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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☒ Amended return

☐ Application pending

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

C Name of organization

ADVENTIST HEALTHCARE INC

Doing Business As

SEE SCHEDULE O

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

1801 RESEARCH BOULEVARD

Room/suite

City or town, state or country, and ZIP + 4

ROCKVILLE, MD 20850

D Employer identification number

52-1532556

E Telephone number

(301) 315-3030

G Gross receipts

\$ 623,524,705

F Name and address of Principal Officer

WILLIAM G ROBERTSON

1801 RESEARCH BLVD SUITE 400

ROCKVILLE, MD 20850

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

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group Exemption Number

1071

I Tax-exempt status

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

J Web site:

WWW.ADVENTISTHEALTHCARE.COM

K Type of organization

☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation

1983

M State of legal domicile

MD

Part I Summary			
Activities & Governance	1	Briefly describe the organization’s mission or most significant activities WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5	Total number of employees (Part V, line 2a)	5 8,196
	6	Total number of volunteers (estimate if necessary)	6 1,491
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 597,527
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 16,519,516 Current Year 3,493,730
	9	Program service revenue (Part VIII, line 2g)	566,078,466 608,387,968
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,995,307 6,085,172
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,423,718 1,916,066
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	593,017,007 619,882,936
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,267,716 1,700,275
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	269,280,584 283,329,591
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 2,186,549)	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	303,332,347 313,555,169
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	573,880,647 598,585,035
	19	Revenue less expenses Subtract line 18 from line 12	19,136,360 21,297,901
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 685,522,938 End of Year 659,244,478
	21	Total liabilities (Part X, line 26)	510,422,337 510,249,202
	22	Net assets or fund balances Subtract line 21 from line 20	175,100,601 148,995,276

Part II Signature Block

Please Sign Here

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

Signature of officer

2010-03-25

Type or print name and title

JAMES G LEE SENIOR VICE PRESIDENT AND CFO

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Part III

Statement of Program Service Accomplishments (See the instructions.)

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?

