE OBESITY SERVICES AS

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

OBESITY SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW

ROCKVILLE'S SERVICE AREA.

> ASTHMA: ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE ASTHMA SERVICES AS THEY

FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

ASTHMA SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW

ROCKVILLE'S SERVICE AREA.

> INFLUENZA: ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE INFLUENZA SERVICES

AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH

CENTER. INFLUENZA SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN

ABHW ROCKVILLE'S SERVICE AREA.

> HIV/AIDS: ABHW ROCKVILLE DOES NOT PROVIDE HIV/AIDS SERVICES AS THEY FALL

OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. HIV/AIDS

SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST

HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW

ROCKVILLE'S SERVICE AREA.

> MATERNAL AND INFANT HEALTH: ABHW ROCKVILLE DOES NOT PROVIDE MATERNAL AND

INFANT SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

BEHAVIORAL HEALTH CENTER. A FULL SPECTRUM OF MATERNAL AND INFANT SERVICES

IS ALREADY PROVIDED BY SGMC, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN

ABHW ROCKVILLE'S SERVICE AREA.

> SENIOR HEALTH: ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE SENIOR CARE

COMMUNITY OUTREACH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL

AS A BEHAVIORAL HEALTH CENTER. SENIOR HEALTH SERVICES ARE ALREADY PROVIDED

BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY

SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA.

> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORTATION): ABHW ROCKVILLE DOES NOT DIRECTLY ADDRESS MANY OF THE

SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF

THE HOSPITAL. ABHW ROCKVILLE DOES NOT HAVE THE RESOURCES OR EXPERTISE TO

MEET THOSE NEEDS. INSTEAD ABHW ROCKVILLE SUPPORTS AND PARTNERS WITH OTHER

ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED

TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION.

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE:

PART V, SECTION B, LINE 11: ADVENTIST HEALTHCARE BEHAVIORAL HEALTH 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

WELLNESS SERVICES - EASTERN SHORE IN 2015 FOCUSED ITS EFFORTS ON

POST-TREATMENT SUPPORT FOR ADOLESCENTS AND THEIR FAMILIES. THE PRIMARY

OBJECTIVE OF THIS INITIATIVE WAS TO PROVIDE PARENTS AND FAMILIES WITH THE

RESOURCES AND INFORMATION THEY NEED TO SUCCESSFULLY SUPPORT AND FOSTER THE

WELL-BEING OF ADOLESCENTS WITH BEHAVIORAL AND MENTAL HEALTH NEEDS.

STRATEGIES INCLUDED: > PROVIDING PARENTS/GUARDIANS OF DISCHARGED

ADOLESCENTS WITH INFORMATION INCLUDING: RESOURCES, INFORMATION, AND TIPS

FOR PARENTS ON ASSISTING ADOLESCENTS ON THE TRANSITION FROM CARE;

RESOURCES, INFORMATION, AND TIPS ON WHAT TO BE WATCHFUL FOR THAT MAY

INDICATE THAT ADDITIONAL CARE OR FOLLOW-UP MAY BE NEEDED; SERVICES AND

RESOURCES AVAILABLE IN THE COMMUNITY FOR ADDITIONAL SUPPORT. > IN

ADDITION, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES

EASTERN SHORE PARTICIPATED IN EASTERN SHORE SCHOOL MENTAL HEALTH

COALITION'S 5TH ANNUAL CONFERENCE AS A SPONSOR. A HOSPITAL REPRESENTATIVE

ALSO HAD THE OPPORTUNITY TO CONTRIBUTE TO A PLANNING COMMITTEE MEETING.

THIS YEAR'S CONFERENCE WAS TITLED "LINKING MENTAL HEALTH TO ACADEMIC

SUCCESS: ENHANCING FAMILY PARTNERSHIPS". A LARGE FOCUS OF THE CONFERENCE

WAS HIGHLIGHTING THE IMPORTANT ROLE FAMILIES PLAY IN MEETING THE

BEHAVIORAL HEALTH NEEDS OF THEIR CHILDREN AND THUS THE IMPORTANCE OF

PROVIDING THEM SUPPORT SUCH AS THROUGH PARTNERSHIPS WITH COMMUNITY

STAKEHOLDERS. THE CONFERENCE WAS OPEN TO COMMUNITY MEMBERS, FAMILIES, AND

PROFESSIONALS.

AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL

HEALTH AND WELLNESS SERVICES EASTERN SHORE AND THE RATIONALE:

> CANCER: ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND

CANCER AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL



**Part V Facility Information** (continued)

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

HEALTH CENTER. CANCER SERVICES ARE ALREADY PROVIDED BY OTHER LOCAL

HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE

SERVICE AREA.

> HEART DISEASE & STROKE: ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT

SERVICES AROUND HEART DISEASE AND STROKE AS THEY FALL OUTSIDE THE SCOPE OF

THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER. HEART DISEASE AND STROKE

SERVICES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND

COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE SERVICE AREA.

> DIABETES: ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND

DIABETES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL

HEALTH CENTER. SERVICES FOR THOSE AFFECTED BY DIABETES ARE ALREADY

PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE

ABHW EASTERN SHORE SERVICE AREA.

> OBESITY: ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND

OBESITY AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL

HEALTH CENTER. SERVICES FOR THOSE WHO ARE OVERWEIGHT OR OBESE ARE ALREADY

PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE

ABHW EASTERN SHORE SERVICE AREA.

> ASTHMA: ABHW EASTERN SHORE DOES NOT CURRENTLY DIRECTLY ADDRESS ASTHMA

BECAUSE IT IS NOT A SPECIALTY AREA OF THE HOSPITAL. SUFFICIENT RESOURCES

AND EXPERTISE ARE NOT AVAILABLE TO MEET THESE NEEDS. ADDITIONAL RESOURCES

ARE AVAILABLE IN THE COMMUNITY.

> INFLUENZA: ABHW EASTERN SHORE DOES NOT PROVIDE INFLUENZA SERVICES AS

THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER.

INFLUENZA SERVICES ARE ALREADY AVAILABLE THROUGH MULTIPLE PROVIDERS IN THE

ABHW EASTERN SHORE SERVICE AREA.

> HIV/AIDS: ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND

**Part V Facility Information** (continued)

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

HIV/AIDS AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL

HEALTH CENTER. SERVICES AROUND HIV/AIDS ARE ALREADY PROVIDED BY OTHER

LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN

SHORE SERVICE AREA.

> POPULATION HEALTH (MATERNAL AND INFANT HEALTH; SENIOR HEALTH): ABHW

EASTERN SHORE DOES NOT DIRECTLY PROVIDE MATERNAL AND INFANT SERVICES OR

SENIOR HEALTH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A

BEHAVIORAL HEALTH CENTER. SEVERAL RESOURCES FOR MATERNAL, INFANT AND

SENIOR HEALTH ARE AVAILABLE THROUGH COMMUNITY AND GOVERNMENT ORGANIZATIONS

IN THE ABHW EASTERN SHORE SERVICE AREA.

> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS; HOUSING QUALITY; EDUCATION;

TRANSPORTATION): ABHW EASTERN SHORE DOES NOT DIRECTLY ADDRESS MANY OF THE

SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF

THE HOSPITAL AND SUFFICIENT RESOURCES AND EXPERTISE ARE NOT AVAILABLE.

INSTEAD ABHW EASTERN SHORE SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS

IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD

ACCESS, HOUSING QUALITY, EDUCATION AND TRANSPORTATION.

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 16I: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

[HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/SHADY-GROVE-MEDICAL-](http://www.adventisthealthcare.com/locations/shady-grove-medical-center/info/patients/billing/charity-care/#.VZ1MJF9VHHW)

[CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1MJF9VHHW](http://www.adventisthealthcare.com/locations/shady-grove-medical-center/info/patients/billing/charity-care/#.VZ1MJF9VHHW)

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 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

HTTP://WWW.ADVENTISTHEALTHCARE.COM/INFO/#BILL-PAY,.VZ1ZYF9VHHW

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 16I: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/WASHINGTON-ADVENTIST-

HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1L\_19VHHW

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 AND

HTTP://WWW.ADVENTISTHEALTHCARE.COM/INFO/#BILL-PAY,.VZ1ZYF9VHHW

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 16I: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/WASHINGTON-ADVENTIST-

HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1L\_19VHHW

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/SHADY-GROVE-MEDICAL-

CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1MJF9VHHW

PART V, SECTION B, LINE 16B: SAME URLS AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URLS AS LISTED ON LINE 16A AND

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/PHYSICAL-HEALTH-

REHABILITATION/INFO/PATIENTS/BILLING/#.VZ1UHL9VHHW

HTTP://WWW.ADVENTISTHEALTHCARE.COM/INFO/#BILL-PAY,.VZ1ZYF9VHHW

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

**Part V Facility Information** (continued)

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

PART V, SECTION B, LINE 16I: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/WASHINGTON-ADVENTIST-

HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1L\_19VHHW

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/SHADY-GROVE-MEDICAL-

CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1MJF9VHHW

PART V, SECTION B, LINE 16B: SAME URLS AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URLS AS LISTED ON LINE 16A AND

HTTP://WWW.ADVENTISTHEALTHCARE.COM/INFO/#BILL-PAY,.VZ1ZYF9VHHW

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE:

PART V, SECTION B, LINE 16I: THE POLICY IS ALSO STRATEGICALLY POSTED AT

OUR PATIENTS FINANCIAL SERVICES OFFICE.

PART V, SECTION B, LINE 16A:

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/WASHINGTON-ADVENTIST-

HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1L\_19VHHW

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/SHADY-GROVE-MEDICAL-

CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/#.VZ1MJF9VHHW

PART V, SECTION B, LINE 16B: SAME URLS AS LISTED ON LINE 16A

PART V, SECTION B, LINE 16C: SAME URLS AS LISTED ON LINE 16A AND

HTTP://WWW.ADVENTISTHEALTHCARE.COM/INFO/#BILL-PAY,.VZ1ZYF9VHHW

SHADY GROVE MEDICAL CENTER:

PART V, SECTION B, LINE 22D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE

REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE

**Part V Facility Information** (continued)

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

CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW

COMMISSION (HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE

MAXIMUM AMOUNTS THAT CAN BE CHARGED.

WASHINGTON ADVENTIST HOSPITAL:

PART V, SECTION B, LINE 22D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE

REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE

CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW

COMMISSION (HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE

MAXIMUM AMOUNTS THAT CAN BE CHARGED.

ADVENTIST REHABILITATION HOSPITAL OF MARYLAND:

PART V, SECTION B, LINE 22D: IN CALENDAR YEAR 2015, ADVENTIST

REHABILITATION HOSPITAL OF MARYLAND, INC. OFFERED FINANCIAL ASSISTANCE FOR

ANY PATIENT PORTION OF CHARGES REGARDLESS OF INSURANCE STATUS. PATIENTS

WHO HAD INSURANCE COVERAGE WERE CHARGED CONSISTENT WITH THE COPAYS AND

DEDUCTIBLES AS SET BY THEIR INSURANCE POLICY, HOWEVER FINANCIAL ASSISTANCE

WAS AVAILABLE FOR THE SELF-PAY PORTION AND THE CRITERIA AND INCOME

GUIDELINES OUTLINED IN THE FINANCIAL ASSISTANCE POLICY APPLY IN THE SAME

MANNER TO THAT SELF-PAY PORTION AS IF THE PATIENT WERE UNINSURED. FOR

UNINSURED PATIENTS IN CALENDAR YEAR 2015, NO FINANCIAL ASSISTANCE PATIENT

WAS CHARGED MORE THAN WHAT MARYLAND MEDICAID WOULD HAVE PAID FOR THE SAME

SERVICE.

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK:

PART V, SECTION B, LINE 22D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE

REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE

**Part V Facility Information** (continued)

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

CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW

COMMISSION (HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE

MAXIMUM AMOUNTS THAT CAN BE CHARGED.

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE:

PART V, SECTION B, LINE 22D: BECAUSE MARYLAND IS AN ALL-PAYOR RATE

REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE

CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW

COMMISSION (HSCRC). THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE

MAXIMUM AMOUNTS THAT CAN BE CHARGED.

**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? 6

Name and address	Type of Facility (describe)
1 REGINALD S. LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	INFANT AND YOUNG CHILDREN DEVELOPMENT CARE CENTER
2 SHADY GROVE ADVENTIST RADIATION ONCOLO 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	OUTPATIENT CANCER TREATMENT CENTER
3 ADVENTIST GERMANTOWN EMERGENCY CENTER 19731 GERMANTOWN ROAD GERMANTOWN, MD 20874	FREE STANDING ER CENTER
4 ADVENTIST HOME HEALTH SERVICES 12041 BORNEFIELD WAY, SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
5 ADVENTIST REHABILITATION, INC. 831 E. UNIVERSITY BOULEVARD #14 SILVER SPRING, MD 20903	REHABILITATION
6 ADVENTIST HEALTHCARE URGENT CARE CENTE 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	URGENT CARE CENTER

**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.

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PART I, LINE 3C:

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IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, ADVENTIST

---

HEALTHCARE ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. OUR 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 REFERENCING UNCOMPENSATED CARE IN EACH PROVIDER'S RATES. FOR PURPOSES OF COMPLETING ADVENTIST HEALTHCARE'S FORM 990, ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED.

FOR PURPOSES OF PREPARING SCHEDULE H OF FORM 990, ADVENTIST HEALTHCARE CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2015 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 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

**Part VI** Supplemental Information (Continuation)

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 TO "DEMONSTRATE GOD'S CARE BY IMPROVING

THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A 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 2015, 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:

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

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

**Part VI** Supplemental Information (Continuation)

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.

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.

PRIMARY CARE:

ADVENTIST PHYSICIAN SERVICES, INC. D/B/A ADVENTIST HEALTHCARE ADVENTIST MEDICAL GROUP, IS A DIVISION OF ADVENTIST HEALTHCARE AND AN AFFILIATE OF THE GW MEDICAL FACULTY ASSOCIATES. IT INCLUDES A LARGE (18) PRIMARY CARE PHYSICIAN GROUP, COMPRISED OF 9 COMMUNITY PRACTICES IN MONTGOMERY COUNTY. THE GOAL OF THESE PRACTICES IS TO PROVIDE ACCESSIBLE, HIGH-QUALITY CARE TO THE COMMUNITY. TO ACHIEVE THIS GOAL, THE STRATEGIES INCLUDE SUPERB ACCESS TO CARE, PATIENT ENGAGEMENT IN CARE, CLINICAL INFORMATION SYSTEMS INTEGRATION AND PATIENT REGISTRY CARE COORDINATION. FURTHER, ADVENTIST MEDICAL GROUP PROVIDES A CARE MANAGEMENT INFRASTRUCTURE ACCOUNTABLE FOR ENSURING INTEGRATED MANAGEMENT OF HEALTH OUTCOMES, AS WELL AS ACHIEVEMENT

**Part VI** Supplemental Information (Continuation)

OF NATIONAL QUALITY STANDARDS AT OR ABOVE THE 80TH PERCENTILE OF THE NATION.

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 PATIENTS' CARE AND MAKES PRACTICES MORE EFFICIENT.

GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES:

THROUGHOUT 2015, ADVENTIST HEALTHCARE WAS AN ACTIVE PARTICIPANT WITHIN A NUMBER OF COMMUNITY ORGANIZATIONS AS PART OF OUR EFFORTS TO ADVOCATE FOR IMPROVEMENTS TO COMMUNITY HEALTH AND ECONOMIC DEVELOPMENT. 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 TO THE COMMUNITIES WE SERVE. IN 2015, WE ENGAGED IN A COMMUNITY PARTNERSHIP WITH REBUILDING TOGETHER, A LOCAL NON-PROFIT DEDICATED TO IMPROVING HOMES FOR THE LOW-INCOME POPULATION IN OUR COMMUNITY. WE WORKED WITH THEM TO IDENTIFY HOSPITAL PATIENTS WHO NEEDED HOME IMPROVEMENT MODIFICATIONS AFTER EXPERIENCING TRAUMA OR TO ELIMINATE PATHOGENS THAT WERE CAUSING THE ILLNESS.

ADVENTIST HEALTHCARE HAS ALSO BEEN A FIRM ADVOCATE FOR COMMUNITY HEALTH IMPROVEMENTS THROUGH OUR ADVOCACY WORK WITH LOCAL, STATE AND FEDERAL OFFICIALS. WHETHER WORKING DIRECTLY WITH ELECTED OFFICIALS OR COMMUNITY

**Part VI** Supplemental Information (Continuation)

ORGANIZATIONS, WE HAVE WORKED TO SUPPORT LEGISLATION THAT IMPROVES ACCESS TO HEALTH SERVICES, STRENGTHENS INVESTMENT IN EDUCATIONAL INSTITUTIONS, EXPANDS ACCESS TO INSURANCE AND REDUCES OVERALL HEALTHCARE SPENDING. THROUGH OUR PARTNERSHIP WITH THE MARYLAND HOSPITAL ASSOCIATION, WE WORKED EXTENSIVELY ON LEGISLATION RELATED TO BEHAVIORAL HEALTH FUNDING AND SUPPORT FOR A BEHAVIORAL HEALTH TASK FORCE TO ADDRESS ISSUES AND POLICY SOLUTIONS. WE WERE ACTIVELY ENGAGED IN DISCUSSIONS TO PROVIDE GREATER ACCESS TO BEHAVIORAL HEALTH SERVICES FOR THOSE WHO NEED IT BY REDUCING BARRIERS TO ENTRY FOR CARE.

DISASTER PREPAREDNESS ACTIVITIES:

ADVENTIST HEALTHCARE TOOK MANY MEASURES TO ENSURE OUR COMMUNITY HOSPITALS WERE READY AND PREPARED FOR EMERGENCY SITUATIONS, SUCH AS A MEDICAL SURGE IN PATIENTS, ACTIVE SHOOTER/ARMED INTRUDER SCENARIOS AND UNFORESEEN DISASTERS. THE SAFETY MANAGEMENT AND EMERGENCY PREPAREDNESS TEAM OF EMPLOYEES SPEND OVER HALF THEIR TIME ON EMERGENCY MANAGEMENT. THIS INCLUDES MONTHLY, THREE-HOUR MEETINGS WITH THE HOSPITALS IN THE REGION. AS WELL AS MONTHLY, TWO-HOUR MEETINGS WITH ALL ADVENTIST HEALTHCARE HOSPITALS AND OTHER RELATED AGENCIES IN THE COUNTY, SUCH AS MONTGOMERY COUNTY HEALTH DEPARTMENT AND THE MARYLAND INSTITUTE FOR EMERGENCY MEDICINE SERVICE SYSTEMS. 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:

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. CHEW PARTNERED WITH MANY HEALTH ORGANIZATIONS AND THE FOLLOWING IS

A SUMMARY:

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 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.

**Part VI** Supplemental Information (Continuation)

LOCAL CHURCHES CAN BRING A HOLISTIC PERSPECTIVE TO AN UNDERSTANDING OF HEALTH AS BEING IN HARMONY WITH ONES' 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)INTERAGENCY COMMISSION ON HOMELESSNESS (ICH):

THE INTERAGENCY COMMISSION ON HOMELESSNESS (ICH) IS A COLLABORATIVE GROUP OF REPRESENTATIVES FROM PUBLIC, PRIVATE AND GOVERNMENT ORGANIZATIONS WHO COME TOGETHER TO PROVIDE RECOMMENDATIONS TO THE COUNTY EXECUTIVE AND COUNTY COUNCIL ON BEHALF OF THE HOMELESS RESIDENTS OF MONTGOMERY COUNTY. KIM EMERSON FROM ADVENTIST HEALTHCARE SERVES AS THE HOSPITAL REPRESENTATIVE ON THE ICH, AND CHAIRS THE BEHAVIORAL HEALTH/HOSPITAL & JAIL COMMITTEE, WHERE DISCUSSIONS TAKE PLACE ABOUT THE GAPS IN RESOURCES FOR HOMELESS INDIVIDUALS DISCHARGING FROM THE HOSPITAL OR BEING RELEASED FROM THE JAIL SYSTEM. THE COMMITTEE DISCUSSES WAYS TO PARTNER TO IMPROVE COMMUNICATION BETWEEN HOSPITALS AND COMMUNITY-BASED HOMELESS PROVIDERS, AS WELL AS IMPROVES DISCHARGE PLANNING. THE COMMITTEE IS EXPLORING THE CONCEPT OF MEDICAL RESPITE CARE TO ADDRESS THE UNIQUE MEDICAL, PSYCHIATRIC AND SOCIAL SERVICES NEEDS OF HOMELESS PERSONS DISCHARGING FROM THE HOSPITAL. THROUGH ITS INVOLVEMENT IN THE ICH, ADVENTIST HEALTHCARE HAS BUILT STRONGER RELATIONSHIPS WITH COMMUNITY-BASED HOMELESS SERVICES PROVIDERS AND THE CASE MANAGEMENT DEPARTMENTS AT OTHER LOCAL HOSPITALS.

3)MARYLAND COMMUNITY RESEARCH ADVISORY BOARD (MD-CRAB):

THE MARYLAND COMMUNITY RESEARCH ADVISORY BOARD (MD-CRAB) IS COMPRISED OF HEALTH PROFESSIONALS, ACADEMICS, AND COMMUNITY MEMBERS. FORMED BY THE

**Part VI** Supplemental Information (Continuation)

UNIVERSITY OF MARYLAND CENTER FOR HEALTH EQUITY, THE MD-CRAB WORKS TO ENSURE THAT LOCAL HEALTH RESEARCH RESULTS BENEFIT VULNERABLE POPULATIONS, IN PARTICULAR AFRICAN AMERICANS AND LATINOS. THE MD-CRAB SERVES SEVERAL FUNCTIONS, INCLUDING GENERATING MEANINGFUL RESEARCH QUESTIONS; INCREASING AWARENESS AROUND BOTH THE RISKS AND BENEFITS OF PARTICIPATING IN PUBLIC HEALTH AND MEDICAL RESEARCH; SERVING AS A SOUNDING BOARD FOR RESEARCHERS TO PRESENT THEIR IDEAS AND RECEIVE FEEDBACK FROM COLLEAGUES AND COMMUNITY MEMBERS; AND VOICING THE CONCERNS OF UNDERSERVED POPULATIONS TO POLICY MAKERS. IN ENACTING EACH OF THESE FUNCTIONS, THE OVERARCHING GOAL OF THE MD-CRAB IS TO CONTRIBUTE TO THE ELIMINATION OF RACIAL AND ETHNIC HEALTH DISPARITIES BY BUILDING TRUST BETWEEN COMMUNITIES AND RESEARCHERS.

ADVENTIST HEALTHCARE HAS BEEN WORKING CLOSELY WITH THE MD-CRAB SINCE ITS INCEPTION. MARILYN LYNK, THE EXECUTIVE DIRECTOR OF THE ADVENTIST HEALTHCARE CENTER FOR HEALTH EQUITY & WELLNESS IS A FOUNDING MEMBER. THROUGH THE WORK OF THE MD-CRAB, ADVENTIST HEALTHCARE HAS HAD THE OPPORTUNITY TO SHAPE AND GUIDE LOCAL RESEARCH THROUGH A HEALTH EQUITY LENS IN ORDER TO TRULY BENEFIT THE COMMUNITIES AT ITS CENTER. OUR WORK WITH THE MD-CRAB HAS ALSO LED TO COLLABORATION OPPORTUNITIES ON LOCAL PROGRAMS AND RESEARCH TAKING PLACE. MOST RECENTLY, WE HAVE HAD THE OPPORTUNITY TO WORK WITH THE MARYLAND CENTER FOR HEALTH EQUITY ON THEIR "HEALTH ADVOCATES IN-REACH AND RESEARCH" (HAIR) PROGRAM. FOCUSING ON THE AFRICAN AMERICAN POPULATION IN PRINCE GEORGE'S COUNTY, THE GOAL OF THIS PROGRAM IS TO MOBILIZE BARBERSHOPS AND BEAUTY SALONS IN PROMOTING HEALTH EDUCATION, PARTICULARLY AROUND COLORECTAL CANCER SCREENING. THROUGH THIS PROGRAM, WE HAVE BEEN ABLE TO HELP BUILD TRUST AND MEANINGFUL RELATIONSHIPS WITH THE BARBERSHOPS, SALONS, AND THE COMMUNITY. SUPPLEMENTING THE COLORECTAL CANCER EDUCATION, OUR HEALTH EDUCATORS HAVE BEEN CONDUCTING REGULAR



**Part VI** Supplemental Information (Continuation)

SCREENINGS SUCH AS BLOOD PRESSURE, CARBON MONOXIDE, AND BODY COMPOSITION

AT PARTICIPATING BARBERSHOP AND SALON LOCATIONS. IN ADDITION TO THE

SCREENINGS, OUR HEALTH EDUCATORS ALSO CONNECT COMMUNITY MEMBERS WITH FREE

HEALTH RESOURCES SUCH AS PRE-DIABETES CLASSES AND TOBACCO CESSATION

PROGRAMS OFFERED BY ADVENTIST HEALTHCARE.

4)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 BEHAVIORAL HEALTH WORKGROUP, AND THE COMMUNITY

HEALTH NEEDS ASSESSMENT COMMITTEE, AMONG OTHERS. ADVENTIST HEALTHCARE

ALSO CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY

MONTGOMERY.

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 GENERAL LEDGER. THE

ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN TOTAL COST 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

**Part VI** Supplemental Information (Continuation)

DOUBTFUL COLLECTIONS.

PART II, COMMUNITY BUILDING ACTIVITIES - NARRATIVE CONTINUED:

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 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.

ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS:

ADVENTIST HEALTHCARE HAS ALSO PARTNERED WITH MARYLAND PATIENT SAFETY CENTER (MPSC) AND WASHINGTON ADVENTIST UNIVERSITY (WU) TO IMPROVE PATIENT CARE. MPSC'S GOAL, AS A NON-PROFIT ORGANIZATION, IS TO MAKE MARYLAND'S HEALTHCARE THE SAFEST IN THE NATION BY FOCUSING ON THE SYSTEMS OF CARE, REDUCING THE OCCURRENCE OF ADVERSE EVENTS AND IMPROVING THE CULTURE OF PATIENT SAFETY IN MARYLAND'S HOSPITALS. WU IS A CHRIST-CENTERED INSTITUTION OF HIGHER EDUCATION THAT SUPPORTS A CULTURE OF EXCELLENCE WHERE ALL FEEL VALUED AND WHICH HELPS EDUCATE FUTURE HEALTHCARE WORKERS.

**Part VI** Supplemental Information (Continuation)

ADVENTIST HEALTHCARE HAS PARTNERED WITH OTHER VITAL ORGANIZATIONS, SUCH AS THE COLUMBIA UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS (COLUMBIA UNION). COLUMBIA UNION OVERSEES ADVENTIST ORGANIZATIONS IN MARYLAND, VIRGINIA, NEW JERSEY, DELAWARE, AND WASHINGTON D.C. TOGETHER WITH ADVENTIST HEALTHCARE, IT HELPS PROMOTE THE IMPORTANCE OF HEALTH AND WELLNESS THROUGHOUT ITS REGION.

ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY BUILDING ACTIVITIES IN 2016. 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 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

**Part VI** Supplemental Information (Continuation)

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.

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 ENJOYS A DISCOUNT OF 6% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS. THERE SHOULD BE NO SHORTFALL AND THEREFORE NOTHING TO COUNT TOWARD COMMUNITY BENEFIT.

ADVENTIST HEALTHCARE USES ITS INCOME STATEMENT TO COMPUTE A COST TO CHARGE RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS. SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID BUDGET DEFICIT, THESE ASSESSMENTS ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS.

PART III, LINE 9B:

ADVENTIST HEALTHCARE PROVIDES QUALITY MEDICAL SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY, RACE, CREED, SEX, AGE, NATIONAL ORIGIN OR FINANCIAL STATUS. OUR FINANCIAL ASSISTANCE POLICY ENCOURAGES PATIENTS AND THEIR REPRESENTATIVE TO COOPERATE WITH (AND AVAIL THEMSELVES OF) ALL AVAILABLE PROGRAMS (INCLUDING MEDICAID, WORKERS COMPENSATION, AND STATE AND LOCAL PROGRAMS) WHICH MIGHT PROVIDE COVERAGE. OUR REGISTRATION, FINANCIAL COUNSELORS, CUSTOMER SERVICE, AND COLLECTION STAFF ARE THOROUGHLY FAMILIAR WITH THE CRITERIA AND PROCESS OF FINANCIAL ASSISTANCE.

**Part VI** Supplemental Information (Continuation)

FINANCIAL ASSISTANCE PROCESS AND COLLECTION PROTOCOL ARE WELL DEFINED WITH

MANAGERS AVAILABLE TO GUIDE AND HANDLE EXCEPTION SITUATION. OUTSOURCED

AGENCIES AND COLLECTIONS FIRMS ARE EXPECTED TO ADHERE TO ADVENTIST

HEALTHCARE'S POLICY WITHOUT EXCEPTION. BAD DEBT, CHARITY AND

ADMINISTRATIVE WRITE-OFF ARE CLEARLY DEFINED WITH PRE-DETERMINED

AUTHORIZATION LEVELS DEPENDING ON THE MAGNITUDE GRANTED. ADVENTIST

HEALTHCARE ALSO REVISES ITS FINANCIAL ASSISTANCE POLICY AS FEDERAL

GOVERNMENT AND/OR STATE GOVERNMENT REVISE THEIR POVERTY GUIDELINES.

PART V, SECTION A, PRIMARY WEBSITE ADDRESSES:

FACILITY 1: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/

SHADY-GROVE-MEDICAL-CENTER/

FACILITY 2: ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/

WASHINGTON-ADVENTIST-HOSPITAL/

FACILITY 4: ADVENTIST REHABILITATION HOSPITAL OF MARYLAND

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/

PHYSICAL-HEALTH-REHABILITATION/

FACILITIES 5 & 6: ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS

SERVICES ROCKVILLE & EASTERN SHORE

HTTP://WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/

ADVENTIST-BEHAVIORAL-HEALTH/

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 2:

NEEDS ASSESSMENT:

ADVENTIST HEALTHCARE, INCLUDING ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION, AND ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, FORMED A COMMUNITY BENEFIT COUNCIL (CBC) IN 2011 TO GUIDE AND LEAD ITS COMMUNITY BENEFIT ACTIVITIES, INCLUDING CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENTS. THE COMMUNITY BENEFIT COUNCIL HAS REPRESENTATION FROM EACH OF THE FIVE HOSPITAL ENTITIES AS WELL 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. AS A STARTING POINT FOR ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, THE COMMUNITY BENEFIT COUNCIL DECIDED TO RESEARCH TOPICS IN ALIGNMENT WITH MONTGOMERY COUNTY'S "HEALTHY MONTGOMERY" FOCUS AREAS OF: CANCER, CARDIOVASCULAR DISEASES, DIABETES, MATERNAL & INFANT HEALTH, BEHAVIORAL HEALTH, AND OBESITY. THE COMMUNITY BENEFIT COUNCIL ALSO DECIDED TO RESEARCH ADDITIONAL TOPICS OF INTEREST TO THE HOSPITALS AND THE COMMUNITIES SERVED INCLUDING: ASTHMA, INFLUENZA, HIV/AIDS, SENIOR HEALTH, INCOME AND POVERTY, ACCESS TO CARE/HEALTH INSURANCE COVERAGE, FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION. THE TOPICS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENTS WERE REVIEWED, DISCUSSED AND APPROVED BY THE COMMUNITY BENEFIT ADVISORY BOARD AND BY THE BOARDS OF EACH ENTITY.

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

**Part VI** Supplemental Information (Continuation)

(COMMUNITY) LEADERS. MEMBERS INCLUDE CLINICIANS, RESEARCHERS,  
 ADMINISTRATORS AND OTHERS FROM OUR HOSPITALS, COMMUNITY-BASED  
 ORGANIZATIONS, LOCAL AND STATE HEALTH DEPARTMENTS, UNIVERSITY OF MARYLAND,  
 THE NATIONAL INSTITUTES OF HEALTH (SPECIFICALLY, THE NATIONAL INSTITUTE OF  
 MINORITY HEALTH AND HEALTH DISPARITIES), AND OTHER PUBLIC HEALTH  
 STAKEHOLDER ORGANIZATIONS. THE COMMUNITY HEALTH NEEDS ASSESSMENTS WERE  
 REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AT EACH ENTITY, AS WELL AS  
 BY THE ADVENTIST HEALTHCARE BOARD OF TRUSTEES. AFTER COMPLETION OF THE  
 COMMUNITY HEALTH NEEDS ASSESSMENTS, THE PRESIDENT'S COUNCIL OR EXECUTIVE  
 COUNCIL AT EACH HOSPITAL MET TO DISCUSS AND VOTE UPON FOCUS AREAS FOR  
 IMPLEMENTATION OF STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS. THE  
 IMPLEMENTATION STRATEGIES DEVELOPED BY EACH ENTITY WERE ALSO REVIEWED AND  
 APPROVED BY THE BOARD OF TRUSTEES AT EACH ENTITY, THE ADVENTIST HEALTHCARE  
 BOARD OF TRUSTEES, AND THE COMMUNITY BENEFIT ADVISORY BOARD.

IN ADDITION TO INPUT FROM VARIOUS BOARDS, THE COMMUNITY PERSPECTIVE WAS  
 OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE  
 PUBLIC THROUGH POSTINGS ON ADVENTIST HEALTHCARE ENTITY FACEBOOK PAGES,  
 NEWSLETTERS, EMAIL LISTSERVS, MEETINGS WITH COMMUNITY LEADERS, AND HEALTH  
 FAIRS. ADDITIONALLY, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH &WELLNESS  
 SERVICES HAS A COMMUNITY ADVISORY COUNCIL, WHICH INCORPORATES FEEDBACK  
 FROM THE COMMUNITY IN THE PLANNING AND DELIVERY OF SERVICES.

TO OBTAIN SECONDARY DATA FOR THE COMMUNITY HEALTH NEEDS ASSESSMENTS, WE  
 WORKED WITH MONTGOMERY COUNTY'S HEALTH AND HUMAN SERVICES, COMMUNITY  
 HEALTH IMPROVEMENT PROCESS (CHIP), TO REVIEW THE STATE OF MARYLAND'S STATE  
 HEALTH IMPROVEMENT PROCESS' (SHIP) 39 HEALTH INDICATORS. ADVENTIST  
 HEALTHCARE HAS REPRESENTATION ON THE HEALTHY MONTGOMERY STEERING

**Part VI** Supplemental Information (Continuation)

COMMITTEE. THE GROUP'S COLLABORATIVE EFFORTS IN 2011 FOCUSED ON A SELECTION PROCESS FOR MONTGOMERY COUNTY'S HEALTH PRIORITIES. DATA WAS COLLECTED AND A VENDOR (HEALTHY COMMUNITY INSTITUTE) WAS SELECTED TO IMPLEMENT A COMMUNITY TRACKING TOOL THAT IS LINKED TO PUBLIC HEALTH INTERVENTIONS THAT IMPROVE HEALTH OUTCOMES. THIS ONGOING SURVEILLANCE IS POPULATION-BASED DATA THAT SHOWS HEALTH SERVICES UTILIZATION AND SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH, INCLUDING SOCIO-ECONOMIC STATUS, SOCIAL ISOLATION, HOUSING AND AIR QUALITY. IT IS AVAILABLE TO THE PUBLIC ON THE HEALTHY MONTGOMERY WEBSITE.

ADVENTIST HEALTHCARE'S CENTER FOR HEALTH EQUITY AND WELLNESS (FORMERLY CENTER ON HEALTH DISPARITIES) DEVELOPS AND RELEASES ANNUAL PROGRESS REPORTS/HEALTH EQUITY REPORTS, AND THESE REPORTS HELPED TO INFORM THE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS. ALL PROGRESS REPORTS/HEALTH EQUITY REPORTS DEVELOPED BY THE CENTER FOR HEALTH EQUITY AND WELLNESS ("THE CENTER") ARE MADE AVAILABLE TO THE PUBLIC ON THE CENTER'S WEBSITE, AS WELL AS IN HARD COPY THROUGH CONFERENCES AND UPON REQUEST.

THE CENTER'S 2011 PROGRESS REPORT, ENTITLED HEALTH DISPARITIES IN THE ERA OF REFORM IMPLEMENTATION, DETAILED DEMOGRAPHIC TRENDS AND ASSESSED DISPARITIES ACROSS A RANGE OF ISSUES WITHIN THREE BROAD HEALTH TOPICS AFFECTING OUR COMMUNITY: MATERNAL AND INFANT HEALTH, HEART DISEASE AND STROKE, AND CANCER. THE REPORT INCORPORATED DESCRIPTIVE FINDINGS FROM NATIONAL, STATE AND COUNTY-LEVEL DATABASES ON THE RACIAL AND ETHNIC MAKEUP OF THE POPULATION, THE PREVALENCE OF DISEASE ACROSS THESE GROUPS, AND THE RATES OF RECEIVING APPROPRIATE TREATMENT. TO CREATE THIS REPORT, THE CENTER ANALYZED THE U.S. CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY AND PROFILES OF GENERAL POPULATION AND HOUSING CHARACTERISTICS TO PRODUCE A



**Part VI** Supplemental Information (Continuation)

BROAD DEMOGRAPHIC OVERVIEW BY COUNTY, RACE, AND ETHNICITY. IN MARYLAND, THE CENTER PRODUCED DESCRIPTIVE TABULATIONS BASED ON DATA FROM THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE MARYLAND CANCER REGISTRY, THE MARYLAND VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH CARE COMMISSION, AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (MDHMH) OFFICE ON MINORITY HEALTH & HEALTH DISPARITIES. IN ADDITION TO THESE DATA SOURCES, THE CENTER ALSO SUMMARIZED FINDINGS FROM VARIOUS NATIONAL AND STATE-LEVEL REPORTS ON INSURANCE COVERAGE, DISEASE CONDITION, AND HEALTHY BEHAVIORS RELEASED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE KAISER FAMILY FOUNDATION, AND THE MDHMH'S FAMILY HEALTH ADMINISTRATION, OFFICE OF CHRONIC DISEASE PREVENTION.

THE CENTER'S 2012 PROGRESS REPORT WAS A HEALTH EQUITY REPORT THAT INCLUDED INFORMATION ABOUT PATIENTS TREATED AT ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER AND ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL IN 2011, AND EXAMINED THE INTERSECTION OF QUALITY AND HEALTH EQUITY. THIS REPORT CONVEYED GENERAL INFORMATION ABOUT THE PATIENT POPULATION SERVED AT ADVENTIST HEALTHCARE HOSPITALS, WHERE THEY RECEIVED CARE WITHIN THE HOSPITALS, AND THE QUALITY OF CARE RECEIVED. THE 2012 REPORT INCLUDED HOSPITAL-SPECIFIC DATA ON CANCER, INPATIENT CLINICAL QUALITY INDICATORS, HOSPITAL READMISSION RATES, AND PATIENT EXPERIENCE.

THE CENTER'S 2013 HEALTH EQUITY REPORT SHARED DEMOGRAPHIC, CLINICAL, AND QUALITY INFORMATION ABOUT ADVENTIST HEALTHCARE HOSPITALS AND OTHER ENTITIES, AND HIGHLIGHTED EFFORTS TO IMPROVE PATIENT EXPERIENCES AND OUTCOMES IN THE COMMUNITIES WE SERVE. SPECIAL HIGHLIGHTS IN THE 2013 REPORT INCLUDED INFORMATION ABOUT FEDERAL STANDARDS TO INCREASE CULTURALLY COMPETENT CARE AND REDUCE HEALTH DISPARITIES, THE IMPLEMENTATION OF THE

**Part VI** Supplemental Information (Continuation)

AFFORDABLE CARE ACT (ACA) IN THE STATE OF MARYLAND, EFFORTS TO REDUCE READMISSIONS AND IMPROVE PATIENT-CENTERED CARE ACROSS THE ADVENTIST HEALTHCARE SYSTEM, AND ADVENTIST HEALTHCARE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS AND NEXT STEPS.

MOST RECENTLY THE CENTER HAS DECIDED TO INCORPORATE THE HEALTH EQUITY REPORT AS A CHAPTER IN EACH ENTITY'S COMMUNITY HEALTH NEEDS ASSESSMENT. THIS CHANGE WILL BE SEEN IN THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENTS THAT WILL BE RELEASED AT THE END OF 2016.

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' WEBSITE; (2) PATIENTS THAT ARE REGISTERED AS SELF PAY OR WITH NO INSURANCE, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND GIVEN A CHARITY APPLICATION; (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID; (4) WHEN PATIENTS WITH A BALANCE RECEIVES A STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE; (5) WHEN PATIENTS WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL HARDSHIP, CUSTOMER SERVICE REPS AND SELF PAY COLLECTORS WILL NOTIFY THE PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE AND MAIL A

**Part VI** Supplemental Information (Continuation)

CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS THAT 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 (88 PERCENT OF TOTAL DISCHARGES IN 2015), 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  
2015:

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

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 (20901, 20902, 20904, 20906); DAMASCUS (20872);  
BOYDS (20841); GAITHERSBURG (20882); POOLESVILLE (20837); OLNEY (20832);  
BETHESDA (20814, 20817).

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL PRIMARILY SERVES  
RESIDENTS OF PRINCE GEORGE'S COUNTY (46.3 PERCENT OF DISCHARGES IN 2015)

**Part VI** Supplemental Information (Continuation)

AND MONTGOMERY COUNTY (40.8 PERCENT OF DISCHARGES IN 2015), 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

2015:

COLLEGE PARK (20740); HYATTSVILLE (20783, 20782); RIVERDALE (20737);

SILVER SPRING (20903, 20901, 20904, 20910, 20902, 20906); TAKOMA PARK

(20912).

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 (20784, 20781, 20785);

LANHAM (20706); LAUREL (20707, 20708); MOUNT RAINIER (20712); ROCKVILLE

(20850, 20853); UPPER MARLBORO (20774); WASHINGTON (20011, 20012, 20018);

DISTRICT HEIGHTS (20747); BOWIE (20721, 20720); SILVER SPRING (20905);

BURTONSVILLE (20866); BELTSVILLE (20705).

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES - ROCKVILLE

PRIMARILY SERVES RESIDENTS OF MONTGOMERY COUNTY (66.8 PERCENT OF

DISCHARGES IN 2015), MARYLAND. APPROXIMATELY 85 PERCENT OF DISCHARGES COME

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

2015:

**Part VI** Supplemental Information (Continuation)

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

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

SPRING (20902, 20904, 20906, 20910); POTOMAC (20854); DERWOOD (20855).

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, 20817); BOWIE (20721, 20715, 20720);

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

(20735); COLUMBIA (21044); DAMASCUS (20872); DISTRICT HEIGHTS (20747);

FREDERICK (21701, 21703); GREENBELT (20770); HYATTSVILLE (20785, 20783,

20784); KENSINGTON (20895); LANHAM (20706); LAUREL (20708); OLNEY (20832);

POOLESVILLE (20837); SILVER SPRING (20905, 20903, 20901); TAKOMA PARK

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

(20871); GAITHERSBURG (20882); OXON HILL (20745); FORT WASHINGTON (20744);

SUITLAND (20746); BRANDYWINE (20613); TOWSON (21286); WASHINGTON (20032,

20002, 20011, 20020, 20017); DICKERSON (20842); PASADENA (21122);

CATONSVILLE (21228); MOUNT AIRY (21771); WALDORF (20601); WHITE PLAINS

(20695); MOUNT RAINIER (20712).

ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE

PRIMARILY SERVES RESIDENTS OF WICOMICO COUNTY (20.5 PERCENT OF DISCHARGES

IN 2015) AND DORCHESTER COUNTY (18.2 PERCENT OF DISCHARGES IN 2015),

MARYLAND. APPROXIMATELY 85 PERCENT OF DISCHARGES COME 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 2015:

**Part VI** Supplemental Information (Continuation)

CAMBRIDGE (21613); SALISBURY (21804, 21801); BERLIN (21811); PRINCESS ANNE (21853); DENTON (21629); EASTON (21601); FRUITLAND (21826); FEDERALSBURG (21632); HURLOCK (21643); CRISFIELD (21877); GREENSBORO (21639); POCOMOKE CITY (21851); LUSBY (20657); CLARKSBURG (20871).

BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES:

ANNAPOLIS (21401); HEBRON (21830); SNOW HILL (21863); WILLARDS (21874); DELMAR (21875); PRESTON (21655); RIDGELY (21660); SAINT MICHAELS (21663); QUEENSTOWN (21658); RHODESDALE (21659); VIENNA (21869); CENTREVILLE (21617); PASADENA (21122); SEVERN (21144); SEVERNA PARK (21146); ROCKVILLE (20853); MECHANICSVILLE (20659); LEXINGTON PARK (20653); COBB ISLAND (20625); HOLLYWOOD (20636); NANJEMOY (20662); NEWBURG (20664); PORT REPUBLIC (20676); PRINCE FREDERICK (20678); SAINT LEONARD (20685); NORTH BEACH (20714); CHESAPEAKE BEACH (20732); SHADY SIDE (20764).