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

Yes

No

3

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

If "Yes," describe these changes on Schedule O

Yes

No

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 390,113,250 including grants of \$ 1,669,775) (Revenue \$ 533,995,382)
<p>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 As a locally based, non-profit organization, in Rockville, Maryland, we are dedicated to the general good health of the community in which we are invested Our primary service areas are the Washington, D C metropolitan area and northwestern New Jersey Compassion is reflected in our mission and our organization consistently provides high levels of charity and uncompensated care In 2008, we provided \$68 million - or 11.0% of revenue, in charity and other forms of uncompensated care, one of the highest levels offered by any hospital or system in Maryland 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 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 and Wellness 4 Eliminate Health Disparities 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 Washington Adventist and Shady Grove Adventist hospitals ensure that we continue to provide the latest diagnostic and treatment services that are delivered with compassion and a deep understanding of the unique demands of cancer Both inpatient and outpatient services are available to accommodate a range of patient needs and preferences We care for the whole patient by offering educational programs and special services such as nutrition counseling, stress management, fitness programs, support groups and smoking cessation programs, as well as the American Cancer Society programs, "Reach to Recovery" and "Look Good, Feel Better " 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 Cardiovascular Institute at Washington Adventist Hospital 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 Hospital provide substantial cardiac surgery and PCI procedures, including serving as a site for cardiac research, 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 The CardioVascular Institute also houses the Center for Cardiac & Vascular Research which is dedicated to the pursuit of advances that improve the quality of life for patients coping with cardiovascular disease Adventist HealthCare has recently upgraded our three hospital emergency departments (ED) to improve services for the thousand of patients who visit these emergency rooms each year The most recent addition to this system was the Shady Grove Adventist Emergency Center at Germantown (GEC), a highly successful alternative outpatient facility that has more than exceeded expectations since it opened in 2006 Conceived initially as a way of relieving the extraordinary pressure on the Shady Grove Adventist Hospital ED, the GEC has solidified its presence by responding to the needs of more than 33,000 Montgomery County residents in 2008 A renovation to upgrade the ED at Washington Adventist Hospital last year has also helped ease the strain on emergency rooms across the county and shortened waiting room times and improved care to our patients Montgomery County's only sexual abuse and assault center is also located at Shady Grove Adventist Hospital Expand Health Services/Increase Access to Care For some families, an illness may mean a difficult choice between paying for a visit to the doctor or the electric bill Proximity of health care facilities and the availability of transportation are factors that may prevent people from receiving basic care In response, Adventist HealthCare has partnered with several organizations in order to bring free services to communities in need with a special focus on women and children Adventist HealthCare is dedicated to programs that help build healthy families and communities Ensuring maternal and infant health is a major public health goal, and yet there are significant disparities that exist at the beginning of life In response, Shady Grove Adventist Hospital and Washington Adventist Hospital are active participants in Montgomery County's Maternity Partnership Program, which provides prenatal care and maternity services to low-income, uninsured pregnant women In 2008, access to health care services for upcounty residents expanded further with the opening of Shady Grove's Prenatal Center in Germantown This clinic provides free prenatal care to about 200 county residents each year who are uninsured or under insured The partnership of Washington Adventist Hospital with Mary's Center for Maternal and Child Care at its new primary care center in the Long Branch area of Montgomery County also demonstrates how improved access to family medical care leads to healthy families and safer communities Our partnerships with MobileMed, Mary's Center in Silver Spring, the Mercy Health Clinic in Gaithersburg and others have helped to establish clinics for low-income, uninsured individuals In two years, these clinics have served as a vital health safety net to provide important primary and preventive health services to about 20,000 men, women and children in need We provide the volunteers, space and community outreach necessary to support the work of MobileMed's three mobile vans and 20 clinics, which serve people in Bethesda, Gaithersburg, Potomac, Rockville and Silver Spring MobileMed fills the health care needs of communities that need them, bringing those services directly to them Adventist HealthCare is also seeking to fill the health care needs of the underserved and rapidly growing communities located in upper Montgomery County and lower Fredenck County, Maryland Our proposed Clarksburg Community Hospital (CCH) will be a new, acute care general hospital that will provide general medical/surgical, intensive /critical care and pediatric services in a state-of-the-art hospital facility This new five-story, 86-bed hospital will optimize and complement current health services located in that area In addition, our commitment to charity care and the development of programs and services to meet the needs of uninsured and under-served individuals will continue at CCH In the East County area of Montgomery County, Adventist HealthCare is actively seeking to relocate Washington Adventist Hospital to the White Oak/Calverton area The combined relocation of the hospital and reuse of the Takoma Park campus for health care and community services is part of Washington Adventist Hospital's Vision for Expanded Access (www expandedhealthaccess com), a multi-part initiative designed to improve the hospital's ability to meet the needs of the community The new hospital will have private rooms, state-of-the-art equipment and technology and more space for clinical services, including cardiac care, emergency medicine, oncology services, behavioral health care and other medical services Promote Health and Wellness We are proud to provide health services to tens of thousands of our community members each year We spend more than \$1 million on health and wellness programs including free childhood immunizations, free and low-cost screening mammograms, free prostate cancer screenings, colon cancer education and outreach program, flu shots, and health education classes on topics from exercise and stress reduction to CPR training and smoking cessation Our simple goal is to help to improve the health status of the communities we serve Of special note are the following Health & Wellness programs of Adventist HealthCare Cardiac and Vascular Disease Adven</p>	

4b	(Code) (Expenses \$ 40,247,375 including grants of \$ 26,500) (Revenue \$ 23,691,113)
<p>Shared Services Adventist HealthCare, a not-for-profit integrated health services system in Rockville, Md , seeks to contribute value to the community by promoting health and wellness and by providing patients with easy access to quality health services in the most appropriate and affordable setting In some cases, the most appropriate setting for optimum health care may be a patient's own home or in a specialized, non-acute care facility In other cases, perhaps there simply is no affordable situation for a patient's care, so life-saving treatments are provided as charity care Whatever the circumstance, Adventist HealthCare has developed associated services that address the personal dignity and quality care that all patients deserve from a health care institution In addition to acute care and behavioral health programs, Adventist HealthCare includes the Shared Corporate Services of charity/uncompensated care, nursing homes, home health programs, Health & Wellness initiatives and rehabilitation services, as we promote a more patient- and family-centered program of care and healing in regard to the individual Adventist HealthCare has identified five core values that we use as a guide in carrying out our day-to-day activities Respect We recognize the infinite worth of the individual and care for each one as a whole person Integrity We are above reproach in everything we do Service We provide compassionate and attentive care in a manner that inspires confidence Excellence We provide world class clinical outcomes in an environment that is safe for both our patients and care givers Stewardship We take personal responsibility for the efficient and effective accomplishment of our mission Our R I S E S values are the foundation for our mission, vision and strategies as we strive to be a Leader in Care and Clinical Service Delivery, an Innovator in Health and Medical Management and an Active Participant in Education and Research Charity and Uncompensated Care The mission of Adventist HealthCare is to "deliver God's care to 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 Adventist HealthCare consistently provides high levels of charity and uncompensated care and last year provided \$68 million - or 11% of revenue, in charity and other forms of uncompensated care, one of the highest levels offered by any hospital or health system in Maryland Washington Adventist Hospital has the highest percentage of charity care as a percentage of its operating expenses among Montgomery County hospitals, and is the only hospital from this jurisdiction in the first quartile among Maryland hospitals Washington Adventist was ranked fourth (out of a total of 47 hospitals) in the State of Maryland based on data from the Maryland Health Services Cost Review Commission, charity care represented 4 percent of its total operating expenses in FY 2007, the highest of any other hospital in Montgomery County For more than 100 years, Washington Adventist Hospital has placed a premium on meeting the needs of all in its community, irrespective of ability to pay This tradition of compassion and concern for the less fortunate continues Washington Adventist has initiated a number of programs and services devoted to extending access to health care services for low income, uninsured, and historically under-served communities These measures include the development of a Center on Health Disparities, created to identify, address, and eliminate health disparities in communities served by the Hospital and its parent organization, Adventist HealthCare The Hospital also has partnered with Casa de Maryland to extend access to care and expand social services for the immigrant community Further, the hospital has partnered with Mary's Center and Montgomery County's Mobile Med to develop clinics for low income, uninsured individuals These measures are in addition to the high levels of charity care and uncompensated care provided by the hospital The growing demands on Washington Adventist Hospital to address the needs of indigent and medically-uninsured patients are directly related to the changing demographics of the communities served by the hospital The communities of Takoma Park, Silver Spring, and Langley Park, in particular, have seen a significant increase in the number of foreign-born residents over the past two decades, including undocumented persons who do not qualify for Medical Assistance programs, yet still have health care needs that are met by Washington Adventist Shady Grove Adventist Hospital ranked 15th with charity care representing 2 6 percent of its total operating expenses In addition to providing charity care at its facilities, Adventist HealthCare is involved in numerous outreach initiatives designed to improve access to health care for low-income and uninsured individuals, as well as historically under-served communities including minorities and immigrants Our goal is effective prevention, treatment and care programs for all individuals, regardless of their economic, cultural, linguistic or demographic characteristic Nursing Homes (Separate legal entities managed by Adventist HealthCare's Executive Team) As we grow older, our physical and mental abilities change Though it is natural to want to continue to be as independent as possible, there may come a time when living on one's own is no longer the safest or best choice To address the unique situations and needs that come with aging, Adventist HealthCare offers a comprehensive range of senior services through its Adventist Senior Living Services nursing and rehabilitation centers A Nursing and Rehabilitation Center is a place for people who do not need to be in a hospital but can no longer be cared for at home because they need personal or medical care Adventist HealthCare includes Shady Grove Nursing & Rehabilitation Center, Sligo Creek Nursing & Rehabilitation Center, Springbrook Nursing & Rehabilitation Center, Fairland Nursing & Rehabilitation Center and Bradford Oaks Nursing & Rehabilitation Center and Glade Valley Nursing & Rehabilitation Center In 2008, Adventist HealthCare's charity care included almost half a million dollars for residents who needed care at these organization's nursing and rehabilitation centers throughout Montgomery County These special communities care for family members with personalized treatment plans developed to help each person reach the highest level of health possible Coordination of care is managed by a dedicated, experienced health care team Highly skilled nurses and geniatric nursing assistants provide round-the-clock nursing and personal care assistance to each resident A wide array of rehabilitative activities guide the way to a greater level of independence Each resident participates in a comprehensive program developed and delivered by experts in the fields of physical therapy, occupational therapy, speech language therapy, and therapeutic recreation Medical professionals provide care when the patient needs it For those who are in need of assistance, aid in personal care and hygiene is given by nursing assistants Support with dressing, grooming and bathing is given and laundry services are available A committed team of volunteers support our residents We encourage families of our residents to join the volunteer team, get involved in our community and to become active members of our Family Council-a support and advisory group Volunteers and families help with everything from letter writing to holiday parties Religious services from a variety of denominations are also offered We strive to promote such comforts of home as attractive artwork and inviting common areas Security systems, smoke alarms, sprinkler systems and a 24-hour call system give our residents a sense of security Adventist HealthCare also has comprehensive nursing and rehabilitation centers that provide state-of-art care for patients with more specialized needs Fairland Nursing and Rehabilitation Center, located in Silver Spring, Maryland, provides comprehensive nursing and rehabilitation services as well as a state-of-the-art respiratory care unit that serves the needs of ventilator and high intense pulmonary dependent patients from the community With the expertise of pulmonologists, respiratory therapists and professional nursing staff, care is provided to patients with complex respiratory complications such as Ventilator/Trach care dependency due to respiratory failure, lung disease or chest injury, cardiac disorders, neurological disorders, neuromuscular disorders, multiple sclerosis, Lou Gehrig's disease, motor vehicle accidents, post operative weaning failure, complications resulting from other pulmonary disorders At Fairland, a caring, professional team helps each resident reac</p>	