ADVENTIST HEALTHCARE SERVES ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES IN THE UNITED STATES; NON-HISPANIC WHITES NOW COMPRISE ONLY 45.2% OF THE POPULATION OF MONTGOMERY COUNTY, MD., A DECREASE OF MORE THAN 20% OVER THE LAST TWO DECADES. FOR THE FIRST TIME, MINORITIES ACCOUNT FOR MORE THAN HALF OF THE COUNTY'S POPULATION, MAKING IT ONE OF ONLY 336 "MAJORITY-MINORITY" COUNTIES IN THE NATION. ACCORDING TO THE U.S. CENSUS BUREAU, THE PERCENTAGE OF HISPANICS OR LATINOS IN MONTGOMERY COUNTY IS DOUBLE THE PERCENTAGE OF HISPANICS OR LATINOS IN THE STATE OF MARYLAND AND WITHIN THE COUNTY. THE U.S. CENSUS BUREAU HAS ALSO FOUND THAT MARYLAND IS

**Part VI** Supplemental Information (Continuation)

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 30%.

PRINCE GEORGE'S COUNTY IS ONE OF THE STATE'S MOST POPULOUS JURISDICTIONS,

WITH A POPULATION INCREASE OF 7.7 PERCENT IN THE LAST DECADE TO A TOTAL OF

MORE THAN 909,535 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

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, 20.7 PERCENT OF THE COUNTY'S

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

AND OUR HOSPITAL PROVIDERS ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND

WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER.

OVER THE PAST DECADE, THE POPULATIONS OF WICOMICO COUNTY AND DORCHESTER

COUNTY HAVE ALSO CONTINUED TO RISE. RACIAL AND ETHNIC DIVERSITY IS ALSO

INCREASING IN BOTH COUNTIES. THE MINORITY POPULATION IS 33.4 PERCENT IN

WICOMICO COUNTY, AND 33.8 PERCENT IN DORCHESTER COUNTY, AN INCREASE OF

MORE THAN 5 PERCENT OVER THE LAST DECADE.

**Part VI** Supplemental Information (Continuation)

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 2015, 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.

O MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED APPROXIMATELY 10,600 ENCOUNTERS IN 585 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 283 INDIVIDUALS.

> DIABETES PREVENTION EFFORTS INCLUDED FREE PRE-DIABETES CLASSES AS WELL AS INDIVIDUAL COUNSELING AND DIABETES SELF-MANAGEMENT CLASSES FOR THOSE WITH DIABETES. FREE DIABETES EDUCATION WAS ADDITIONALLY PROVIDED AT PARTNER SAFETY NET CLINICS SERVING UNINSURED RESIDENTS.



**Part VI** Supplemental Information (Continuation)

> OTHER HEALTH EDUCATION CLASSES TO THE COMMUNITY INCLUDED CPR CLASSES

(INFANT AND ADULT), FIRST AID/SAFETY CLASSES, BABYSITTING CLASSES, HOME

ALONE 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 MORE THAN 1,500 FREE BREAST CANCER AND COLORECTAL

CANCER SCREENINGS THROUGHOUT 2015 TO LOW-INCOME AND UNINSURED PATIENTS. IN

ADDITION 50 PEOPLE PARTICIPATED IN THE SHADY GROVE MEDICAL CENTER AND

WASHINGTON ADVENTIST HOSPITALS' CANCER SCREENING DAYS, RECEIVING A TOTAL

OF 126 SCREENINGS FOR MULTIPLE TYPES OF CANCER (BREAST, COLORECTAL, SKIN,

ORAL, PROSTATE, AND THYROID). ADDITIONAL SCREENINGS HAVE BEEN PROVIDED FOR

LUNG CANCER. 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

**Part VI** Supplemental Information (Continuation)

COMMUNITY, PARTICULARLY THE HEALTH OF THE UNDERSERVED AND AT-RISK POPULATIONS.

> 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.

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.

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

**Part VI** Supplemental Information (Continuation)

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

PHYSICAL HEALTH & REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES,

THE REGINALD S. LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS,

CENTRACARE ADVENTIST HEALTHCARE URGENT CARE, 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 2015, APPROXIMATELY 843,600 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

\$77.8 MILLION. AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND,

WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 6,250 EMPLOYEES AND

ALMOST 1,158 VOLUNTEERS THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE

COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY.

IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST

HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO

IMPROVE ACCESS TO HEALTH CARE FOR LOW-INCOME AND UNINSURED INDIVIDUALS, AS

**Part VI** Supplemental Information (Continuation)

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.

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

OMB No. 1545-0047

**2015**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 4301 N. FAIRFAX DR. SUITE 530 ARLINGTON, VA 22203	13-5613797	501-(C)-(3)	5,000.	0.			SPONSORSHIP TOWARDS THE 2015 GREATER WASHINGTON HEART WALK. FUNDS SUPPORT AHA IN HEART DISEASE
BIOHEALTH INNOVATION INC 22 BALTIMORE RD #100 ROCKVILLE, MD 20850	45-3824067	501-(C)-(3)	75,000.	0.			CHARITABLE CONTRIBUTION / INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND
CASA DE MARYLAND, INC. 310 TULIP AVENUE TAKOMA PARK, MD 20917	52-1372972	501-(C)-(3)	115,554.	0.			\$110,000 WENT TOWARDS THE 2015 CASA/AHC PARTNERSHIP; \$2,500 WENT TOWARDS SPONSORING THE
CENTRE POINTE COUNCELING PO BOX 339 ASHTON, MD 20861	52-1288655	501-(C)-(3)	10,000.	0.			FUNDS TO SUPPORT THE NON-PROFIT BEHAVIORAL HEALTH CENTER EMR/ E-CLINICAL WORKS
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD. COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	235,000.	0.			\$225,000 WAS DONATED TO SUPPORT MISSION WORK, YOUTH MINISTRY AND HEALTH & WELLNESS OUTREACH;
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD. COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	12,784.	0.			DONATION MADE TOWARDS MEDICAL SUPPLIES

- 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) (2015)

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
COMMITTEE FOR MONTGOMERY 622 DENHAM ROAD ROCKVILLE, MD 20851	90-6437327	501-(C)-(4)	5,000.	0.			DIAMOND SPONSORSHIP OF THE ANNUAL LEGISLATIVE BREAKFAST - INITIATIVES THAT FOSTER
COMMUNITY CLINIC, INC 8630 FENTON STREET, SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	150,000.	0.			CONTRIBUTION TO CCI EXPANSION TO GREENBELT - PROJECTS THAT WILL RESULT IN THE EXPANSION OF
COMMUNITY MINISTRIES OF ROCKVILLE 1010 GRANDIN AVE STE A1 ROCKVILLE, MD 20851	52-0910334	501-(C)-(3)	5,000.	0.			SILVER BENEFACTOR SPONSORSHIP OF THE A NIGHT OF HOPE SPRING GALA. FUNDS DONATED TO
CROHN'S & COLITIS FOUNDATION OF AMERICA - 108 N. ALFRED STREET, LOWER LEVEL - ALEXANDRIA, VA 22314	13-6193105	501-(C)-(3)	5,000.	0.			CONTRIBUTION TOWARDS THE NATIONAL CAPITAL AREA TAKE STEPS SPONSORSHIP IN SUPPORTING A CURE FOR
GEORGE MASON UNIVERSITY FOUNDATION INC - 3351 FAIRFAX DR MSN 3B1 - ARLINGTON, VA 22201	54-1603842	501-(C)-(3)	15,000.	0.			PART OF A GROUP OF FUNDERS, FOR A STUDY THAT WAS DONE BY GMU ON THE OVERALL BUSINESS CLIMATE
GERMANTOWN CULTURAL ARTS CENTER 12901 TOWN COMMONS DRIVE GERMANTOWN, MD 20874	52-2010744	501-(C)-(3)	12,000.	0.			\$5,000 DONATED TOWARDS THE BLACKROCK CENTER FOR THE ARTS 15TH ANNIVERSARY EDUCATION FUND; \$2,500
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, PROMOTES
GREATER WASHINGTON BOARD OF TRADE 1129 20TH STREET, NW SUITE #200 WASHINGTON, DC 20036	53-0162570	501-(C)-(6)	6,000.	0.			BOARD TO TRADE MID-SIZE BUSINESS LEADER NEW MEMBERSHIP FEE - IT IS A COALITION OF LEADERS
HACKETTSTOWN REGIONAL MED CTR FOUNDATION - 651 WILLOW GROVE STREET - HACKETTSTOWN, NJ 07840	22-2333410	501-(C)-(3)	10,000.	0.			AN ANNUAL CONTRIBUTION THROUGH ADVENTIST HEALTHCARE'S ANNUAL PARTNERSHIP TO AID IN THE

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
HEART & SOUL INTERNATIONAL 53 HIDDEN VALLEY RD MONROVIA, CA 91016	20-0755905	501-(C)-(3)	10,000.	0.			CONTRIBUTION TO THE TEN COMMANDMENTS CONCERT HELD IN D.C. - HEART AND SOUL INTERNATIONAL IS A
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	10,000.	0.			\$5,000 WENT TOWARDS INNOVATOR SPONSORSHIP OF THE 2015 MOMENTUM AWARDS; \$5,000 WENT TOWARDS THE
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1301 CONNECTICUTT AVE NW STE 200 - WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	50,000.	0.			MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES ENGAGEMENT - IPHI WORKS WITH THE
LEADERSHIP MONTGOMERY EDUCATION FOUNDATION, INC. - 5910 EXECUTIVE BLVD #200 - ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	23,000.	0.			SUPPORTED INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND
MARCH OF DIMES 175 W.OSTEND ST., SUITE C BALTIMORE, MD 21230	13-1846366	501-(C)-(3)	10,000.	0.			PRESENTING SPONSORSHIP FOR THE MARCH OF DIMES MARCH FOR BABIES
MARYLAND PATIENT SAFETY CENTER 12TH ANNUAL MD. PATI. SAFETY CON. ELKRIDGE, MD 21075	35-2200200	501-(C)-(3)	10,000.	0.			2015 SILVER SPONSORSHIP AND 2015 ANNUAL MARYLAND PATIENT SAFETY CONFERENCE. THE CENTER
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	10,000.	0.			HEART OF MERCY GALA (\$7,500) AND GOLF CLASSIC (\$2,500) - PROJECTS THAT WILL RESULT IN THE
MOBILE MEDICAL CARE, INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814-1620	23-7022588	501-(C)-(3)	100,100.	0.			SUPPORTED PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC SERVICES,
MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY INC - 10605 CONCORD TREET, ST 440 - KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	5,000.	0.			HONEY BEE SPONSORSHIP OF 3RD ANNUAL GROWN UP SPELLING BEE TO SUPPORT ADULT LITERACY

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
MONTGOMERY HOSPICE 1450 RESEARCH BLVD., SUITE 310 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	5,000.	0.			SPONSORSHIP OF 23RD ANNUAL GALA, "THE MAGIC OF CARING" - PROJECTS THAT WILL IMPROVE
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVE, #310 WASHINGTON, DC 20016	52-1880478	501-(C)-(3)	10,000.	0.			MEMBERSHIP DUES TO HELP THE CAUSE OF POISON CONTROL IN THE COMMUNITY
NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS - 12501 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904-6600	20-3164300	501-(C)-(3)	15,000.	0.			\$2,000 WENT TOWARDS THE 2015 FEBRUARY PRESIDENTS' RETREAT + MEETING OF PRESIDENTS OF LARGE
REGINALD S. LOURIE CENTER FOR INFANTS - 12301 ACADEMY WAY - ROCKVILLE, MD 20852	52-1255870	501-(C)-(3)	5,400.	0.			\$5,000 DONATED AS A CONTRIBUTION TO THE FOUNDATIONS AHC - BENEFIT DINNER; \$400 DONATED ON
SHADYGROVE ADVENTIST HOSPITAL FOUNDATION - 820 W. DIAMOND AVENUE - GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	16,000.	0.			DONATIONS MADE TO A GOLF TOURNAMENT, WITH ALL THE PROCEEDS OF THIS EVENT GOING TOWARDS EXPANSION
SHADYGROVE ADVENTIST HOSPITAL FOUNDATION - 820 W. DIAMOND AVENUE - GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	161,498.	0.			FACILITY RENT FOR SPACE AT THE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER
STATE OF MARYLAND 4201 PATTERSON AVE BALTIMORE, MD 21215	52-6002033	STATE OF MARYLAN	15,000.	0.			\$15,000 WAS TOWARDS THE FUND, "SHADY GROVE ADVENTIST HOSPITAL OPERATING SCHOLARSHIP FOR
STRATHMORE HALL FOUNDATION INC. 5301 TUKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	13,891.	0.			10TH ANNIVERSARY SPRING GALA SPONSOR - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES
UNIVERSITY OF MARYLAND BALTIMORE 737 WEST LOMBARD STREET BALTIMORE, MD 21201	31-1678679	501-(C)-(3)	5,000.	0.			GOLD BENEFACTOR SPONSORSHIP OF THE UNIVERSITY OF MARYLAND BALTIMORE SCHOOL 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
WASHINGTON ADVENTIST HOSPITAL FOUNDATION - 7600 CARROLL AVENUE - TAKOMA PARK, MD 20912	52-1692158	501-(C)-(3)	10,000.	0.			DONATIONS MADE TO A GOLF TOURNAMENT, WITH ALL THE PROCEEDS OF THESE EVENTS GOING TOWARDS SURGICAL
WASHINGTON ADVENTIST HOSPITAL FOUNDATION - 7600 CARROLL AVENUE - TAKOMA PARK, MD 20912	52-1692158	501-(C)-(3)	178,854.	0.			CONSULTING SERVICES PROVIDED TO WAH- RELATES TO LAUNCHING AN ONLINE FUNDRAISING SERVICE &
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVENUE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	102,000.	0.			\$100,000 GIVEN IN SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, SCIENCE AND WELLNESS;
WASHINGTON REGIONAL ASSOC OF GRANTMAKERS - 1400 16TH ST NW #740 - WASHINGTON, DC 20036	52-1756853	501-(C)-(3)	5,000.	0.			CONTRIBUTIONS FOR NONPROFIT MONTGOMERY WITH THE DESIGNATION FOR MONTGOMERY MOVING FORWARD

**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 non-cash assistance

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

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 THAT 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**

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP TOWARDS THE 2015 GREATER

WASHINGTON HEART WALK. FUNDS SUPPORT AHA IN HEART DISEASE RESEARCH AND

ELIMINATION.

NAME OF ORGANIZATION OR GOVERNMENT: BIOHEALTH INNOVATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARITABLE CONTRIBUTION /

INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND

POLICY ADVOCACY

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$110,000 WENT TOWARDS THE 2015

CASA/AHC PARTNERSHIP; \$2,500 WENT TOWARDS SPONSORING THE JUSTICE AWARDS

NIGHT (AN EVENT WHOSE PROCEEDS GO TOWARDS PROVIDING SERVICES FOR

IMMIGRANT FAMILIES); \$3,000 WENT TOWARDS THE IMMIGRANT HEALTH RESEARCH

INITIATIVE BEING LED BY JOHNS HOPKINS UNIVERSITY; \$54 WENT TOWARDS THE

FELICES FIESTAS HOLIDAY EVENT DONATION

NAME OF ORGANIZATION OR GOVERNMENT: CENTRE POINTE COUNCELING

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

BEHAVIORAL HEALTH CENTER EMR/ 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: \$225,000 WAS DONATED TO SUPPORT

MISSION WORK, YOUTH MINISTRY AND HEALTH & WELLNESS OUTREACH; \$10,000 WENT

**Part IV Supplemental Information**

TOWARDS THE 2015 SEVENTH-DAY ADVENTIST GENERAL CONFERENCE IN SAN ANTONIO

NAME OF ORGANIZATION OR GOVERNMENT: COMMITTEE FOR MONTGOMERY

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

LEGISLATIVE BREAKFAST - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES

HEALTHCARE CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CLINIC, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO CCI EXPANSION TO

GREENBELT - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES

PARTICULARLY SERVICING THE UNDERSERVED AND UNINSURED AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY MINISTRIES OF ROCKVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: SILVER BENEFACTOR SPONSORSHIP OF THE

A NIGHT OF HOPE SPRING GALA. FUNDS DONATED TO GO TOWARDS MANSFIELD

KASEMAN HEALTH CLINIC - SERVING UNINSURED AND UNDERINSURED RESIDENTS OF

ROCKVILLE AND MONTGOMERY COUNTY WITH PRIMARY CARE, HEALTH EDUCATION AND

SOCIAL SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

CROHN'S & COLITIS FOUNDATION OF AMERICA

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

CAPITAL AREA TAKE STEPS SPONSORSHIP IN SUPPORTING A CURE FOR CROHN'S

DISEASE.

NAME OF ORGANIZATION OR GOVERNMENT:

GEORGE MASON UNIVERSITY FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PART OF A GROUP OF FUNDERS, FOR A

**Part IV Supplemental Information**

STUDY THAT WAS DONE BY GMU ON THE OVERALL BUSINESS CLIMATE OF THE DC

REGION (INCLUDING MD, DC, AND VA)

NAME OF ORGANIZATION OR GOVERNMENT: GERMANTOWN CULTURAL ARTS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 DONATED TOWARDS THE BLACKROCK

CENTER FOR THE ARTS 15TH ANNIVERSARY EDUCATION FUND; \$2,500 GIVEN AS A

CONTRIBUTION TO THE BOARD OF TRUSTEES ON BEHALF OF NEW AHC BOARD MEMBER

MICHAEL OXENFORD; \$4,500 DONATED TOWARDS THE BLACKROCK CENTER FOR THE

ARTS 2016 ANNUAL GALA (FUNDS RAISED AT THIS EVENT ALLOW SERVICES TO BE

PROVIDED TO COMMUNITY MEMBERS AT REDUCED RATES, SOME EVEN FREE)

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, PROMOTES HEALTHCARE

CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: GREATER WASHINGTON BOARD OF TRADE

(H) PURPOSE OF GRANT OR ASSISTANCE: BOARD TO TRADE MID-SIZE BUSINESS

LEADER NEW MEMBERSHIP FEE - IT IS A COALITION OF LEADERS REPRESENTING A

BROAD CROSS-SECTION OF MONTGOMERY COUNTY BUSINESS, LABOR, EDUCATION,

CIVIC AND COMMUNITY-BASED ORGANIZATIONS. THEIR MISSION IS TO ADVOCATE IN

SUPPORT OF ITS PRIORITIES AND AREAS OF FOCUS, WHICH INCLUDE EDUCATION,

HEALTH, ECONOMIC, FISCAL RESPONSIBILITY AND TRANSPORTATION

NAME OF ORGANIZATION OR GOVERNMENT:

HACKETTSTOWN REGIONAL MED CTR FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AN ANNUAL CONTRIBUTION THROUGH

**Part IV Supplemental Information**

ADVENTIST HEALTHCARE'S ANNUAL PARTNERSHIP TO AID IN THE DEVELOPMENT OF  
HACKETTSTOWN'S CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: HEART & SOUL INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO THE TEN COMMANDMENTS

CONCERT HELD IN D.C. - HEART AND SOUL INTERNATIONAL IS A NONPROFIT

MINISTRY DEDICATED TO BRINGING HOPE TO FAMILIES BY MINISTERING TO THE

HEART AND SOUL. THE FUNDS RAISED FROM THE CONCERT GO TOWARDS SPONSORING

LOCAL CHURCHES/GROUPS WHICH HELP THEM ADVANCE OUR MUTUAL GOALS OF

MINISTRY

NAME OF ORGANIZATION OR GOVERNMENT: IMPACT SILVER SPRING

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 WENT TOWARDS INNOVATOR

SPONSORSHIP OF THE 2015 MOMENTUM AWARDS; \$5,000 WENT TOWARDS THE

INNOVATOR SPONSORSHIP OF THE 2016 IMPACT NOW! GALA - INITIATIVES THAT

FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR PUBLIC HEALTH INNOVATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MONTGOMERY COUNTY DEPARTMENT OF

HEALTH AND HUMAN SERVICES ENGAGEMENT - IPHI WORKS WITH THE MONTGOMERY

COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF TO PROVIDE

SUPPORT TO HEALTHY MONTGOMERY IN THE FORM OF PROJECT MANAGEMENT AND

TECHNICAL ASSISTANCE AND, MORE SPECIFICALLY, HAS BEEN ACTIVE IN THE PAST

YEAR IN ASSISTING WITH THE WORK OF THE EAT WELL BE ACTIVE PARTNERSHIP AND

THE BEHAVIORAL HEALTH TASK FORCE

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

LEADERSHIP MONTGOMERY EDUCATION FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTED INITIATIVES THAT FOSTER

COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: MARYLAND PATIENT SAFETY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2015 SILVER SPONSORSHIP AND 2015

ANNUAL MARYLAND PATIENT SAFETY CONFERENCE. THE CENTER EXTENDS ACROSS

MARYLAND INTO THE DISTRICT OF COLUMBIA, DELAWARE, AND NORTHERN VIRGINIA,

AND IS DEDICATED TO CONTINUALLY ENHANCING THE QUALITY AND SAFETY OF

PATIENT CARE IN ALL HEALTHCARE SETTINGS.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HEALTH CLINIC

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

GOLF CLASSIC (\$2,500) - PROJECTS 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: SUPPORTED PROJECTS THAT WILL IMPROVE

CULTURALLY COMPETENT CARE AND LINGUISTIC SERVICES, HEALTH DISPARITIES

RESEARCH PROJECTS AND EDUCATIONAL CONFERENCES THAT WILL ADDRESS THE NEEDS

OF VULNERABLE POPULATIONS/PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN

THE AREAS OF CANCER, CARDIVASCULAR SERVICES, AND MATERNAL AND CHILD

HEALTH/PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES

PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS

NAME OF ORGANIZATION OR GOVERNMENT: MONTGOMERY HOSPICE

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF 23RD ANNUAL GALA,



**Part IV Supplemental Information**

"THE MAGIC OF CARING" - PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT

CARE AND LINGUISTIC SERVICES/HEALTH DISPARITIES RESEARCH PROJECTS AND

EDUCATIONAL CONFERENCES THAT WILL ADDRESS THE NEEDS OF VULNERABLE

POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2,000 WENT TOWARDS THE 2015

FEBRUARY PRESIDENTS' RETREAT + MEETING OF PRESIDENTS OF LARGE CONFERENCE;

\$3,000 AS A CONTRIBUTION TOWARDS THE INSTEP4LIFE 5K; \$10,000 TO SUPPORT

THE NAD CAMP MINISTRIES FUNDRAISER - JUST CLAIM IT PRAYER CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: REGINALD S. LOURIE CENTER FOR INFANTS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 DONATED AS A CONTRIBUTION TO

THE FOUNDATIONS AHC - BENEFIT DINNER; \$400 DONATED ON BEHALF OF THE 18TH

ANNUAL PAUL BLANK INVITATIONAL FOOTBALL GAME

NAME OF ORGANIZATION OR GOVERNMENT:

SHADYGROVE ADVENTIST HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS MADE TO A GOLF TOURNAMENT,

WITH ALL THE PROCEEDS OF THIS EVENT GOING TOWARDS EXPANSION AND

RENOVATION OF THE EMERGENCY DEPARTMENT.

NAME OF ORGANIZATION OR GOVERNMENT: STATE OF MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15,000 WAS TOWARDS THE FUND, "SHADY

GROVE ADVENTIST HOSPITAL OPERATING SCHOLARSHIP FOR THE HEALTH

PROFESSIONS"; AND THE PURPOSE OF THE FUND IS TO PROVIDE SCHOLARSHIPS FOR

STUDENTS ATTENDING THE UNIVERSITIES AT SHADY GROVE AND STUDYING PROGRAMS

**Part IV Supplemental Information**

RELATED TO ALLIED HEALTH PROFESSIONS

NAME OF ORGANIZATION OR GOVERNMENT: STRATHMORE HALL FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 10TH ANNIVERSARY SPRING GALA SPONSOR

- INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND  
POLICY ADVOCACY AND OTHER CONTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MARYLAND BALTIMORE

(H) PURPOSE OF GRANT OR ASSISTANCE: GOLD BENEFACTOR SPONSORSHIP OF THE  
UNIVERSITY OF MARYLAND BALTIMORE SCHOOL OF NURSING 125TH ANNIVERSARY GALA

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON ADVENTIST HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATIONS MADE TO A GOLF TOURNAMENT,  
WITH ALL THE PROCEEDS OF THESE EVENTS GOING TOWARDS SURGICAL CARE,  
PATIENT SERVICES ENHANCEMENTS AND CAPITAL CAMPAIGN FOR THE RELOCATION OF  
THE NEW HOSPITAL

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON ADVENTIST HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTING SERVICES PROVIDED TO WAH-  
RELATES TO LAUNCHING AN ONLINE FUNDRAISING SERVICE & MAJOR GIFT  
FUNDRAISING SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON ADVENTIST UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$100,000 GIVEN IN SUPPORT OF THE WAU  
SCHOOL OF HEALTH PROFESSIONS, SCIENCE AND WELLNESS; \$2,000 GIVEN IN  
SUPPORT OF WAU FAMILY FUN FESTIVAL - INITIATIVES THAT FOSTER

**Part IV Supplemental Information**

COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY

ADVOCACY/SEVENTH-DAY ADVENTIST PARTNERSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:

WASHINGTON REGIONAL ASSOC OF GRANTMAKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTIONS FOR NONPROFIT

MONTGOMERY WITH THE DESIGNATION FOR MONTGOMERY MOVING FORWARD -

INITIATIVES COMMITTED TO STRATEGIC ACTION IN PURSUIT OF INNOVATIVE

SOLUTIONS TO COMPLEX COMMUNITY PROBLEMS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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 (e.g., 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 in 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" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2015

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERRY FORDE PRESIDENT & CEO, AHC	(i)	864,928.	328,406.	32,029.	191,122.	28,016.	1,444,501.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES G. LEE EVP & CFO, AHC	(i)	498,437.	159,345.	5,040.	110,360.	25,601.	798,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN SACKETT EVP & COO OF AHC; PRESIDENT OF SGM C	(i)	541,076.	173,052.	13,272.	110,674.	40,583.	878,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIK WANGSNES PRESIDENT, WAH	(i)	389,952.	30,452.	2,157.	87,469.	26,905.	536,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JASON C. COE PRESIDENT, HRMC	(i)	290,030.	94,356.	9,180.	51,577.	31,421.	476,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PATRICK GARRETT SVP & PHYSICIAN INTEGRATION, AHC	(i)	384,777.	142,907.	5,766.	102,164.	13,985.	649,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUSAN L. GLOVER SVP & SYSTEM QUALITY, AHC	(i)	299,655.	89,441.	4,544.	60,062.	26,192.	479,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARTA BRITO PEREZ SVP & CHIEF HR OFFICER, AHC	(i)	333,571.	101,968.	4,623.	76,945.	25,138.	542,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KEVIN YOUNG PRESIDENT, BHWS	(i)	306,704.	45,000.	4,080.	62,708.	25,355.	443,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BRENT REITZ VP & ADMINISTRATOR, ARHM	(i)	253,103.	11,250.	3,178.	51,773.	28,326.	347,630.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEITH BALLENGER VP, HOME HEALTH	(i)	187,561.	52,021.	8,226.	33,075.	21,023.	301,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMY CARRIER VP, BUS. DEV. & STRATEGIC PLANNING,	(i)	207,348.	73,305.	2,416.	7,218.	14,589.	304,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) THOMAS GRANT VP, PUBLIC RELATIONS & MARKETING, AH	(i)	207,360.	55,388.	3,215.	35,114.	24,345.	325,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	(i)	277,736.	73,545.	214.	62,940.	4,039.	418,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JAMES DAMRON VP & CHIEF DEVELOPMENT OFFICER, AHC	(i)	170,621.	0.	55,774.	0.	28,243.	254,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) EUNMEE SHIM VP OF BUSINESS DEVELOPMENT & STRATEG	(i)	261,652.	60,224.	3,412.	51,680.	27,228.	404,196.	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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) KENNETH B. DESTEFANO VP & GENERAL COUNSEL, AHC	(i)	351,926.	93,122.	33,274.	53,391.	25,202.	556,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DANIEL L. COCHRAN VP & CFO, SGMC	(i)	299,700.	69,861.	3,945.	67,531.	18,767.	459,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JOAN VINCENT CHIEF NURSING OFFICER, SGMC	(i)	247,170.	0.	66,221.	750.	7,422.	321,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) KEVIN SMOTHERS VP & CHIEF MEDICAL OFFICER, SGMC	(i)	417,914.	102,671.	7,139.	89,763.	30,939.	648,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) RANDALL WAGNER VP & CHIEF MEDICAL OFFICER, WAH	(i)	354,467.	59,163.	80,981.	8,845.	12,984.	516,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) CHERIE PARDUE DEPUTY CHIEF INFORMATION OFFICER, AH	(i)	138,581.	66,346.	91,148.	4,143.	1,328.	301,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 A 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.

A NEW EXECUTIVE RETENTION 457F PLAN, EFFECTIVE JANUARY 1, 2015, REPLACED

THE ADVENTIST HEALTHCARE CAPITAL ACCUMULATION ACCOUNT PLAN. PRE-TAX

CONTRIBUTIONS ACCUMULATED ANNUALLY ARE DISTRIBUTED ON JANUARY 1ST OF THE

2ND YEAR, IF STILL EMPLOYED. THERE IS A 2 YEAR DEFERRAL PERIOD BEFORE

PAYMENTS ARE RELEASED. THE FIRST PAYMENT FOR THE NEW EXECUTIVE RETENTION

PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015, WILL BE DISTRIBUTED ON

JANUARY 1, 2017 AND CONTRIBUTIONS ACCUMULATED IN 2016 WILL 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 THAT LEAVE OUR ORGANIZATION),

IMPUTED VALUE OF LIFE INSURANCE BENEFITS, TAXABLE PAYABLE PAY, AND

SEVERANCE, AS APPLICABLE.

NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS FLEXIBLE

MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT PREMIUM), AND



**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.

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,  
ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS  
EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE  
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED  
EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF

**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.

TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES

UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE

COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND

BENEFITS FOR COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE

BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH

COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN)

OF THE MARKET.

PAY PHILOSOPHY: FOR ALL ADVENTIST HEALTHCARE EMPLOYEES INCLUDING THOSE

LISTED ON SCHEDULE J, THE GOAL OF ADVENTIST HEALTHCARE IS TO OFFER

COMPETITIVE SALARIES IN ORDER TO ATTRACT, HIRE, AND RETAIN QUALIFIED AND

TALENTED INDIVIDUALS. MAINTAINING A QUALITY AND STABLE WORKFORCE HAS A

POSITIVE IMPACT ON THE WORKPLACE AND ON THE CARE PROVIDED TO OUR

PATIENTS/RESIDENTS AND THEIR FAMILIES. IN GENERAL, NON-EXECUTIVE EMPLOYEES

ARE COMPENSATED UTILIZING THE FULL WAGE SCALE FOR THEIR RESPECTIVE

POSITIONS, COMPARED TO THE MARKET. HOWEVER, EXECUTIVES ARE GENERALLY

LIMITED TO THE MEDIAN OF THE MARKET FOR THEIR RESPECTIVE POSITIONS.

PART I, LINES 4A-B:

**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.

A NEW EXECUTIVE RETENTION 457F PLAN, EFFECTIVE JANUARY 1, 2015, REPLACED  
THE ADVENTIST HEALTHCARE CAPITAL ACCUMULATION ACCOUNT PLAN. PRE-TAX  
CONTRIBUTIONS ACCUMULATED ANNUALLY ARE DISTRIBUTED ON JANUARY 1ST OF THE  
2ND YEAR, IF STILL EMPLOYED. THERE IS A 2 YEAR DEFERRAL PERIOD BEFORE  
PAYMENTS ARE RELEASED. THE FIRST PAYMENT FOR THE NEW EXECUTIVE RETENTION  
PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015, WILL BE DISTRIBUTED ON  
JANUARY 1, 2017 AND CONTRIBUTIONS ACCUMULATED IN 2016 WILL BE DISTRIBUTED  
ON JANUARY 1, 2018.

THE FOLLOWING EMPLOYEES LISTED BELOW FELL OUTSIDE THE AGE BRACKET TO BE  
INCLUDED IN THE 457F PLAN, AND THEY RECEIVED LUMP-SUM CASH BONUS PAYMENTS:  
JAMES DAMRON: \$44,653;  
JOAN VINCENT: \$64,605;  
RANDALL WAGNER: \$74,026.

ALSO, IN 2015, SEVERANCE PAYMENTS WERE MADE TO:  
CHERIE PARDUE: \$90,959.

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

**2015**  
**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
<b>A</b>	MHHEFA (2005 A)	52-0936091	574217VS1	12/20/05	78,000,000.	SEE PART VI		X		X		X
<b>B</b>	MHHEFA (2011 A)	52-0936091	574218CH4	09/01/11	57,508,761.	SEE PART VI		X		X		X
<b>C</b>	MHHEFA (2011 B)	52-0936091	NONEAVAIL	09/01/11	59,980,000.	SEE PART VI		X		X		X
<b>D</b>	MHHEFA (2013)	52-0936091	NONEAVAIL	06/12/13	15,623,500.	SEE PART VI		X		X		X

Part II	Proceeds							
	A		B		C		D	
<b>1</b>	Amount of bonds retired							
<b>2</b>	Amount of bonds legally defeased							
<b>3</b>	79,853,550.		57,508,761.		59,980,000.		15,623,500.	
<b>4</b>			5,835,976.					
<b>5</b>	4,537,581.							
<b>6</b>	Proceeds in refunding escrows							
<b>7</b>	691,085.		909,734.		550,992.			
<b>8</b>	490,630.							
<b>9</b>	Working capital expenditures from proceeds							
<b>10</b>	74,134,254.							
<b>11</b>			53,581,715.		59,429,008.		15,623,500.	
<b>12</b>	Other unspent proceeds							
<b>13</b>	2007		2005		2005		1982	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>		X	X		X		X	
<b>15</b>		X		X		X		X
<b>16</b>	X		X		X		X	
<b>17</b>	X		X		X		X	

Part III	Private Business Use							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	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
<b>2</b>	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.** ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2015**  
**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 (2014 A)	52-0936091	NONEAVAIL	02/26/14	25,000,000.	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		25,000,000.					
4	Gross proceeds in reserve funds							
5	Capitalized interest from proceeds							
6	Proceeds in refunding escrows							
7	Issuance costs from proceeds		168,000.					
8	Credit enhancement from proceeds							
9	Working capital expenditures from proceeds							
10	Capital expenditures from proceeds							
11	Other spent proceeds		24,832,000.					
12	Other unspent proceeds							
13	Year of substantial completion		2014					
	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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X		X			X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....	X		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.95 %		3.25 %		1.61 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		.00 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		.00 %		.95 %		3.25 %		1.61 %
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X		X		X	X	
<b>b</b> Exception to rebate? .....		X	X		X			X
<b>c</b> No rebate due? .....	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X			X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X			X		X		X
<b>b</b> Name of provider .....	DEUTSCHE BANK							
<b>c</b> Term of hedge .....	30.0000000							
<b>d</b> Was the hedge superintegrated? .....		X						
<b>e</b> Was the hedge terminated? .....		X						

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.03 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.03 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

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





**Part IV Arbitrage** (Continued)

	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 is not available under applicable regulations?	X							

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

ENTITY 1 - PART I BOND ISSUES:

A. (A) ISSUER NAME: MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA)

(F) DESCRIPTION OF PURPOSE:

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;

B. (A) ISSUER NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

REFUNDING SERIES 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05. 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;

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

C. (A) ISSUE NAME: MHHEFA

(F) DESCRIPTION OF PURPOSE:

REFUNDING OF 2004 A AND 2005 B. FINANCE AND REFINANCE EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCE OR REFINANCE CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM; ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF ARHM AND WAH, RENOVATION TO WAH AND SG.

D. (A) ISSUE NAME: MHHEFA

(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;

PART II, COLUMN A:

THE 2005 A BOND ISSUE WAS OFFERED AT \$78,000,000.00, BUT AS THIS ISSUE WAS FOR A CONSTRUCTION PROJECT, THE PROCEEDS EARNED INTEREST IN A CONSTRUCTION FUND. THE PROCEEDS, THEREFORE, WERE MORE THAN THE ISSUING PRICE.

PART II, COLUMN B:

2011 A HAS A RESERVE FUND VALUED AT \$5,835,975.81 AS OF 12/31/2015. 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, COLUMN A:

THE ARBITRAGE CALCULATION DATE FOR THE 2005 A BONDS WAS JANUARY 2015.

PART IV, COLUMN B:

THE ARBITRAGE CALCULATION DATE FOR THE 2011 A BONDS WILL BE SEPTEMBER 2016.

PART IV, COLUMN C:

THE ARBITRAGE CALCULATION DATE FOR THE 2011 B BONDS WILL BE SEPTEMBER 2016.

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

ENTITY 2 - PART I BOND ISSUES:

A. (A) ISSUER NAME: MHHEFA

(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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

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.

BOTH INPATIENT AND OUTPATIENT SERVICES ARE AVAILABLE TO ACCOMMODATE A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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

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 2015, FOR THE THIRD CONSECUTIVE YEAR, THE JOINT COMMISSION NAMED

BOTH HOSPITALS TOP PERFORMERS ON KEY QUALITY MEASURES. SHADY GROVE

MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITAL WERE TWO OF ONLY 17

MARYLAND HOSPITALS AND TWO OF THREE IN MONTGOMERY COUNTY TO MAKE THIS

YEAR'S LIST. SHADY GROVE MEDICAL CENTER WAS RECOGNIZED FOR EXCELLENCE

IN PROCESSES TO IMPROVE CARE IN SIX AREAS: HEART ATTACK, HEART FAILURE,

PNEUMONIA, SURGICAL CARE, CHILDREN'S ASTHMA CARE AND PERINATAL CARE.

WASHINGTON ADVENTIST HOSPITAL WAS ALSO RECOGNIZED FOR EXCELLENCE IN

PROCESSES TO IMPROVE CARE IN SIX AREAS: HEART ATTACK, HEART FAILURE,

PNEUMONIA, SURGICAL CARE, IMMUNIZATION AND PERINATAL CARE.

ALSO IN 2015, BOTH HOSPITALS RECEIVED THE 2015 PLATINUM PERFORMANCE

ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION

REGISTRY-GWTG. THIS RECOGNIZES THE HOSPITALS' COMMITMENT AND SUCCESS IN

IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART ATTACK PATIENTS.

ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL AND ADVENTIST

HEALTHCARE SHADY GROVE MEDICAL CENTER WERE AMONG ONLY 319 HOSPITALS

NATIONWIDE TO RECEIVE THE PLATINUM HONOR.

IN ADDITION, THE HOSPITALS RECEIVED TWO AWARDS FROM THE AMERICAN HEART

ASSOCIATION (AHA) FOR LIFE-SAVING, HIGH-QUALITY STROKE CARE. BOTH

HOSPITALS EARNED GOLD PLUS QUALITY ACHIEVEMENT, WHICH RECOGNIZES THEM

FOR AGGRESSIVELY TREATING STROKE PATIENTS WITH 85 PERCENT OR HIGHER

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COMPLIANCE TO THE CORE STANDARD LEVELS OF CARE OUTLINED BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR 12 CONSECUTIVE MONTHS. IN ADDITION, BOTH HOSPITALS DEMONSTRATED 75 PERCENT COMPLIANCE WITH SEVEN OUT OF 10 STROKE QUALITY MEASURES DURING THE 12-MONTH PERIOD. FAST EVALUATION AND TREATMENT OF STROKE PATIENTS IS CRUCIAL TO PREVENT SERIOUS BRAIN DAMAGE AND ALLOWS FOR OPTIMAL OUTCOMES.

THE SHADY GROVE AREA 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. IN 2015, THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER (COC) RECOGNIZED SHADY GROVE AS A COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM.

IN THE EASTERN PART OF MONTGOMERY COUNTY, ADVENTIST HEALTHCARE OPENED THE WHITE OAK BREAST CENTER IN 2014 TO HELP MEET THE COMMUNITY'S NEEDS. FROM STATE-OF-THE-ART IMAGING SERVICES, SUCH AS 3D MAMMOGRAPHY, TO ONE-ON-ONE CONSULTATIONS WITH A DEDICATED BREAST SURGEON OR BREAST CERTIFIED RADIOLOGIST, TO RESOURCE AND SUPPORT FOLLOWING A BREAST CANCER DIAGNOSIS, HEALTH CARE NEEDS ARE MET INSIDE ONE CONVENIENT AND COMPREHENSIVE CENTER. THIS CENTER WILL BE NEAR THE LOCATION OF THE RELOCATED WASHINGTON ADVENTIST HOSPITAL, WHICH IS CURRENTLY AWAITING STATE APPROVAL.

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AT ITS CURRENT LOCATION IN TAKOMA PARK, MARYLAND, WASHINGTON ADVENTIST

HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL AND SURGICAL CARE TO

THE RESIDENTS OF EASTERN MONTGOMERY COUNTY, WESTERN PRINCE GEORGE'S

COUNTY AND WASHINGTON, D.C. FOR MORE THAN 100 YEARS. WHILE WASHINGTON

ADVENTIST'S HISTORY REFLECTS THE SPECIAL CARE IT HAS PROVIDED FOR

GENERATIONS OF FAMILIES, OF SPECIAL NOTE IS THE HOSPITAL'S CARDIAC

SERVICES. THE HOSPITAL WAS THE FIRST IN THE GREATER D.C. AREA TO

PERFORM NUMEROUS CARDIAC PROCEDURES DATING FROM ITS FIRST HEART

PROCEDURE IN 1962, INCLUDING MITRAL VALVULOPLASTY AND A NUMBER OF

SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY.

NOT ONLY DOES WASHINGTON ADVENTIST PROVIDE SUBSTANTIAL CARDIAC SURGERY

AND PCI PROCEDURES, BUT IT ALSO IS THE BACKUP FOR MULTIPLE HOSPITALS

WITH PRIMARY AND NONPRIMARY, ELECTIVE PCI PROGRAMS THAT REQUIRE AN

AFFILIATION WITH A CARDIAC SURGERY PROGRAM.

IN 2015, 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) AND AORTIC VALVE REPLACEMENT SURGERY (AVR). THE STS HAS

DEVELOPED A COMPREHENSIVE RATING SYSTEM FOR THE QUALITY OF CARDIAC

SURGERY AMONG HOSPITALS ACROSS THE COUNTRY. APPROXIMATELY 12-15% 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.

THE HOSPITAL WAS ALSO GRANTED A THREE-YEAR APPROVAL WITH COMMENDATION

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IN FOUR AREAS BY THE AMERICAN COLLEGE OF SURGEONS (ACOS) COMMISSION ON  
 CANCER (COC). THIS PRESTIGIOUS DESIGNATION EXEMPLIFIES THE CONTINUED  
 HIGH-QUALITY CARE PROVIDED THROUGH THE CANCER PROGRAM. THIS IS THE  
 THIRD TIME THAT THE HOSPITAL HAS OBTAINED THIS COMMENDATION.

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.  
 SINCE ITS INCEPTION, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS  
 SERVICES (FORMERLY KNOWN AS ADVENTIST BEHAVIORAL HEALTH) HAS EXPANDED  
 TO INCLUDE SEVERAL TREATMENT CENTERS ACROSS MONTGOMERY COUNTY AS WELL  
 AS THE EASTERN SHORE OF MARYLAND. 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, RESIDENTIAL TREATMENT CENTERS, SCHOOL  
 PROGRAMS, RESIDENTIAL GROUP HOMES, 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 2015:

- > 2 ACCOUNTABLE CARE ORGANIZATION, THE MID-ATLANTIC PRIMARY CARE ACO,  
 MANAGED BY ADVENTIST HEALTHCARE;
- > 5 HOSPITALS, THREE ACUTE CARE AND TWO SPECIALTY;
- > 2,250 PHYSICIANS/MEDICAL STAFF MEMBERS;



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- > 6,200 EMPLOYEES IN MARYLAND (APPROXIMATE);
- > 6,059 COVERED LIVES/PATIENT CENTERED MEDICAL HOME;
- > 6,743 NEWBORNS;
- > 25,956 SURGERIES;
- > 43,051 ACUTE AND SPECIALTY ADMISSIONS;
- > 87,061 HOME HEALTH VISITS;
- > 100,000 HEALTH AND WELLNESS ENCOUNTERS;
- > 103,285 VOLUNTEER HOURS;
- > 159,764 EMERGENCY VISITS;
- > 414,799 OUTPATIENT VISITS;
- > 843,600 OVERALL ENCOUNTERS (APPROX.);
- > \$77.8 MILLION COMMUNITY BENEFIT.

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

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

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SAFETY NET CLINICS, SUCH AS MERCY HEALTH CLINIC, COMMUNITY CLINIC, INC., MOBILE MEDICAL CARE, INC., AND MARY'S CENTER, IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS.

ADVENTIST HEALTHCARE'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PROVIDING LAB WORK, X-RAY SERVICES AND FINANCIAL SUPPORT OF CLINICAL OPERATIONS TO SERVE THE UNINSURED OR UNDER-INSURED POPULATION OF MONTGOMERY COUNTY. THIS ALSO HELPS TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT UTILIZATION BY THIS PORTION OF THE POPULATION.

THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN NEED. MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES. IN THE LONG BRANCH SECTION OF SILVER 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

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HEALTHCARE ALSO PROVIDES SPECIALIZED SERVICES SUCH AS THE SHADY GROVE

MEDICAL CENTER FORENSIC MEDICAL UNIT. THIS UNIT, WHICH IS THE ONLY ONE

IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND

SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF

SEXUAL ASSAULT AND ABUSE.

SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITAL ARE ALSO

ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP

PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO

LOW-INCOME, UNINSURED PREGNANT WOMEN.

FOR THE PAST EIGHT 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

35,000 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. THE AMERICAN COLLEGE OF RADIOLOGY (ACR) HAS AWARDED

RADIATION ONCOLOGY ACCREDITATION TO THE CENTER. PATIENTS WON'T FIND

THIS LEVEL OF CARE IN RADIATION THERAPY AT MOST FACILITIES; ONLY 15

PERCENT OF CENTERS ARE ACR ACCREDITED.

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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. WE ACCOMPLISH OUR MISSION BY PARTNERING WITH COMMUNITY MEMBERS AND ORGANIZATIONS TO IMPLEMENT HEALTH EQUITY AND COMMUNITY WELLNESS APPROACHES THAT IMPROVE POPULATION HEALTH. IN 2015, WE PROVIDED MORE THAN 100,000 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

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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.

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.

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

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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.

> 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.

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

2) HEALTH PROGRAMS DELIVERY - COLLABORATES WITH ADVENTIST HEALTHCARE'S

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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.

- > 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.  
COORDINATES COMMUNITY DONATIONS AND SPONSORSHIPS THROUGH THE ADVENTIST

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HEALTHCARE'S COMMUNITY PARTNERSHIP FUND.

- > OVERSEE LANGUAGE ACCESS SERVICES FOR ADVENTIST HEALTHCARE (E.G., QUALIFIED BILINGUAL STAFF, INTERPRETATION AND TRANSLATION VENDORS);
- > DEVELOP HOSPITAL AND ORGANIZATIONAL POLICIES AND PROCEDURES RELATED TO PROVISION OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE, AND TRAIN PROVIDERS/STAFF ACCORDINGLY;
- > RESEARCH, ANALYZE AND WRITE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) FOR EACH HOSPITAL AND FACILITATE THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF CORRESPONDING STRATEGIC PLANS;
- > PROVIDE HEALTH EDUCATION ON VARIOUS TOPICS INCLUDING NUTRITION, EXERCISE, MATERNAL/CHILD HEALTH, SAFETY, AND COLD/FLU PREVENTION;
- > CONDUCT CPR CLASSES (INFANT AND ADULT), BABYSITTING CLASSES AND SIBLING CLASSES;
- > PROVIDE TOBACCO CESSATION COUNSELING;
- > PROVIDE A VARIETY OF HEALTH SCREENINGS (E.G., BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, ETC.);
- > COORDINATE FLU SHOT CLINICS IN A VARIETY OF COMMUNITY LOCATIONS;
- > ADMINISTER COMMUNITY PARTNERSHIP FUND DONATIONS;
- > BUILD RELATIONSHIPS WITH A WIDE RANGE OF COMMUNITY ORGANIZATIONS (E.G., SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, LOW-INCOME HOUSING COMPLEXES, ETC.).

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

RESIDENTIAL SERVICES.

IN 2015, BH&WS PROVIDED \$1,862,510 IN UNCOMPENSATED MENTAL HEALTH CARE

ACROSS ITS TWO MAIN CAMPUSES.



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BH&WS FACILITIES OFFER A TOTAL OF 161 ACUTE CARE BEDS, 81 RESIDENTIAL TREATMENT CENTER BEDS, 32 GROUP HOME BEDS AND A FULL CONTINUUM OF OUTPATIENT SERVICES. BH&WS CARED FOR APPROXIMATELY 6,800 PATIENTS, CLIENTS AND RESIDENTS ACROSS ITS ENTITIES IN 2015.

**BH&WS ROCKVILLE CAMPUS:**

THE BH&WS ROCKVILLE CAMPUS IS A NOT-FOR-PROFIT, JOINT COMMISSION ACCREDITED, 107-BED ACUTE PSYCHIATRIC TREATMENT FACILITY LOCATED IN MONTGOMERY COUNTY. COUPLED WITH AN ADDITIONAL 64-BED RESIDENTIAL TREATMENT CENTER (RTC) FOR ADOLESCENTS, BH&WS IS THE LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES IN MONTGOMERY COUNTY. THE ROCKVILLE CAMPUS ALSO PROVIDES OUTPATIENT CHEMICAL DEPENDENCY SERVICES FOR ADOLESCENTS AND ADULTS, OPERATES A PARTIAL HOSPITALIZATION PROGRAM FOR ADOLESCENTS, 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 MAGNOLIA UNIT IS THE ONLY ONE OF ITS KIND IN MONTGOMERY COUNTY.

THE RIDGE SCHOOL OF MONTGOMERY COUNTY, A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, IS LOCATED AT THE BH&WS ROCKVILLE CAMPUS AND SERVES ADOLESCENTS FROM MARYLAND AND WASHINGTON, D.C.

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BH&WS EASTERN SHORE CAMPUS:

THE BH&WS EASTERN SHORE CAMPUS IS THE REGION'S ONLY ACUTE CARE AND RESIDENTIAL MENTAL HEALTH RESOURCE FOR CHILDREN AND ADOLESCENTS. THE FACILITY OFFERS 15 ACUTE CARE BEDS AND 59 RTC BEDS.

THE RIDGE SCHOOL OF THE EASTERN SHORE IS A SPECIAL AND GENERAL EDUCATION SCHOOL FOR STUDENTS IN GRADES THREE TO 12. THE SCHOOL SERVES RESIDENTS OF THE EASTERN SHORE RESIDENTIAL TREATMENT CENTER AS WELL AS DAY STUDENTS WHO LIVE IN THE LOCAL COMMUNITY.

BH&WS AND PENINSULA REGIONAL MEDICAL CENTER:

BH&WS ENTERED INTO A PARTNERSHIP 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 SALISBURY.

THE BEHAVIORAL HEALTH UNIT AT 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:

BH&WS' COMMUNITY-BASED RESIDENTIAL SERVICES INCLUDES TWO HOMES FOR

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ADOLESCENTS AND ONE FOR ADULTS. THE ADOLESCENT HOMES, OR COTTAGES,  
OFFER ADOLESCENTS 13 TO 17 YEARS OF AGE A SAFE AND THERAPEUTIC  
RESIDENTIAL ENVIRONMENT IN WHICH TO SUPPORT THEIR TRANSITION BACK TO  
THEIR FAMILIES, THE COMMUNITY, AND, IN SOME CASES, INDEPENDENT LIVING.  
THE GROUP HOMES ARE LOCATED IN MONTGOMERY COUNTY COMMUNITIES.

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  
EDUCATIONAL WORKSHOPS FOR CONSUMERS.

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.

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

SEE BY LAWS, ARTICLE II. MEMBERSHIP. THERE SHALL BE A SINGLE CLASS OF  
CONSTITUENT MEMBERS OF THE CORPORATION (INDIVIDUAL, "MEMBER", COLLECTIVELY,  
THE MEMBERSHIP") WHICH SHALL CONSIST OF THE DULY ELECTED MEMBERS OF THE  
BOARD OF DIRECTORS OF MID-ATLANTIC ADVENTIST HEALTHCARE, INC., AS THAT

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

BOARD OF DIRECTORS MAY BE CONSTITUTED.

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

DECISIONS SUBJECT TO APPROVAL.

SEE BY LAWS, 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 A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL.

SEE BY LAWS, 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;

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

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 11:

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, WHICH LINKED TO THE COMPANY'S INTRANET WEBSITE.

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

PURSUANT TO THE ORGANIZATIONS CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION. COMPLIANCE WITH POLICY IS MONITORED AND ENFORCED BY THE HUMAN RESOURCES DEPARTMENT, CORPORATE INTEGRITY DEPARTMENT AND THE LEGAL DEPARTMENT.

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

WHEN SETTING EXECUTIVE COMPENSATION, THE ORGANIZATION FULLY COMPLIES WITH

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

THE PROCEDURAL SAFEGUARDS EMBEDDED IN THE IRS REGULATIONS. EXECUTIVE

COMPENSATION IS ENTIRELY SET BY A COMMITTEE OF THE BOARD OF TRUSTEES. IN

SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET

COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION

CONSULTANT. TO ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH

PERCENTILE OF THE NATURAL 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	31,049,856.
MANAGEMENT AND GENERAL EXPENSES	636,824.
FUNDRAISING EXPENSES	11,729.
TOTAL EXPENSES	31,698,409.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	23,947,725.
MANAGEMENT AND GENERAL EXPENSES	4,310,923.
FUNDRAISING EXPENSES	3,289.
TOTAL EXPENSES	28,261,937.

CONTRACT LAB SERVICES:

PROGRAM SERVICE EXPENSES	17,675,099.
MANAGEMENT AND GENERAL EXPENSES	40,212.
FUNDRAISING EXPENSES	0.

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

TOTAL EXPENSES 17,715,311.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES 1,341,101.

MANAGEMENT AND GENERAL EXPENSES 3,910,880.

FUNDRAISING EXPENSES 240,197.

TOTAL EXPENSES 5,492,178.

PATIENT TRANSPORTATION SERVICES:

PROGRAM SERVICE EXPENSES 530,729.

MANAGEMENT AND GENERAL EXPENSES 350.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 531,079.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 83,698,914.

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

NET ORGANIZATION TRANSFER 1,136,563.

OTHER UNRESTRICTED NET ASSETS ACTIVITY -241,122.

TOTAL TO FORM 990, PART XI, LINE 9 895,441.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2015**  
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	1,855,067.	3,801,188.	ADVENTIST HEALTHCARE, INC.
AHC HOLDINGS 1, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	MARYLAND	0.	5,400,000.	ADVENTIST HEALTHCARE, INC.
AHC HOLDINGS 2, LLC - 52-1532556 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	DELAWARE	0.	5,570,774.	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.	-1,070,280.	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 9	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 9	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 9	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) 2015

SEE PART VII FOR CONTINUATIONS



**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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.
GERMANTOWN OUTPATIENT IMAGING, LLC - 20-4395818, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	OUTPATIENT IMAGING	MARYLAND	0.	0.	ADVENTIST HEALTHCARE, INC.

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ADVENTIST REHABILITATION, INC. - 30-0780513 820 W. DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878-1419	REHABILITATION SERVICES	MARYLAND	501(C)(3)	LINE 9	ADVENTIST REHABILITATION HOSPITAL OF	X	
HACKETTSTOWN COMMUNITY HOSPITAL, INC. - 22-6106281, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	HOSPITAL	NEW JERSEY	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE, INC.	X	
HACKETTSTOWN REGIONAL MEDICAL CENTER EMERGENCY SERVICES, INC. - 27-0820164, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	AMBULANCE SERVICE	NEW JERSEY	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL, INC.	X	
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION, INC. - 22-2333410, 651 WILLOW GROVE STREET, HACKETTSTOWN, NJ 07840	FUNDRAISING	NEW JERSEY	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL, INC.	X	
MEDICAL CENTER PARTNERS, INC. - 45-4789273 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	PHYSICIAN SERVICES	NEW JERSEY	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL, INC.	X	
MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION - 52-1884153, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOLDING COMPANY	MARYLAND	501(C)(3)	LINE 9	N/A		X
ADVENTIST BEHAVIORAL HEALTH FOUNDATION, INC. - 20-5479860, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE, INC.	X	
REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC. - 52-1255870, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD	BEHAVIORAL CARE	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE, INC.	X	
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1216429, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	N/A	X	
WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC. - 52-1692158, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	FUNDRAISING	MARYLAND	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE, INC.	X	
WASHINGTON ADVENTIST FITNESS CENTER - 27-4758462, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	WELLNESS	MARYLAND	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE, INC.	X	

**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	
GERMANTOWN OUTPATIENT IMAGING, LLC - 20-4395818, 20410 OBSERVATION DR, STE 104, GERMANTOWN, MD 20876	OUTPATIENT IMAGING	MD	N/A	RELATED	250,458.	0.		X	N/A		X	50.00%
SHADY GROVE MEDICAL BUILDING, LLC - 27-4599411, 1650 TYSONS BOULEVARD, STE 820, MCLEAN, VA 22102	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	-3,459.	259,381.		X	N/A		X	50.00%

**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	400.	18,895.	50.00%		X
CLARKSBURG COMMUNITY HOSPITAL, INC. - 27-2330124, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOLDS PROPERTY FOR FUTURE NON-PROFIT HOSPITAL	MD	ADVENTIST HEALTHCARE, INC.	C CORP	0.	0.	100.00%		X
WASHINGTON ADVENTIST HOSPITAL, INC. - 27-2330170, 820 W. DIAMOND AVE SUITE 600, GAITHERSBURG, MD 20878-1419	HOLDS PROPERTY FOR FUTURE NON-PROFIT HOSPITAL	MD	ADVENTIST HEALTHCARE, INC.	C CORP	0.	0.	100.00%		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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION, INC.	B	10,000	COST
(2) REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC.	B	5,400	COST
(3) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	B	16,000	COST
(4) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	B	161,498	COST
(5) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	B	10,000	COST
(6) WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	B	178,854	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 BEHAVIORAL HEALTH FOUNDATION, INC.	C	5,155.	COST
(8)SHADY GROVE ADVENTIST HOSPITAL FOUNDATION, INC.	C	385,827.	COST
(9)WASHINGTON ADVENTIST HOSPITAL FOUNDATION, INC.	C	576,171.	COST
(10)ADVENTIST HOME HEALTH SERVICES, INC.	L	684,583.	COST
(11)ADVENTIST PHYSICIAN SERVICES, INC.	L	357,027.	COST
(12)ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	L	1,202,706.	COST
(13)HACKETTSTOWN COMMUNITY HOSPITAL, INC.	L	2,324,773.	COST
(14)REGINALD S. LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN, INC.	L	165,493.	COST
(15)HACKETTSTOWN COMMUNITY HOSPITAL, INC.	P	1,527,200.	COST
(16)ADVENTIST HOME HEALTH SERVICES, INC.	Q	624,963.	COST
(17)ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC.	Q	2,206,560.	COST
(18)HACKETTSTOWN COMMUNITY HOSPITAL, INC.	Q	5,083,842.	COST
(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

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

Financial Statements and  
Supplementary Information

December 31, 2015 and 2014



Candor. Insight. Results.



# Adventist HealthCare, Inc. and Controlled Entities

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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, 2015 and 2014, 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, 2015 and 2014, 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 43 to 47 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 Viechow Krause, LLP*

Wilkes-Barre, Pennsylvania

April 26, 2016

## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 45,638,591	\$ 62,058,533
Short-term investments	138,418,552	133,618,264
Assets whose use is limited	4,031,128	3,020,970
Patient accounts receivable, net of estimated allowance for doubtful collections of \$25,654,000 in 2015 and \$17,921,000 in 2014	102,100,614	107,266,506
Other receivables, net of estimated allowance for doubtful collections of \$2,110,000 in 2015 and \$2,249,000 in 2014	16,022,107	12,549,788
Inventories	10,780,540	10,995,868
Prepaid expenses and other current assets	<u>6,358,773</u>	<u>5,577,430</u>
Total current assets	323,350,305	335,087,359
<b>Property and Equipment, Net</b>	414,113,940	402,281,664
<b>Assets Whose Use is Limited</b>		
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	5,953,215	6,215,093
Professional liability trust fund	10,187,116	12,839,326
Deferred compensation fund	1,473,131	164,057
<b>Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition</b>	3,133,692	2,926,446
<b>Investments and Investments in Unconsolidated Subsidiaries</b>	11,081,925	12,763,053
<b>Land Held for Healthcare Development</b>	91,597,768	91,424,979
<b>Deferred Financing Costs, Net</b>	2,206,562	2,331,699
<b>Intangible Assets, Net</b>	10,200,288	5,181,259
<b>Deposits and Other Noncurrent Assets</b>	<u>8,661,741</u>	<u>8,275,733</u>
Total assets	<u>\$ 881,959,683</u>	<u>\$ 879,490,668</u>

See notes to consolidated financial statements

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

Consolidated Balance Sheets

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable and accrued expenses	\$ 85,048,695	\$ 72,471,001
Accrued compensation and related items	33,158,923	37,197,704
Interest payable	2,331,260	2,307,800
Due to third party payors	20,160,658	20,586,941
Estimated self-insured professional liability	2,258,544	1,241,937
Current maturities of long-term obligations	<u>31,540,973</u>	<u>27,909,209</u>
Total current liabilities	174,499,053	161,714,592
<b>Construction Payable</b>	50,410	191,718
<b>Long-Term Obligations, Net</b>		
Bonds payable	226,139,965	235,844,029
Notes payable	30,613,911	47,513,025
Capital lease obligations	7,988,423	8,549,107
<b>Derivative Financial Instruments</b>	22,275,775	21,507,539
<b>Other Liabilities</b>	13,243,151	10,505,039
<b>Estimated Self-Insured Professional Liability</b>	<u>10,033,037</u>	<u>10,384,286</u>
Total liabilities	<u>484,843,725</u>	<u>496,209,335</u>
<b>Net Assets</b>		
Unrestricted	389,780,097	376,750,164
Temporarily restricted	6,584,440	6,189,748
Permanently restricted	<u>751,421</u>	<u>341,421</u>
Total net assets	<u>397,115,958</u>	<u>383,281,333</u>
Total liabilities and net assets	<u>\$ 881,959,683</u>	<u>\$ 879,490,668</u>

*See notes to consolidated financial statements*

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

Consolidated Statements of Operations

Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Unrestricted Revenues</b>		
Net patient service revenue	\$ 739,309,396	\$ 710,744,656
Provision for doubtful collections	(33,878,052)	(53,039,754)
Net patient service revenue less provision for doubtful collections	705,431,344	657,704,902
Other revenue	<u>41,124,126</u>	<u>37,603,474</u>
Total unrestricted revenues	<u>746,555,470</u>	<u>695,308,376</u>
<b>Expenses</b>		
Salaries and wages	322,218,485	299,221,113
Employee benefits	64,899,997	57,912,606
Contract labor	36,009,050	29,965,160
Medical supplies	98,754,075	94,139,488
General and administrative	112,099,263	116,564,071
Building and maintenance	42,432,645	36,816,635
Insurance	5,286,230	5,426,155
Interest	9,318,829	9,627,275
Depreciation and amortization	<u>34,867,628</u>	<u>33,269,001</u>
Total expenses	<u>725,886,202</u>	<u>682,941,504</u>
Income from operations	<u>20,669,268</u>	<u>12,366,872</u>
<b>Other Income (Expense)</b>		
Investment income	863,598	2,989,552
Loss on extinguishment of debt	-	(222,350)
Other expense	<u>(406,795)</u>	<u>(459,366)</u>
Total other income	<u>456,803</u>	<u>2,307,836</u>
Revenues in excess of expenses from continuing operations	21,126,071	14,674,708
Change in net unrealized gains (losses) on investments other than trading securities	(2,281,694)	1,035,338
Change in net unrealized loss on derivative financial instruments	(1,644,513)	(6,250,362)
Deferred compensation plan liability adjustment	(1,575,015)	-
Net assets released from restriction for purchase of property and equipment	922,266	1,769,609
Other unrestricted net asset activity	<u>(649,457)</u>	<u>462,026</u>
Increase in unrestricted net assets from continuing operations	15,897,658	11,691,319
Loss from discontinued operations	<u>(2,867,725)</u>	<u>(559,987)</u>
Increase in unrestricted net assets	<u>\$ 13,029,933</u>	<u>\$ 11,131,332</u>

See notes to consolidated financial statements

**Adventist HealthCare, Inc. and Controlled Entities**Consolidated Statements of Changes in Net Assets  
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Unrestricted Net Assets</b>		
Revenues in excess of expenses from continuing operations	\$ 21,126,071	\$ 14,674,708
Change in net unrealized gains (losses) on investments other than trading securities	(2,281,694)	1,035,338
Change in net unrealized loss on derivative financial instruments	(1,644,513)	(6,250,362)
Deferred compensation plan liability adjustment	(1,575,015)	-
Net assets released from restriction for purchase of property and equipment	922,266	1,769,609
Other unrestricted net asset activity	<u>(649,457)</u>	<u>462,026</u>
Increase in unrestricted net assets from continuing operations	15,897,658	11,691,319
Loss from discontinued operations	<u>(2,867,725)</u>	<u>(559,987)</u>
Increase in unrestricted net assets	<u>13,029,933</u>	<u>11,131,332</u>
<b>Temporarily Restricted Net Assets</b>		
Restricted gifts and donations	4,380,775	5,113,109
Net assets released from restriction for purchase of property and equipment	(922,266)	(1,769,609)
Net assets released from restriction used for operations	(2,749,219)	(3,693,269)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	(194,353)	(145,231)
Change in discount of pledges receivable and provision for doubtful pledges	(121,993)	15,802
Donor restricted investment income	<u>1,748</u>	<u>6,065</u>
Increase (decrease) in temporarily restricted net assets	<u>394,692</u>	<u>(473,133)</u>
<b>Permanently Restricted Net Assets</b>		
Contributions	<u>410,000</u>	<u>-</u>
Increase in net assets	13,834,625	10,658,199
<b>Net Assets, Beginning</b>	<u>383,281,333</u>	<u>372,623,134</u>
<b>Net Assets, Ending</b>	<u>\$ 397,115,958</u>	<u>\$ 383,281,333</u>

See notes to consolidated financial statements

## Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows

Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Cash Flows from Operating Activities</b>		
Increase in net assets	\$ 13,834,625	\$ 10,658,199
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for doubtful collections	37,500,712	54,542,419
Depreciation and amortization	39,760,919	38,262,588
Deferred compensation plan liability adjustment	1,575,015	-
Loss on extinguishment of debt	-	222,350
Restricted contributions and grants	(2,695,169)	(1,689,716)
Earnings recognized from unconsolidated subsidiaries and affiliates	(3,272,652)	(3,783,663)
Amortization of physician income guarantees	34,363	11,454
Gain on sale of interest in unconsolidated subsidiary	(1,664,925)	-
Net realized loss on investments	3,876,408	191,350
Change in net unrealized gains and losses on investments other than trading securities	2,281,694	(1,035,338)
Change in net unrealized loss (gain) on derivative financial instruments	1,644,513	6,250,362
Change in value of beneficial interest in trusts and charitable gift annuity	194,353	145,231
Change in discount on pledges receivable and provision for doubtful pledges	121,993	(15,802)
Changes in assets and liabilities:		
Patient accounts receivable, net	(32,334,820)	(34,110,423)
Other receivables, net	(2,672,003)	288,989
Inventories, prepaid expenses and other current assets	(566,015)	1,850,864
Accounts payable and accrued expenses	9,881,623	(14,838,484)
Accrued compensation and related items	(4,038,781)	5,274,807
Interest payable	23,460	85,031
Estimated self-insured professional liability	665,358	2,301,312
Due to third party payors	(426,283)	(1,332,843)
Other noncurrent assets and liabilities	(415,534)	(3,353,189)
Net cash provided by operating activities	<u>63,308,854</u>	<u>59,925,498</u>

See notes to consolidated financial statements



**Adventist HealthCare, Inc. and Controlled Entities**Consolidated Statements of Cash Flows  
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<b>Cash Flows from Investing Activities</b>		
Purchase of property and equipment	\$ (40,688,717)	\$ (43,512,659)
Payments to physicians under income guarantees	-	(86,423)
Increase in investments and investments in unconsolidated subsidiaries	(9,742,785)	(4,589,159)
Additions to land held for healthcare development	(13,397,853)	(6,619,437)
Proceeds from sale of interest in unconsolidated subsidiary	3,172,286	-
Proceeds from sale of land for healthcare development	13,225,064	-
Distributions from investments in unconsolidated subsidiaries	1,032,016	1,595,629
Purchase of radiology company	(8,000,000)	-
Decrease (increase) in trustee held funds and restricted cash	387,610	(2,382,679)
	<u>(54,012,379)</u>	<u>(55,594,728)</u>
Net cash used in investing activities		
	<u>(54,012,379)</u>	<u>(55,594,728)</u>
<b>Cash Flows From Financing Activities</b>		
Payment of financing costs	(140,598)	(505,808)
Proceeds from issuance of bonds	-	25,000,000
Repayments on long-term obligations, net	(28,270,988)	(27,148,247)
Proceeds from restricted contributions and grants	2,695,169	1,689,716
	<u>(25,716,417)</u>	<u>(964,339)</u>
Net cash used in financing activities		
	<u>(25,716,417)</u>	<u>(964,339)</u>
Net (decrease) increase in cash and cash equivalents	(16,419,942)	3,366,431
<b>Cash and Cash Equivalents, Beginning</b>	<u>62,058,533</u>	<u>58,692,102</u>
<b>Cash and Cash Equivalents, Ending</b>	<u>\$ 45,638,591</u>	<u>\$ 62,058,533</u>
<b>Supplemental Disclosure of Cash Flow Information</b>		
Interest paid	<u>\$ 12,062,707</u>	<u>\$ 11,887,573</u>
<b>Supplemental Disclosure of Noncash Investing and Financing Activities</b>		
Capital lease obligation incurred for equipment	<u>\$ 4,682,336</u>	<u>\$ 771,693</u>
Construction payable for property and equipment	<u>\$ 50,410</u>	<u>\$ 191,718</u>
Long-term debt refinanced	<u>\$ -</u>	<u>\$ 50,330,000</u>

See notes to consolidated financial statements

# Adventist HealthCare, Inc. and Controlled Entities

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

## 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 demonstrate God’s care by improving the health of people and communities through a 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 290-bed acute care hospital located in Rockville, Maryland.

Washington Adventist Hospital (“WAH”) is a 230-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. Effective January 28, 2014, the Corporation entered into an affiliation agreement with an unrelated third party for the future sale of HRMC pending state regulatory review. In March 2016, the State of New Jersey gave final approval for the sale. 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.

Adventist Behavioral Health & Wellness Services (“BH&WS”) is comprised of two separate facilities located in Maryland. BH&WS - Rockville is a 107-bed psychiatric hospital with 82 residential treatment rooms and 32 group home beds for adolescents. BH&WS - Eastern Shore is the region’s only acute care and residential mental health resource for children and adolescents, which has 15 acute care psychiatric beds and 59 residential treatment rooms.

Adventist Physical Health & Rehabilitation (“PH&R”) operates one inpatient hospital with two sites in Maryland, as well as two outpatient locations. PH&R - Rockville is a 55-bed rehabilitation facility and PH&R - Takoma Park is a 32-bed rehabilitation facility.

The Support Center is comprised of the Corporate Office (“CO”), Adventist Home Assistance (“AHA”) and the AHC benefit business unit. The CO provides corporate and centralized shared service functions that benefit the entire AHC system. AHA provides non clinical assistance to homebound patients who cannot perform certain daily activities on their own. 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.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

The Outpatient Services ("OPS") operating division is comprised of Shady Grove Radiological Consultants, PA ("SGR") and Adventist HealthCare Urgent Care Centers, Inc. ("UCC"). SGR is a medical practice that specializes in radiological imaging services and was acquired by AHC on August 1, 2015 for a purchase price of \$8 million. SGR operates six clinical sites and provides inpatient and outpatient imaging services at SGMC and WAH. UCC provides treatment of a variety of non-life threatening illnesses and injuries. UCC's first urgent care center, located in Rockville, Maryland, opened in March 2015.

Clinical Integration Services ("CIS") is comprised of Adventist Medical Group ("AMG"). AMG is a not-for-profit entity that provides physician professional health services to the communities it serves. AHC has 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 addition, CIS includes the administration needed to facilitate the coordination of patient care across conditions, providers and settings.

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 Foundations operating division is comprised of Washington Adventist Hospital Foundation, Inc., Shady Grove Medical Center Foundation, Inc., Hackettstown Community Hospital Foundation, Inc., and Adventist Behavioral Health & Wellness Services Foundation (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.

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 2015 and 2014 include the accounts of AHC, the controlling parent, SGMC, WAH, HRMC, BH&WS, PH&R, the Support Center, the Lourie Center, AHCS, OPS, CIS, LWS, CCPL 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 26, 2016, the date the consolidated financial statements were issued.

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

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Notes to Consolidated Financial Statements

December 31, 2015 and 2014

### **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.

### **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. Hospital management has filed the required forms with the Commission and believes the Hospital to be in compliance with Commission requirements.

In January 2014, the Centers for Medicare and Medicaid Services approved a modernized waiver that will be in place as long as Maryland hospitals commit to achieving significant quality improvements, limits on all-payer per capita hospital growth and limits on annual Medicare per capita hospital cost growth to a rate lower than the national annual per capita growth rate.

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 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 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 SGMHC, 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 was subsequently updated on an annual basis every July 1.

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

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### Notes to Consolidated Financial Statements

December 31, 2015 and 2014

The HSCRC has placed into its methodology a rate system which, among other things, causes SGMC and WAH 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 \$774,097 and undercharges of \$2,229,013 as of December 31, 2015 and 2014, respectively. These price variances reflect (1) the variance between actual patient charges and the pro-rata share of the 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 Global Budget Revenue Agreement amounts at which time any over/under charges are amortized on the straight-line basis over the following rate year.

Under Maryland law, charges of specialty hospitals such as BH&WS and PH&R 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 the 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 if an exemption regarding charging for services is received. The Corporation's management believes BH&WS-Eastern Shore and PH&R met the conditions for exemption during 2015 and 2014. BH&WS-Rockville is subject to HSCRC rate setting. Unit rates are set for all payers, however Medicare and Medicaid are not required to reimburse at HSCRC rates. Medicare is reimbursed under the Inpatient Psychiatric Prospective payment system and Medicaid is reimbursed as a percent of charges, per COMAR 10.09.06.09, and is currently set at 94% of charges.

### **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.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

The Corporation's allowance for doubtful collections for self-pay patients as a percentage of self-pay accounts receivable was 45% and 42% at December 31, 2015 and 2014, respectively. In addition, the Corporation's self-pay account bad debt writeoffs, net of recoveries, decreased from \$48,391,876 in 2014 to \$30,099,159 in 2015 which was the result of both decreased services provided to self-pay patients and positive trends experienced in the collection of amounts from self-pay patients in 2015.

### **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.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **Inventories**

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

### **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. Absent explicit donor stipulations about how long those long-lived assets must be maintained, 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 2015 or 2014.

### **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 \$272,726 in 2015 and 2014, respectively. Accumulated amortization of intangible assets was \$3,113,024 and \$2,840,297 as of December 31, 2015 and 2014, respectively.

On August 1, 2015, AHC acquired certain assets of SGR, a company that operated a number of radiological imaging centers. The acquisition was accounted for at fair market value as of the acquisition date and goodwill was recorded as the difference between the purchase price paid less the fair value of the assets recorded. The amount of goodwill recorded as a result of the acquisition was approximately \$5,287,000. The results from operations of the imaging centers are included in the consolidated financial statements commencing with the acquisition date. 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.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **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. Amortization was \$242,541 and \$573,894 in 2015 and 2014, respectively. Amortization for HRMC was \$23,194 and \$37,142 in 2015 and 2014, respectively and is included in loss from discontinued operations in the consolidated statements of operations. Accumulated amortization of deferred financing costs was \$4,505,899 and \$4,363,485 at December 31, 2015 and 2014, respectively.

### **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 HRMC, the Medicare and Medicaid programs pay for primarily all inpatient and outpatient services at predetermined rates. Regulations require annual retroactive settlements for cost-based reimbursement through cost reports filed by HRMC. These retroactive settlements are estimated and recorded in the consolidated financial statements in the year in which they occur. The estimated settlements recorded at December 31, 2015 and 2014 could differ from actual settlements based on the results of cost report audits.

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 current liabilities in the accompanying consolidated balance sheets.

### **Derivative Financial Instruments**

The Corporation has entered into two interest rate swap agreements, which are considered derivative financial instruments, to manage its interest rate exposure on certain long-term obligations (Note 11). The interest rate swap agreements are reported at fair value in the accompanying consolidated balance sheets. One of the interest rate swap agreements is designated as a cash flow hedge. The related effective changes in fair value for the cash flow hedge is reported in the accompanying consolidated statements of operations as an unrealized gain or loss on cash flow derivative financial instruments and the ineffective portion of the change in fair value is reported as a component of interest expense. For the interest rate swap not designated as a cash flow hedge, changes in fair value are reported as a component of other non-operating income (expense).



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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **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 (loss) gain on derivative financial instruments, 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 the related services are rendered, and such amounts are adjusted in future periods as adjustments become known 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 both 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.

## Adventist HealthCare, Inc. and Controlled Entities

### Notes to Consolidated Financial Statements

December 31, 2015 and 2014

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 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 2015 and 2014 from these major payor sources, are as follows:

	<b>Patient Service Revenues (Net of Contractual Allowances and Discounts)</b>				<b>Total</b>
	<b>Medicare</b>	<b>Medicaid</b>	<b>Other Third Party Payors</b>	<b>Self-Pay and Other</b>	
December 31, 2015	<u>\$ 257,907,521</u>	<u>\$ 80,961,064</u>	<u>\$ 437,216,900</u>	<u>\$ 51,528,507</u>	<u>\$ 827,913,992</u>
December 31, 2014	<u>\$ 244,786,365</u>	<u>\$ 71,536,438</u>	<u>\$ 432,811,713</u>	<u>\$ 45,255,118</u>	<u>\$ 794,389,634</u>

Patient service revenues (net of contractual allowances and discounts) for HRMC were \$88,604,596 in 2015 and \$83,644,978 in 2014. 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 2015 or 2014.

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

The Corporation's federal Exempt Organization Returns of Income Tax and its Business Income Tax Returns for the years ended prior to December 31, 2012 no longer remain subject to examination by the Internal Revenue Service.

### 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.

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

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Notes to Consolidated Financial Statements

December 31, 2015 and 2014

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 \$20,515,000 in 2015 and \$18,784,000 in 2014.

### **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 2014 have been reclassified to conform to the 2015 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 Hospital 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 on its consolidated financial statements.

# Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

## 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 Hospital'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 on its consolidated financial statements.

## 3. Discontinued Operations

Effective January 28, 2014, the Corporation entered into an affiliation agreement with an unrelated third party for the future sale of HRMC pending state regulatory review. In March 2016, the State of New Jersey gave final approval for the sale. On March 31, 2016, the Corporation sold the operating assets to the unrelated third party, and discontinued the operations of the facility. The Corporation received net proceeds from the sale of approximately \$44,500,000. The net carrying value of property and equipment related to HRMC as of December 31, 2015 and 2014 was \$38,683,898 and \$40,793,525, respectively, and consists of the following:

	<u>2015</u>	<u>2014</u>
Land and improvements	\$ 2,457,668	\$ 2,318,692
Building and improvements	60,751,271	60,262,202
Office furniture and equipment	58,269,238	57,553,335
Computer software and hardware	6,115,260	5,684,739
Equipment under capital leases	19,332	19,332
Total	127,612,769	125,838,300
Less accumulated depreciation and amortization	<u>(90,838,703)</u>	<u>(86,679,485)</u>
	36,774,066	39,158,815
Construction in progress	<u>1,909,832</u>	<u>1,634,710</u>
	<u>\$ 38,683,898</u>	<u>\$ 40,793,525</u>

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

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

	<u>2015</u>	<u>2014</u>
Total unrestricted revenues	\$ 90,608,328	\$ 88,812,604
Total expenses	92,885,048	90,387,497
Other non-operating (loss) income	(591,005)	1,014,906
Revenues less than expenses	(2,867,725)	(559,987)

### 4. Investments

#### Short-Term Investments

The Corporation's short-term investments at December 31, 2015 and 2014 are comprised of the following:

	<u>2015</u>	<u>2014</u>
Cash and cash equivalents	\$ 31,151,134	\$ 12,693,052
Marketable certificates of deposit	489,531	489,531
CBAM Resolute Fund Ltd.	96,238	32,512,162
U.S. government securities, mortgage-backed securities	106,681,649	87,923,519
Total	<u>\$ 138,418,552</u>	<u>\$ 133,618,264</u>

#### Assets Whose Use is Limited

The composition of assets whose use is limited at December 31, 2015 and 2014 is set forth in the following tables:

	<u>2015</u>	<u>2014</u>
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks:		
Cash and cash equivalents	\$ 1,493,090	\$ 1,863,335
U.S. government securities, U.S. treasury notes	<u>6,232,709</u>	<u>6,130,791</u>
Total	7,725,799	7,994,126
Less funds held for current liabilities	<u>1,772,584</u>	<u>1,779,033</u>
Noncurrent portion of assets held under trust indentures and capital lease purchase financing facilities	<u>\$ 5,953,215</u>	<u>\$ 6,215,093</u>

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Professional liability trust fund:		
Cash and cash equivalents	\$ 311,134	\$ 824,414
Mutual funds:		
Equity - balanced	9,006,583	9,268,424
Fixed income - multi-sector	<u>3,127,943</u>	<u>3,988,425</u>
Total	12,445,660	14,081,263
Less funds held for current liabilities	<u>2,258,544</u>	<u>1,241,937</u>
Noncurrent portion of professional liability trust fund	<u>\$ 10,187,116</u>	<u>\$ 12,839,326</u>
Deferred compensation fund:		
Mutual funds,		
Equity - growth	<u>\$ 1,473,131</u>	<u>\$ 164,057</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. In addition, under the terms of the capital lease purchase financing facilities with two commercial banks, the Corporation is required to maintain funds in escrow accounts for the purpose of funding future purchases of property and equipment.

The composition of trustee held and escrow funds at December 31, 2015 and 2014 is as follows:

	<u>2015</u>	<u>2014</u>
Debt service reserve fund	\$ 5,829,278	\$ 5,858,205
Principal and interest funds	1,896,521	2,090,230
Lease facility escrow funds	<u>-</u>	<u>45,691</u>
Total	<u>\$ 7,725,799</u>	<u>\$ 7,994,126</u>

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 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Investment income:		
Interest and dividends, net	\$ 3,641,152	\$ 3,984,179
Interest on trustee held funds	48,179	62,766
Net realized losses on sale of investments	<u>(2,766,296)</u>	<u>(231,555)</u>
Total	<u>\$ 923,035</u>	<u>\$ 3,815,390</u>
Other changes in unrestricted net assets:		
Change in net unrealized gains and losses on investments other than trading securities	<u>\$ (2,281,694)</u>	<u>\$ 1,035,338</u>

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

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Notes to Consolidated Financial Statements

December 31, 2015 and 2014

Investment income for HRMC was \$97,146 and \$825,838 in 2015 and 2014, respectively, 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 \$554,813 and \$40,206, interest on trustee held funds of \$22,502 and \$29,221, and interest and dividends, net of \$629,457 and \$836,823 in 2015 and 2014, respectively.

### **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.

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.

## Adventist HealthCare, Inc. and Controlled Entities

### Notes to Consolidated Financial Statements

December 31, 2015 and 2014

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

	Carrying Value	Fair Value	2015		
			Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<b>Reported at Fair Value</b>					
Assets:					
Cash and cash equivalents	\$ 33,030,209	\$ 33,030,209	\$ 33,030,209	\$ -	\$ -
Marketable certificates of deposit	916,322	916,322	-	916,322	-
Mutual funds:					
Fixed income - multi-sector	3,127,943	3,127,943	3,127,943	-	-
Equity - growth	1,537,557	1,537,557	1,537,557	-	-
Equity - balanced	9,006,583	9,006,583	9,006,583	-	-
CBAM Resolute Fund Ltd.	96,238	96,238	-	96,238	-
U.S. government securities:					
U.S. treasury notes	6,232,709	6,232,709	-	6,232,709	-
Mortgage backed securities	107,498,698	107,498,698	-	107,498,698	-
Corporate bonds and other debt securities:					
Other	36,756	36,756	-	36,756	-
Beneficial interest in trusts	1,373,458	1,373,458	-	-	1,373,458
	<u>\$ 162,856,473</u>	<u>\$ 162,856,473</u>	<u>\$ 46,702,292</u>	<u>\$ 114,780,723</u>	<u>\$ 1,373,458</u>
Liabilities:					
Derivative financial instruments	<u>\$ 22,275,775</u>	<u>\$ 22,275,775</u>	<u>\$ -</u>	<u>\$ 22,275,775</u>	<u>\$ -</u>

### Disclosed at Fair Value

			2015		
Cash and cash equivalents	\$ 45,638,591	\$ 45,638,591	\$ 45,638,591	\$ -	\$ -
Pledges receivable	3,451,711	3,346,687	-	-	3,346,687
Long-term debt, excluding capital leases (Note 10):					
Fixed rate revenue bonds	94,329,029	102,914,580	-	102,914,580	-
Variable rate revenue bonds	141,140,000	141,140,000	-	141,140,000	-
Note payable	24,346,297	24,346,297	-	-	24,346,297
Secured lines of credit	23,000,000	23,000,000	-	-	23,000,000



# Adventist HealthCare, Inc. and Controlled Entities

## Notes to Consolidated Financial Statements

December 31, 2015 and 2014

	2014				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<b>Reported at Fair Value</b>					
Assets:					
Cash and cash equivalents	\$ 15,483,332	\$ 15,483,332	\$ 15,483,332	\$ -	\$ -
Marketable certificates of deposit	489,531	489,531	-	489,531	-
Mutual funds:					
Fixed income - multi-sector	3,988,425	3,988,425	3,988,425	-	-
Equity - growth	204,566	204,566	204,566	-	-
Equity - balanced	9,268,424	9,268,424	9,268,424	-	-
CBAM Resolute Fund Ltd.	32,512,162	32,512,162	-	32,512,162	-
U.S. government securities:					
U.S. treasury notes	6,130,791	6,130,791	-	6,130,791	-
Mortgage backed securities	88,688,837	88,688,837	-	88,688,837	-
Corporate bonds and other debt securities:					
Other	71,285	71,285	-	71,285	-
Beneficial interest in trusts	1,567,811	1,567,811	-	-	1,567,811
	<u>\$ 158,405,164</u>	<u>\$ 158,405,164</u>	<u>\$ 28,944,747</u>	<u>\$ 127,892,606</u>	<u>\$ 1,567,811</u>
Liabilities:					
Derivative financial instruments	<u>\$ 21,507,539</u>	<u>\$ 21,507,239</u>	<u>\$ -</u>	<u>\$ 21,507,539</u>	<u>\$ -</u>

	2014				
	Carrying Value	Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<b>Disclosed at Fair Value</b>					
Cash and cash equivalents	\$ 62,058,533	\$ 62,058,533	\$ 62,058,533	\$ -	\$ -
Pledges receivable	2,263,478	2,241,660	-	-	2,241,660
Long-term debt, excluding capital leases (Note 10):					
Fixed rate revenue bonds	96,335,919	105,681,699	-	105,681,699	-
Variable rate revenue bonds	150,010,000	150,010,000	-	150,010,000	-
Note payable	28,750,000	28,750,000	-	-	28,750,000
Secured lines of credit	28,000,000	28,000,000	-	-	28,000,000

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

The following table presents the fair value measurements for beneficial interest in trusts that have unobservable inputs at December 31, 2015 and 2014:

Balance, January 1, 2014	\$ 1,713,042
Decrease in value, included in changes in temporarily restricted net assets	<u>(145,231)</u>
Balance, December 31, 2014	1,567,811
Decrease in value, included in changes in temporarily restricted net assets	<u>(194,353)</u>
Balance, December 31, 2015	<u><u>\$ 1,373,458</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>2015</u>	<u>2014</u>
Short-term investments (Note 4)	\$ 138,418,552	\$ 133,618,264
Assets whose use is limited (Note 4):		
Current portion	4,031,128	3,020,970
Under trust indentures, held by trustees	5,953,215	6,215,093
Professional liability trust fund	10,187,116	12,839,326
Deferred compensation fund	1,473,131	164,057
Investments held by foundations	1,419,873	979,643
Beneficial interest in trusts	<u>1,373,458</u>	<u>1,567,811</u>
Total	<u><u>\$ 162,856,473</u></u>	<u><u>\$ 158,405,164</u></u>

The Corporation did not have any financial assets or financial liabilities measured at fair value on a non-recurring basis.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

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, 2015 and 2014.

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.

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 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 is invested in the CBAM Resolute Fund, Ltd. ("Resolute Fund"). The fund is valued based on the net asset value per share of the fund which is based on the fair value of their underlying assets derived principally from or corroborated by observable market data by correlation or other means. In regards to the Fund, there are no unfunded purchase commitments or restrictions on the sale of the investments. In regards to redemption, the shares of the Resolute Fund can be redeemed on the last business day of each calendar month provided that written notice of redemption is provided five business days prior. Partial redemptions of the Resolute Fund must be at least \$200,000 and the Corporation cannot redeem a portion of the Resolute Fund if it would result in the Corporation holding amounts whose net asset value would be less than the minimum initial subscription amount required. There are no known existing or potential restrictions on redemption as of December 31, 2015.

## Adventist HealthCare, Inc. and Controlled Entities

### Notes to Consolidated Financial Statements

December 31, 2015 and 2014

The following represents the investment strategy of the Resolute Fund and the Corporation's investment measured at fair value at December 31:

<u>Fund</u>	<u>Investment Strategy</u>	<u>2015</u>	<u>2014</u>
CBAM Resolute Fund, Ltd	To create an alternative source of income by harnessing risk premiums in global option markets. In pursuit of this objective, the fund will employ its option income strategy which utilizes actively-managed option-based investment structures to create absolute return profiles. This market-neutral strategy is designed to have minimal correlation to underlying market returns over an extended period of time and may be applied in a range of global markets including equities (both individual stocks and baskets of stocks), commodities, interest rates, foreign currencies and other markets where options are traded. The fund may trade and invest in the underlying instruments, related instruments (e.g. futures, forwards and exchange-traded funds or notes), and long and short call options and put options on the underlying or related instruments. The fund will seek to capitalize on a combination of systemic risk premium in global option markets and yields from active cash management.	\$ 96,238	\$ 32,512,162
		<u>\$ 96,238</u>	<u>\$ 32,512,162</u>

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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### 6. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment and accumulated depreciation and amortization at December 31, 2015 and 2014 consist of the following:

	<u>2015</u>	<u>2014</u>
Land and improvements	\$ 16,711,792	\$ 16,428,548
Buildings and improvements	488,364,688	471,321,373
Office furniture and equipment	249,979,263	230,876,788
Computer software and hardware	137,582,678	122,314,968
Equipment under capital leases	<u>23,021,853</u>	<u>23,054,720</u>
Total	915,660,274	863,996,397
Less accumulated depreciation and amortization	<u>(526,883,809)</u>	<u>(488,168,772)</u>
Total	388,776,465	375,827,625
Construction in progress	<u>25,337,475</u>	<u>26,454,039</u>
	<u>\$ 414,113,940</u>	<u>\$ 402,281,664</u>

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 2015 and 2014, the Corporation incurred interest expense of approximately \$10,989,000 and \$12,274,000, respectively, of which approximately \$1,670,000 was capitalized in 2015 and \$1,351,000 in 2014. HRMC incurred interest expense of approximately \$1,314,000 in 2015 and \$1,296,000 in 2014 which is included in loss from discontinued operations in the accompanying consolidated statements of operations. There were no amounts capitalized for HRMC in 2015 and 2014. Investment earnings of approximately \$13,000 and \$17,000 were offset against capitalized interest in 2015 and 2014, respectively.

Depreciation expense, including amortization of equipment under capital leases, was \$39,287,000 in 2015 and \$37,915,712 in 2014. Depreciation expense, including amortization of equipment under capital leases, for HRMC was \$4,870,000 in 2015 and \$4,956,445 in 2014 and is included in loss from discontinued operations in the accompanying consolidated statements of operations. Accumulated amortization of equipment under capital lease as of December 31, 2015 and 2014 was \$18,188,002 and \$17,058,245, respectively.

Construction in progress as of December 31, 2015 consists primarily of major renovation and expansion projects of clinical facilities. Purchase commitments related to these and other miscellaneous projects were approximately \$3,211,000 at December 31, 2015. The cost of these projects is expected to be funded through transfers from the Corporation's related foundations and from operations.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### 7. Investments and Investments in Unconsolidated Subsidiaries

The Corporation's investments and investments in unconsolidated subsidiaries include the following at December 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Investment in healthcare entities	\$ 4,896,152	\$ 8,927,379
Investment in Premier	4,868,701	2,967,923
Investments held by foundations and other	<u>1,317,072</u>	<u>867,751</u>
Total	<u>\$ 11,081,925</u>	<u>\$ 12,763,053</u>

#### Investment in Healthcare Entities

The Corporation recognized earnings of \$1,371,874 and \$1,018,286 during 2015 and 2014, respectively, related to its ownership interest in the healthcare entities accounted for under the equity method. A brief description of these investments is presented below:

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.

Germantown Outpatient Imaging ("GOI") - This organization provides radiology and other imaging services to patients on an outpatient basis in Germantown, Maryland. Through July 31, 2015, the Corporation had a 50% ownership interest in GOI. On August 1, 2015, the Corporation purchased the remaining 50% equity interest in GOI from SGR. Thus, effective August 1, 2015, the Corporation owns 100% of GOI.

Shady Grove Medical Building, LLC ("SGMB") - SGMB is 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.

Riverside Health, Inc. ("RHI") - RHI is a Medicaid managed care organization providing health services to its members. The Corporation sold its ownership interest on August 18, 2015 and recognized a gain on the sale of \$1,664,925, which is included in investment income in the accompanying consolidated statements of operations. The Corporation had a 20% ownership interest in RHI prior to the date of sale.

Summarized financial information related to these entities is presented below:

	<u>2015</u>	<u>2014</u>
Net revenue	\$ 17,359,701	\$ 43,471,323
Revenues in excess of expenses	1,316,138	8,250,255
Total assets	30,758,798	71,086,079
Total liabilities	17,283,483	47,353,280

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **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 \$1,900,778 and \$1,882,535 during 2015 and 2014, respectively, based on the market value of the units available for exchange. In addition, the Corporation recognized earnings of \$832,617 and \$799,979 during 2015 and 2014, 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 and Other**

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.

## **8. Land Held for Healthcare Development**

### **Land - Clarksburg, Maryland**

On February 25, 2002, the Corporation purchased 209 acres of land in Clarksburg, Maryland for approximately \$20,000,000. Concurrent with this purchase, the Corporation entered into a sale agreement with an unrelated third party to be used for residential construction for the sale of 91 acres for \$16,000,000.

On December 27, 2004, the Corporation purchased an additional adjacent parcel of land in Clarksburg, Maryland for \$8,000,000. The purchase price and the related closing costs were financed under a line of credit with a commercial bank. Total costs capitalized related to the above parcels of land and improvements on this land were \$46,915,938 and \$53,235,412 at December 31, 2015 and 2014, respectively.

In May 2013, the Corporation entered into a Purchase and Sale Agreement (the "Sale Agreement") with an unrelated third party to sell 37.1 acres of the land located in Clarksburg, Maryland and 10.7 acres owned by Cabin Branch Commons, LLC ("Cabin Branch"). In June 2015, the Corporation closed on the sale of the land at a purchase price of \$28,250,000. As of December 31, 2015, the Corporation has received \$13,225,064 of the total purchase price. The additional proceeds are being held in escrow and will be received upon the completion of certain infrastructure improvements to the property, for which the Corporation and Cabin Branch are collectively responsible. No gain or loss has been recognized on the sale of the land as of December 31, 2015. The total amount of assets related to the parcel of land sold by the Corporation was \$11,973,042, net of cash proceeds received in 2015, and \$23,475,000 at December 31, 2015 and 2014, respectively.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **Land - Silver Spring, Maryland**

In July 2006, the Corporation purchased a parcel of land for purposes of building a replacement hospital for Washington Adventist Hospital. The land, which is located near the Calverton-White Oak area of Silver Spring, was purchased for approximately \$11,000,000. In December 2015, the Maryland Health Care Commission granted formal approval of the Corporation's plan to build the new facility. As of December 31, 2015 and 2014, the Corporation had total costs capitalized related to this land and land improvements of \$39,776,601 and \$35,190,353, respectively. These costs are included in land held for healthcare development in the accompanying consolidated balance sheet.

### **Land - Boyds, Maryland**

On December 29, 2008, the Corporation participated in a group purchase of 5.31 acres of property located in Boyds, Maryland. The parcel was purchased by Cabin Branch Management, LLC, a Maryland Limited Liability Company of which the Corporation is a voting member. The Corporation does not maintain control of this Limited Liability Company and, therefore, the operation of it is not included in the consolidated financial statements at December 31, 2015 and 2014. The Corporation contributed \$205,045 of the total contracted sales price of \$735,000.

### **Land - Concordia Property**

During 2011, Winchester Homes, Inc. and the Corporation created a new entity, Cabin Branch Commons, LLC ("Cabin Branch"), the purpose of which was to acquire a certain parcel of property known as the "Concordia Property", which was in default with Wells Fargo Bank (formerly known as Wachovia Bank). The Corporation paid \$2,294,169 as its initial capital contribution to Cabin Branch. Cabin Branch purchased the note from Wachovia related to the Concordia Property, foreclosed on the Concordia Parcel, and purchased the Concordia Parcel at the foreclosure sale. The Corporation then paid Cabin Branch \$500,000 for construction rights for certain active adult units on the Concordia Parcel. Total costs capitalized related to the above parcel of land were \$2,794,169 at December 31, 2015 and 2014.

### **Land - Laurel, Maryland**

In January 2014, the Corporation entered into a purchase agreement with an unrelated third party to buy land located in Laurel, Maryland for purposes of constructing an urgent care facility. On June 25, 2015, the Corporation closed on the purchase of the land for a total purchase price of \$1,906,015. The cost of the land is included in land held for healthcare development in the accompanying 2015 consolidated balance sheet.

## **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% (1.92% at December 31, 2015). There were no borrowings outstanding under this line of credit as of December 31, 2015 or 2014.



## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### 10. Long Term Obligations

Long term obligations as of December 31, 2015 and 2014 are comprised of the following:

	<u>2015</u>	<u>2014</u>
Fixed rate revenue bonds	\$ 94,329,029	\$ 96,335,919
Variable rate revenue bonds	141,140,000	150,010,000
Secured lines of credit	23,000,000	28,000,000
Note payable	24,346,297	28,750,000
Capital lease purchase financing facilities	144,289	1,886,526
Other long term liabilities	<u>13,323,657</u>	<u>14,832,925</u>
Total obligations	296,283,272	319,815,370
Less current maturities	<u>31,540,973</u>	<u>27,909,209</u>
Noncurrent portion of long term obligations, net	<u>\$ 264,742,299</u>	<u>\$ 291,906,161</u>

#### Fixed Rate Revenue Bonds

Fixed rate revenue bonds consist of the Maryland Health and Higher Educational Facilities Authority Refunding Revenue Bonds, Series 2013, Adventist HealthCare, Inc. with a par amount of \$12,844,029. Series 2011A, Adventist HealthCare, Inc. with a par amount of \$57,205,000 and the Series 2014A, Adventist HealthCare, Inc. with a par value of \$24,280,000. The Series 2013 bonds bear interest at a rate of 3.21%. The Series 2011A bear interest at fixed coupon rates ranging from 5.00% to 6.25%. The Series 2014A bonds bears interest at a fixed coupon rate of 3.56%.

Fixed rate revenue bonds consist of the following at December 31:

	<u>2015</u>	<u>2014</u>
Series 2011A, Adventist HealthCare, Inc.	\$ 57,205,000	\$ 57,205,000
Series 2013, Adventist HealthCare, Inc.	12,844,029	14,250,919
Series 2014A, Adventist HealthCare, Inc.	<u>24,280,000</u>	<u>24,880,000</u>
Total	<u>\$ 94,329,029</u>	<u>\$ 96,335,919</u>

The above bond issues are subject to trust indentures which impose various covenants on SGMC, WAH, HRMC, BH&WS, PH&R, 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, 2015 and 2014. Debt service reserve funds are required on the Series 2011A bonds.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### Variable Rate Revenue Bonds

Variable rate revenue bonds consist of the following at December 31:

	<u>2015</u>	<u>2014</u>
Maryland Health and Higher Educational Facilities Authority Revenue Bonds:		
Series 2005A, Adventist HealthCare, Inc.	\$ 78,000,000	\$ 78,000,000
Series 2011B, Adventist HealthCare, Inc.	38,155,000	46,680,000
Maryland Health and Higher Educational Facilities Authority Revenue Refunding Bonds, Series 2014B, Adventist HealthCare, Inc.	<u>24,985,000</u>	<u>25,330,000</u>
Total	<u>\$ 141,140,000</u>	<u>\$ 150,010,000</u>

The Series 2005A Bonds bear interest at a variable rate based on the SIFMA index and reset weekly. At December 31, 2015, the tax-exempt rate on the 2005A bonds was .02%. The 2004B taxable bonds referenced above bear interest at a variable rate based on the LIBOR index prior to refunding in 2014. The Corporation's Series 2005A, 2011B and 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, 2015 and 2014.

During November 2014, the 2004B bonds were redeemed and the Series 2014B bond was issued as a direct placement bond with a commercial bank and bears interest at a variable rate. The interest rate is one month LIBOR plus 2.3% (2.54% at December 31, 2015). As a result of this refunding, a loss on extinguishment of debt was recognized in 2014 for approximately \$222,000, and was comprised of the remaining unamortized deferred financing costs related to the 2004B bonds. The payment of principal and interest on the 2005A bonds, which are subject to a remarketing agreement, are secured by a separate irrevocable direct-pay letter of credit. Draws on the letter of credit are payable when the letter of credit expires (January 2017) or 366 days from the date of the draw. Letters of credit are required to be maintained for the 2005A bonds through their maturity dates.

The Series 2011B bond is a direct placement bond with a commercial bank and bears interest at a variable rate that resets after two years. In September 2015, the interest rate was reset for two years through September 2017. The interest rate for the current two year period is 67% of one month LIBOR plus a spread of 1.77%. (1.93% at December 31, 2015).

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 PH&R. 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.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **Secured Lines of Credit**

The Corporation has two secured lines of credit outstanding as follows:

- \$20,000,000 line of credit with a commercial bank that bears interest at LIBOR plus 2.00% (2.24% at December 31, 2015). The term of this loan extends through June 30, 2016. The remaining amount due is shown as a component of the current portion of long-term debt at December 31, 2015. The balance on the working capital line was \$12,500,000 and \$15,000,000 at December 31, 2015 and 2014, respectively.
- \$16,000,000 line of credit that bears interest at LIBOR plus 2.00% (2.24% at December 31, 2015) and expires on January 15, 2017. The amortization on the line extends to June 30, 2018. The balance on the line of credit was \$10,500,000 and \$13,000,000 at December 31, 2015 and 2014, respectively.

These lines of credit are secured by Master Notes issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003.

### **Notes Payable**

The Corporation had a \$20,000,000 unsecured line of credit outstanding with a commercial bank that bears interest at LIBOR plus 1.00% that expired on January 31, 2011. In February 2011, this line of credit was refinanced into a three year term loan, and bears interest at an interest rate of LIBOR plus 2.50% with a floor of 4.25% (4.25% at December 31, 2015). This loan is secured by a Master Note issued under the Amended and Restated Master Trust Indenture dated as of February 1, 2003. The note payable balance was \$-0- at December 31, 2015 and \$3,750,000 at December 31, 2014. This note was repaid in March 2015.

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% (2.7% as of December 31, 2015). The amortization on the note extends to December 18, 2034, however, the note matures on December 18, 2024. As of December 31, 2015, the outstanding balance was \$24,346,297.

### **Capital Lease Purchase Financing Facilities**

As of December 31, 2015, there was one capital lease purchase financing facility with a commercial bank. The facility was established in February 2011 for \$10,000,000, bears interest at a rate of 3.47% and has a five year repayment period. Under the terms of the agreement, the commercial bank deposited funds into escrow accounts for the purpose of funding future purchases of new or used medical or medical-related equipment. The commercial bank retains title to the equipment and is considered to be the owner; however, the Corporation is responsible for all related expenses, including but not limited to, insurance, maintenance, and taxes. The balance of this facility was \$144,289 and \$1,886,526 at December 31, 2015 and 2014, respectively.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### 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 3.40% - 6.83%.

Scheduled principal repayments of long-term obligations at December 31, 2015 are as follows:

Years ending December 31:	
2016	\$ 31,540,973
2017	17,502,674
2018	21,586,184
2019	18,969,259
2020	4,061,308
Thereafter	<u>202,622,874</u>
Total	<u>\$ 296,283,272</u>

### 11. Derivative Financial Instruments

The Corporation has two interest rate swap agreements, which are considered derivative financial instruments. The agreements were entered into in order to manage interest rate exposure. The principal objective of the swap agreements 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. Losses related to credit risk are managed by diversification among various swap counterparties and by requiring collateral from the Corporation's swap counterparties at various ratings thresholds while the Corporation has no reciprocal requirement to post collateral. The two interest rate swap agreements are reported at fair value in the consolidated balance sheets.

The interest rate swap agreement with a notional amount of \$78,000,000 was designated by the Corporation as a cash flow hedge, which qualifies it for hedge accounting treatment under accounting principles generally accepted in the United States of America. The effective portion of the change in fair value of the cash flow hedge is reported in the consolidated statements of operations and changes in net assets as an unrealized gain or loss on cash flow derivative financial instrument. The ineffective portion of the change in fair value is reported in the accompanying consolidated statements of operations as a component of interest expense.

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 \$4,200,383 in 2015 and \$4,407,064 in 2014. For 2015 and 2014, \$2,686,473 and \$2,701,077, respectively, are reported as a component of interest expense in the accompanying consolidated statements of operations. These amounts represent the net cash paid related to the swap agreement that continues to be accounted for using hedge accounting. The remaining amounts for 2015 and 2014 are reported as a component of other income (expense) 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, 2015 and 2014

At December 31, 2015 and 2014, the Corporation's derivative financial instruments and related fair values are as follows:

	<u>2015</u>	<u>2014</u>
Agreement for the notional amount of \$50,880,000 requiring the Corporation to pay a fixed interest rate of 3.457% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2021	\$ (3,066,432)	\$ (3,960,691)
Agreement for the notional amount of \$78,000,000 requiring the Corporation to pay a fixed interest rate of 3.567% while receiving variable interest rates based upon 67% of LIBOR, maturing January 2035 and qualifying for cash flow hedge accounting treatment	<u>(19,209,343)</u>	<u>(17,546,848)</u>
Total	<u>\$ (22,275,775)</u>	<u>\$ (21,507,539)</u>

The fair value of the interest rate swap agreements 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. To the extent that the interest rate swaps qualifying for cash flow hedge accounting treatment are effective in converting the variable interest rate to a fixed rate, the unrealized gain or loss on the derivative financial instruments is excluded from revenues in excess of expenses from continuing operations. Gains or losses resulting from hedge ineffectiveness are recognized in revenues in excess of expenses from continuing operations. Gains of \$0 and \$94,622 were recognized as of December 31, 2015 and 2014, respectively as a result of hedge ineffectiveness. Gains or losses resulting from interest rate swap agreements not qualifying for cash flow hedge accounting treatment are entirely recognized as a component of revenues in excess of expenses from continuing operations. The impact of swaps not qualifying for hedge accounting treatment on the consolidated statements of operations were gains of \$909,937 in 2015 and \$803,817 in 2014.

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 gain of \$472,023 which is included in unrestricted net assets in the consolidated balance sheets. This gain is being amortized over the remaining term of the 2005A Series Bonds, or through January 2035. As of December 31, 2015 and 2014, accumulated amortization of \$125,873 and \$107,891, respectively, is included in other changes in net assets and interest expense in the consolidated statements of operations and changes in net assets.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### 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 \$22,130,309 in 2015 and \$17,620,242 in 2014. Rental expense for operating leases of HRMC was \$2,103,863 in 2015 and \$2,181,328 in 2014 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:	
2016	\$ 17,577,232
2017	16,704,326
2018	15,769,516
2019	15,037,984
2020	14,985,160
Thereafter	<u>80,406,390</u>
Total	<u>\$ 160,480,608</u>

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 \$4,536,740 in 2015 and \$4,536,895 in 2014, 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:	
2016	\$ 4,095,759
2017	3,383,360
2018	2,688,216
2019	2,093,114
2020	1,779,820
Thereafter	<u>5,809,380</u>
Total	<u>\$ 19,849,649</u>

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **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 \$8,657,979 in 2015 and \$7,555,312 in 2014. Retirement plan expense for HRMC was \$786,073 in 2015 and \$646,853 in 2014 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. During 2015, the Corporation recorded \$496,857 of expense and a plan liability adjustment of \$1,575,015, which was recognized in other changes in net assets in the consolidated statement of changes in net assets. At December 31, 2015, the Corporation's liability for the SERP plan was \$2,071,872, which is included in other liabilities in the consolidated balance sheet.

#### **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 employee 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 \$1,712,760 in 2015 and the Corporation's liability for the 457(F) plan at December 31, 2015 was \$1,473,131, which is included in other liabilities in the consolidated balance sheet.

#### **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. Beginning January 1, 2005, HRMC maintained its own self-insurance program for employee health care coverage.

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

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Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

### **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 \$3,671,485 in 2015 and \$5,462,878 in 2014.

### **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 \$2,000,000 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, 2015, management determined that the fully-funded professional liability reserve reported at December 31, 2015 and 2014 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 \$12,291,581 and \$11,626,223 at December 31, 2015 and 2014, respectively. The discount rate used in determining these liabilities was 2.5% at both December 31, 2015 and 2014.



## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements  
December 31, 2015 and 2014

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.

### 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, 2015 and 2014, concentrations of gross receivables from third-party payors and others are as follows:

	<u>2015</u>	<u>2014</u>
Medicare	27 %	20 %
Medicaid	8	13
Other third party payers	51	44
Self-pay and others	<u>14</u>	<u>23</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>2015</u>	<u>2014</u>
Medicare	31 %	31 %
Medicaid	10	9
Other third party payers	53	54
Self-pay and others	<u>6</u>	<u>6</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.

## Adventist HealthCare, Inc. and Controlled Entities

Notes to Consolidated Financial Statements

December 31, 2015 and 2014

### 17. Functional Expenses

A summary of the Corporation's operating expenses by function for the years ended December 31 is as follows:

	<u>2015</u>	<u>2014</u>
Hospital acute and ambulatory services	\$ 541,212,738	\$ 531,992,119
Home care services	17,803,358	15,292,795
Other health care services	157,386,630	126,102,183
Other, including general and administrative	8,598,175	8,724,286
Fundraising	885,301	830,121
Total	<u>\$ 725,886,202</u>	<u>\$ 682,941,504</u>

The Corporation also incurred hospital acute services expense related to HRMC that were included in loss from discontinued operations in the consolidated statements of operations. HRMC hospital acute services expenses were \$92,885,048 in 2015 and \$90,387,497 in 2014.

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

 Consolidating Schedule, Balance Sheet  
 December 31, 2015

	Shady Grove Medical Center	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health & Wellness Services	Adventist Physical Health & Rehabilitation	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Outpatient Services	Clinical Integration Services, Inc.	Other Health Services	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
<b>Assets</b>																
Cash and cash equivalents	\$ 128,869,140	\$ (3,152,260)	\$ 27,964,645	\$ (4,567,511)	\$ 12,485,079	\$ (33,117,955)	\$ -	\$ 128,481,138	\$ (932,018)	\$ 4,734,852	(19,131,169)	\$ (69,522,489)	\$ 161,895	\$ 1,846,382	\$ -	\$ 45,638,591
Short term investments	-	-	-	-	-	138,418,552	-	138,418,552	-	-	-	-	-	-	-	138,418,552
Assets whose use is limited	-	-	-	-	-	4,031,128	-	4,031,128	-	-	-	-	-	-	-	4,031,128
Patient accounts receivable, net of estimated allowance for doubtful collections of \$25,654,000 in 2015	44,412,913	25,228,928	11,467,545	5,217,482	4,148,863	561,316	-	91,037,047	-	2,308,683	4,682,016	4,072,872	(4)	-	-	102,100,614
Other receivables, net of estimated allowance for doubtful collections of \$2,110,000	3,253,293	4,987,390	719,026	944,002	62,040	2,503,847	(338,273)	12,131,325	1,720,686	(8,407)	475,733	30	716,332	986,408	-	16,022,107
Due from third party payors	-	-	-	1,312,324	693,718	-	(2,006,042)	-	-	-	-	-	-	-	-	-
Inventories	4,934,167	3,676,867	1,861,624	90,779	89,101	-	-	10,652,538	-	-	-	-	128,002	-	-	10,780,540
Prepaid expenses and other current assets	580,951	732,628	445,806	117,725	65,537	3,907,460	-	5,850,107	-	52,175	256,205	66,818	130,534	2,934	-	6,359,773
<b>Total current assets</b>	<b>182,050,464</b>	<b>31,473,553</b>	<b>42,458,646</b>	<b>3,114,801</b>	<b>17,544,338</b>	<b>116,304,348</b>	<b>(2,344,315)</b>	<b>390,601,835</b>	<b>788,668</b>	<b>7,087,303</b>	<b>(13,717,215)</b>	<b>(65,382,769)</b>	<b>1,136,759</b>	<b>2,835,724</b>	<b>-</b>	<b>323,350,305</b>
Property and Equipment, Net	185,541,854	36,415,669	38,683,898	11,994,728	9,938,466	120,238,378	-	402,812,993	1,757,938	394,331	7,027,683	1,837,062	283,933	-	-	414,113,940
<b>Assets Whose Use is Limited</b>																
Under trust indenture and capital lease purchase financing facilities, held by trustees and banks	840,381	864,244	2,777,924	490,222	443,534	536,910	-	5,953,215	-	-	-	-	-	-	-	5,953,215
Professional liability trust fund	-	-	-	-	-	10,187,116	-	10,187,116	-	-	-	-	-	-	-	10,187,116
Deferred compensation fund	-	-	-	-	-	1,473,131	-	1,473,131	-	-	-	-	-	-	-	1,473,131
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	331,236	-	1,520,124	-	23,377	-	-	1,874,737	567,418	-	-	-	-	691,537	-	3,133,692
Investments and Investments in Unconsolidated Subsidiaries	1,129,890	-	1,563,794	-	-	7,071,169	-	9,764,853	-	-	-	-	-	1,317,072	-	11,081,925
Land Held for Healthcare Development	-	28,805,827	-	-	-	60,885,926	-	89,691,753	-	-	1,906,015	-	-	-	-	91,597,768
Deferred Financing Costs, Net	637,044	369,252	406,455	72,479	60,399	663,452	-	2,209,081	-	-	(2,519)	-	-	-	-	2,206,562
Intangible Assets, Net	1,222,571	-	867,660	1,650,656	909,915	28,184	-	4,678,986	-	166,304	5,291,754	-	63,244	-	-	10,200,288
Deposits and Other Noncurrent Assets	2,556,198	31,351	2,807,837	26,674	32,000	1,047,861	-	6,501,921	5,054	30,828	78,594	6,889	32,754	2,005,701	-	8,661,741
<b>Total assets</b>	<b>\$ 374,309,638</b>	<b>\$ 97,959,896</b>	<b>\$ 91,086,338</b>	<b>\$ 17,349,560</b>	<b>\$ 28,952,029</b>	<b>\$ 318,436,475</b>	<b>\$ (2,344,315)</b>	<b>\$ 925,749,621</b>	<b>\$ 3,119,078</b>	<b>\$ 7,678,766</b>	<b>\$ 584,312</b>	<b>\$ (63,538,818)</b>	<b>\$ 1,516,690</b>	<b>\$ 6,850,034</b>	<b>\$ -</b>	<b>\$ 881,959,683</b>

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

Consolidating Schedule, Balance Sheet  
December 31, 2015

	Shady Grove Medical Center	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health & Wellness Services	Adventist Physical Health & Rehabilitation	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Outpatient Services	Clinical Integration Services, Inc.	Other Health Services	Adventist HealthCare, Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
<b>Liabilities and Net Assets</b>																
<b>Current Liabilities</b>																
Accounts payable and accrued expenses	\$ 24,740,589	\$ 18,206,949	\$ 5,858,082	\$ 2,305,292	\$ 934,631	\$ 23,896,656	\$ -	\$ 75,942,199	\$ 288,735	\$ 824,738	4,762,435	\$ 2,483,959	\$ 722,886	\$ 23,743	\$ -	\$ 85,048,695
Accrued compensation and related items	10,400,236	7,714,254	2,369,035	1,734,245	2,083,044	6,279,513	(338,273)	30,242,054	463,906	1,313,963	190,566	764,485	183,949	-	-	33,158,923
Interest payable	-	-	-	-	-	2,331,260	-	2,331,260	-	-	-	-	-	-	-	2,331,260
Due to third party payors	13,296,133	8,001,574	741,685	127,308	-	-	(2,006,042)	20,160,658	-	-	-	-	-	-	-	20,160,658
Estimated self-insured professional liability	-	-	-	-	-	2,258,544	-	2,258,544	-	-	-	-	-	-	-	2,258,544
Current maturities of long-term obligations	9,117,320	4,292,442	-	-	-	18,131,211	-	31,540,973	-	-	-	-	-	-	-	31,540,973
<b>Total Current Liabilities</b>	<b>57,554,278</b>	<b>38,215,219</b>	<b>8,968,802</b>	<b>4,166,845</b>	<b>3,017,675</b>	<b>52,897,184</b>	<b>(2,344,315)</b>	<b>162,475,688</b>	<b>752,641</b>	<b>2,138,701</b>	<b>4,953,001</b>	<b>3,248,444</b>	<b>906,835</b>	<b>23,743</b>	<b>-</b>	<b>174,499,053</b>
<b>Construction Payable</b>	<b>-</b>	<b>-</b>	<b>50,410</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>50,410</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>50,410</b>
<b>Long-Term Obligations, Net</b>																
Bonds payable	-	11,384,967	-	-	-	214,754,998	-	226,139,965	-	-	-	-	-	-	-	226,139,965
Notes payable	7,000,000	-	-	-	-	23,613,911	-	30,613,911	-	-	-	-	-	-	-	30,613,911
Capital lease obligation	1,395,095	-	-	-	-	6,536,774	-	7,931,869	-	-	56,554	-	-	-	-	7,988,423
Internal debt	113,455,522	55,051,935	32,229,053	5,809,634	4,347,854	(210,893,998)	-	-	-	-	-	-	-	-	-	-
<b>Derivative Financial Instruments</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>22,275,775</b>	<b>-</b>	<b>22,275,775</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>22,275,775</b>
<b>Other Liabilities</b>	<b>3,182,392</b>	<b>1,158,698</b>	<b>901,530</b>	<b>-</b>	<b>154,265</b>	<b>7,786,691</b>	<b>-</b>	<b>13,183,576</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>59,575</b>	<b>-</b>	<b>13,243,151</b>
<b>Estimated Self Insured Professional Liability</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,033,037</b>	<b>-</b>	<b>10,033,037</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,033,037</b>
<b>Total liabilities</b>	<b>182,587,287</b>	<b>105,810,819</b>	<b>42,149,795</b>	<b>9,976,479</b>	<b>7,519,794</b>	<b>127,004,372</b>	<b>(2,344,315)</b>	<b>472,704,231</b>	<b>752,641</b>	<b>2,138,701</b>	<b>5,009,555</b>	<b>3,248,444</b>	<b>906,835</b>	<b>83,318</b>	<b>-</b>	<b>484,843,725</b>
<b>Net Assets (Deficit)</b>																
Unrestricted	191,395,971	(8,399,503)	47,486,230	7,373,081	21,664,173	191,510,297	-	451,030,249	1,983,806	5,540,065	(4,425,243)	(66,787,262)	609,855	1,828,627	-	389,780,097
Temporarily restricted	326,380	548,580	1,450,313	-	(231,938)	(78,194)	-	2,015,141	41,210	-	-	-	-	4,528,089	-	6,584,440
Permanently restricted	-	-	-	-	-	-	-	-	341,421	-	-	-	-	410,000	-	751,421
<b>Total net assets (deficit)</b>	<b>191,722,351</b>	<b>(7,850,923)</b>	<b>48,936,543</b>	<b>7,373,081</b>	<b>21,432,235</b>	<b>191,432,103</b>	<b>-</b>	<b>453,045,390</b>	<b>2,366,437</b>	<b>5,540,065</b>	<b>(4,425,243)</b>	<b>(66,787,262)</b>	<b>609,855</b>	<b>6,766,716</b>	<b>-</b>	<b>397,115,958</b>
<b>Total liabilities and net asset</b>	<b>\$ 374,309,638</b>	<b>\$ 97,959,896</b>	<b>\$ 91,086,338</b>	<b>\$ 17,349,560</b>	<b>\$ 28,952,029</b>	<b>\$ 318,436,475</b>	<b>\$ (2,344,315)</b>	<b>\$ 925,749,621</b>	<b>\$ 3,119,078</b>	<b>\$ 7,678,766</b>	<b>\$ 584,312</b>	<b>\$ (63,538,818)</b>	<b>\$ 1,516,690</b>	<b>\$ 6,850,034</b>	<b>\$ -</b>	<b>\$ 881,959,683</b>

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

 Consolidating Schedule, Statement of Operations  
 Year Ended December 31, 2015

	Shady Grove Medical Center	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health & Wellness Services	Adventist Physical Health & Rehabilitation	Support Center	Eliminating Entries	Total Combined Obligated Group	Lourie Center	Adventist Home Care Services	Outpatient Services	Clinical Integration Services, Inc.	Other Health Services	Adventist HealthCare Inc. Foundations	Eliminating Entries	Consolidated Adventist HealthCare, Inc.
<b>Unrestricted Revenues</b>																
Net patient service revenue	\$ 359,864,907	\$ 234,212,948	\$ 88,604,596	\$ 39,581,688	\$ 41,349,120	\$ 4,646,246	\$ (88,792,424)	\$ 679,467,081	\$ 748,842	\$ 18,739,587	9,633,409	\$ 30,671,822	48,655	\$ -	\$ -	\$ 739,309,396
Provision for doubtful collections	(15,042,527)	(11,790,785)	(3,622,660)	(2,051,815)	(1,410,967)	(33,871)	3,622,660	(30,329,965)	(153,510)	(112,579)	(25,281)	(3,032,000)	(224,717)	-	-	(33,878,052)
Net patient service revenue less provision for doubtful collections	344,822,380	222,422,163	84,981,936	37,529,873	39,938,153	4,612,375	(85,169,764)	649,137,116	595,332	18,627,008	9,608,128	27,639,822	(176,062)	-	-	705,431,344
Other revenue	8,094,550	5,182,702	5,626,392	7,274,887	2,605,385	6,520,732	(8,739,320)	26,565,328	9,073,864	43,129	880,038	130,235	7,438,990	2,073,814	(5,081,272)	41,124,126
Total unrestricted revenues	352,916,930	227,604,865	90,608,328	44,804,760	42,543,538	11,133,107	(93,909,084)	675,702,444	9,669,196	18,670,137	10,488,166	27,770,057	7,262,928	2,073,814	(5,081,272)	746,555,470
<b>Operating Expenses</b>																
Salaries and wages	121,401,216	83,364,311	38,479,759	23,066,573	23,230,553	18,312,806	(38,479,759)	269,375,459	4,965,652	11,714,851	6,439,503	27,484,902	2,238,118	-	-	322,218,485
Employee benefits	26,497,269	17,799,970	9,645,201	5,418,669	4,892,163	4,029,191	(9,645,201)	58,637,262	1,130,045	2,352,110	1,344,604	984,166	451,810	-	-	64,899,997
Contract labor	14,760,278	14,086,082	2,646,755	1,869,365	1,201,357	(532,474)	(2,962,249)	31,069,114	593,409	616,722	683,151	2,002,745	1,043,909	-	-	36,009,050
Medical supplies	52,807,840	38,563,165	14,030,487	1,765,659	1,411,912	12,614	(14,109,880)	94,481,797	69,135	278,173	520,779	2,398,464	1,006,067	-	(340)	98,754,075
General and administrative	36,445,346	27,270,391	8,510,520	3,842,923	3,460,589	36,606,912	(9,495,469)	106,641,212	1,847,180	906,208	2,151,209	9,380,006	1,264,575	2,167,139	(12,258,266)	112,099,263
Building and maintenance	24,558,487	9,433,830	5,496,961	3,315,485	1,718,233	842,487	(7,417,881)	37,947,602	325,937	663,645	2,742,687	446,873	537,182	-	(231,281)	42,432,645
Insurance	2,224,189	1,586,349	459,232	185,460	101,503	(11,442)	(459,232)	4,086,059	9,753	84,995	268,847	830,888	5,688	-	-	5,286,230
Interest	5,309,961	1,999,994	1,314,227	245,907	197,409	1,565,558	(1,314,227)	9,318,829	-	-	-	-	-	-	-	9,318,829
Depreciation and amortization	14,855,774	4,767,695	4,893,291	1,117,989	776,321	12,226,288	(4,893,291)	33,744,067	136,956	121,066	440,470	348,589	76,480	-	-	34,867,628
IT depreciation	5,326,851	3,525,135	1,529,793	681,334	485,132	(11,599,991)	(1,529,793)	(1,581,539)	-	35,253	-	-	16,493	-	1,529,793	-
Allocation: IT services	16,118,373	10,340,098	3,554,049	1,536,200	1,721,428	(33,850,244)	(3,554,049)	(4,134,145)	-	467,473	-	-	112,623	-	3,554,049	-
AHC management fees	7,561,429	5,218,626	2,324,773	1,410,861	1,202,706	(18,981,930)	(2,324,773)	(3,588,308)	165,493	585,889	24,388	357,027	130,738	-	2,324,773	-
Total expenses	327,867,013	217,955,646	92,885,048	44,456,425	40,399,306	8,619,775	(96,185,804)	635,997,409	9,243,560	17,826,385	14,615,638	44,233,660	6,883,683	2,167,139	(5,081,272)	725,886,202
Income (loss) from operations	25,049,917	9,649,219	(2,276,720)	348,335	2,144,232	2,513,332	2,276,720	39,705,035	425,636	843,752	(4,127,472)	(16,463,603)	379,245	(93,325)	-	20,669,268
<b>Other Income (Expense)</b>																
Investment income (loss)	(227,403)	(747,366)	97,146	(43,906)	1,228	1,837,483	(97,146)	820,036	3,189	2,664	-	-	-	37,709	-	863,598
Other income (expense)	(741,033)	(468,715)	(688,151)	(34,830)	(25,010)	862,793	688,151	(406,795)	-	-	-	-	-	-	-	(406,795)
Total other income (expense)	(968,436)	(1,216,081)	(591,005)	(78,736)	(23,782)	2,700,276	591,005	413,241	3,189	2,664	-	-	-	37,709	-	456,803
Revenue and gains in excess of (less than) expenses from continuing operations	24,081,481	8,433,138	(2,867,725)	269,599	2,120,450	5,213,608	2,867,725	40,118,276	428,825	846,416	(4,127,472)	(16,463,603)	379,245	(55,616)	-	21,126,071
Change in net unrealized gains and losses on investments other than trading securities	(783,672)	(2,044)	(232,025)	(1,277)	(51,416)	(1,171,988)	-	(2,242,422)	(649)	(23,908)	-	-	-	(14,715)	-	(2,281,694)
Change in net unrealized loss on derivative financial instrument	-	-	-	-	-	(1,644,513)	-	(1,644,513)	-	-	-	-	-	-	-	(1,644,513)
Transfer from (to) unconsolidated subsidiary	-	-	(1,527,200)	-	-	1,527,200	-	-	-	-	-	-	-	-	-	-
Deferred compensation adjustment	-	-	-	-	-	(1,575,015)	-	(1,575,015)	-	-	-	-	-	-	-	(1,575,015)
Net assets released from restriction for purchase of property and equipment	253,970	605,556	-	-	62,740	-	-	922,266	-	-	-	-	-	-	-	922,266
Other unrestricted net asset activity	18	2	(364,331)	11	-	(179,865)	-	(544,165)	6	-	(248,860)	143,557	5	-	-	(649,457)
Increase (decrease) in unrestricted net assets from continuing operations	23,551,797	9,036,652	(4,991,281)	268,333	2,131,774	2,169,427	2,867,725	35,034,427	428,182	822,508	(4,376,332)	(16,320,046)	379,250	(70,331)	-	15,897,658
Loss from discontinued operations	-	-	-	-	-	-	(2,867,725)	(2,867,725)	-	-	-	-	-	-	-	(2,867,725)
Increase (decrease) in unrestricted net assets	\$ 23,551,797	\$ 9,036,652	\$ (4,991,281)	\$ 268,333	\$ 2,131,774	\$ 2,169,427	\$ -	\$ 32,166,702	\$ 428,182	\$ 822,508	\$ (4,376,332)	\$ (16,320,046)	\$ 379,250	\$ (70,331)	\$ -	\$ 13,029,933

**Adventist HealthCare, Inc. - Foundations**

 Combining Schedule, Balance Sheet  
 December 31, 2015

	Shady Grove Medical Center Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Community Hospital Foundation, Inc.	Adventist Behavioral Health & Wellness Services Foundation, Inc.	Eliminating Entries	Combined Adventist HealthCare, Inc. Foundations
<b>Assets</b>						
<b>Current Assets</b>						
Cash and cash equivalents	\$ 663,036	\$ 872,493	\$ 161,589	\$ 149,264	\$ -	\$ 1,846,382
Current portion pledges receivable, less allowance for doubtful pledges of \$71,000	711,523	221,268	27,506	15,030	-	975,327
Other receivables	-	1,319	9,762	-	-	11,081
Prepaid expenses and other current assets	-	-	2,934	-	-	2,934
Total current assets	1,374,559	1,095,080	201,791	164,294	-	2,835,724
<b>Cash and Cash Equivalents Held for Capital Acquisitions</b>	-	495,786	-	195,751	-	691,537
<b>Investments</b>	884,564	5,717	426,791	-	-	1,317,072
<b>Beneficial Interest in Trusts</b>	102,801	722,923	-	-	-	825,724
<b>Noncurrent Portion of Pledges Receivable</b>	995,211	184,766	-	-	-	1,179,977
Total assets	<u>\$ 3,357,135</u>	<u>\$ 2,504,272</u>	<u>\$ 628,582</u>	<u>\$ 360,045</u>	<u>\$ -</u>	<u>\$ 6,850,034</u>
<b>Liabilities and Net Assets</b>						
<b>Current Liabilities</b>						
Accounts payable and accrued expenses	\$ 13,678	\$ -	\$ 10,065	\$ -	\$ -	\$ 23,743
<b>Liability to Charitable Gift Annuitants</b>	59,575	-	-	-	-	59,575
Total liabilities	73,253	-	10,065	-	-	83,318
<b>Net Assets</b>						
Unrestricted	1,549,361	93,370	84,714	101,182	-	1,828,627
Temporarily restricted	1,734,521	2,410,902	123,803	258,863	-	4,528,089
Permanently restricted	-	-	410,000	-	-	410,000
Total net assets	3,283,882	2,504,272	618,517	360,045	-	6,766,716
Total liabilities and net assets	<u>\$ 3,357,135</u>	<u>\$ 2,504,272</u>	<u>\$ 628,582</u>	<u>\$ 360,045</u>	<u>\$ -</u>	<u>\$ 6,850,034</u>

**Adventist HealthCare, Inc. - Foundations**

 Combining Schedule, Statement of Operations  
 Year Ended December 31, 2015

	Shady Grove Medical Center Foundation, Inc.	Washington Adventist Hospital Foundation, Inc.	Hackettstown Community Hospital Foundation, Inc.	Adventist Behavioral Health & Wellness Services Foundation, Inc.	Eliminating Entries	Combined Adventist HealthCare, Inc. Foundations
<b>Changes in Unrestricted Net Assets</b>						
<b>Unrestricted Revenues, Gains, And Other Support</b>						
Contributions, net	\$ 274,615	\$ 251,044	\$ 62,179	\$ 38,529	\$ -	\$ 626,367
Investment income	37,293	-	135	281	-	37,709
Net assets released from restrictions	528,794	553,660	359,831	5,162	-	1,447,447
Total unrestricted revenues, gains, and other support	<u>840,702</u>	<u>804,704</u>	<u>422,145</u>	<u>43,972</u>	<u>-</u>	<u>2,111,523</u>
<b>Expenses</b>						
General administrative expenses	189,936	204,704	124,577	7	-	519,224
In-kind gifts expended	161,498	204,574	-	-	-	366,072
Total expenses before transfers to the hospitals	351,434	409,278	124,577	7	-	885,296
Transfers to (from) the hospitals	440,952	576,171	259,565	5,155	-	1,281,843
Total expenses	<u>792,386</u>	<u>985,449</u>	<u>384,142</u>	<u>5,162</u>	<u>-</u>	<u>2,167,139</u>
Revenues in excess of (less than) expenses	48,316	(180,745)	38,003	38,810	-	(55,616)
Change in net unrealized gains on investments other than trading securities	<u>(14,715)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(14,715)</u>
Increase (decrease) in unrestricted net assets	33,601	(180,745)	38,003	38,810	-	(70,331)
Unrestricted net assets, beginning	1,515,760	274,115	46,711	62,372	-	1,898,958
Unrestricted net assets, ending	<u>\$ 1,549,361</u>	<u>\$ 93,370</u>	<u>\$ 84,714</u>	<u>\$ 101,182</u>	<u>\$ -</u>	<u>\$ 1,828,627</u>
<b>Changes in Temporarily Restricted Net Assets</b>						
Contributions, net	\$ 1,072,514	\$ 1,036,371	\$ 356,111	\$ 42,989	\$ -	\$ 2,507,985
Net assets released from restrictions	(528,794)	(553,660)	(359,831)	(5,162)	-	(1,447,447)
Change in value of beneficial interest in trusts	-	(82,491)	-	-	-	(82,491)
Change in discount of pledges receivable and provision for doubtful pledges	(109,987)	(12,006)	-	-	-	(121,993)
Investment income and unrealized gain on investments	-	-	1,748	-	-	1,748
(Decrease) increase in temporarily restricted net assets	433,733	388,214	(1,972)	37,827	-	857,802
Temporarily restricted net assets, beginning	1,300,788	2,022,688	125,775	221,036	-	3,670,287
Temporarily restricted net assets, ending	<u>\$ 1,734,521</u>	<u>\$ 2,410,902</u>	<u>\$ 123,803</u>	<u>\$ 258,863</u>	<u>\$ -</u>	<u>\$ 4,528,089</u>
<b>Changes in Permanently Restricted Net Assets</b>						
Contributions, net	\$ -	\$ -	\$ 410,000	\$ -	\$ -	\$ 410,000
Increase in permanently restricted net assets	-	-	410,000	-	-	410,000
Permanently restricted net assets, beginning	-	-	-	-	-	-
Permanently restricted net assets, ending	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 410,000</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 410,000</u>