4c	(Code) (Expenses \$ 28,316,320 including grants of \$ 4,000) (Revenue \$ 54,348,321)
<p>Behavioral Health Potomac Ridge Behavioral Health Mental illness can happen to a child, a brother, a grandparent, or a co-worker It can happen to someone from any background It can occur at any stage of life, from childhood to old age No community is unaffected by mental illnesses, no school or workplace is untouched In fact, the incidence of mental illness is more common than heart disease and cancer, combined There is something else that most people do not realize - mental illness is a treatable disease Potomac Ridge Behavioral Health in Maryland is one of the most valuable health care resources in the region, reaching out to people living with one of life's most challenging disorders - mental illness, but, one that is extraordinarily treatable Potomac Ridge Behavioral Health (PRBH) is a comprehensive network of mental health facilities providing care to mentally ill individuals across their life span With locations in Montgomery and Anne Arundel Counties in Maryland and on the Eastern Shore of Maryland, PRBH offers a broad range of services such as acute care, residential treatment, special education and general education programs, chemical dependency programs, intensive outpatient services and community-based residential services PRBH is part of Adventist HealthCare Behavioral Health Services, which includes the behavioral health unit at Washington Adventist Hospital in Takoma Park, Maryland, and the Reginald S Lourie Center for Infants and Young Children in Rockville, Maryland Adventist HealthCare Behavioral Health Services is the largest provider of mental health care in Montgomery County and the second largest provider of mental health services in Maryland In 2008, PRBH provided \$184,251 in uncompensated mental health care across its three locations PRBH's facilities offer a total of 122 acute care beds, 152 residential treatment center beds, 32 group home beds and a full continuum of outpatient services Montgomery County Potomac Ridge Behavioral Health at Rockville is a non-profit, Joint Commission accredited, 87-bed acute psychiatric and dual diagnosis (psychiatric and substance abuse) treatment facility in Rockville, Maryland Coupled with an additional 83-bed residential treatment center for adolescents and various outpatient services, Potomac Ridge Behavioral Health is the largest provider of mental health services in Montgomery County Potomac Ridge Behavioral Health also provides outpatient chemical dependency services for adolescents and adults and operates a partial hospital program for adolescents The Ridge School of Montgomery County, a special and general education school approved by the Maryland State Department of Education, is housed at the Potomac Ridge Behavioral Health campus and serves adolescents from across the state of Maryland In 2008, PRBH cared for 8,673 patients across its entities The behavioral health unit at Washington Adventist Hospital has four adolescent and 36 adult acute care beds, in addition to partial hospitalization and intensive outpatient programs The Reginald S Lourie Center for Infants and Young children provides five core services to benefit infants, children and their families The Parent-Child Clinical Services Program, Lourie Center School, Therapeutic Nursery Program, Early Head Start, and the Before and After School Program PRBH is committed to serving as a mental health education resource to families and behavioral health specialists in the communities in which it serves The organization has dedicated significant resources to providing free educational workshops for consumers as well as continuing education symposiums for clinicians PRBH held two symposia in 2008 to educate clinicians about self-injuring behaviors among adolescents and adolescent sex offenders, respectively PRBH also sponsors and supports community organizations such as the Mental Health Association of Montgomery County (MHA) and the National Alliance on Mental Illness (NAMI) In 2008, PRBH provided financial support for a number of MHA events, including the annual legislative breakfast and several continuing education seminars In May 2008, PRBH was a silver sponsor of NAMI's walk-a-thon to help raise awareness of mental illness Additionally, PRBH's employees have generously offered their expertise via participation in health fairs and speaking engagements to benefit the community Employees of PRBH's Chemical Dependency Department at the Rockville campus have also provided in-school substance abuse evaluations for students and educational services for students at George Mason University Anne Arundel County Potomac Ridge Behavioral Health at Anne Arundel has provided mental health services for adolescents since 2002 Located in Crownsville, Maryland , outside of Annapolis, Potomac Ridge at Anne Arundel offers 28 adolescent residential treatment beds, a group home for 16 adolescent males, and a special and general education school for adolescents with emotional and behavioral disabilities These three programs are located on the grounds of the former Crownsville Hospital Center The 28-bed residential treatment center (RTC) is one of the most clinically unique programs in Maryland It is considered a high security, high level of intensity RTC By employing research-based best practices for this cognitively impaired population, the Anne Arundel staff delivers tremendous outcomes for the residents The 16-bed group home for adolescent males provides treatment in a small, age-appropriate family style setting The group home serves adolescents who do not require the acute services of inpatient hospitalization or residential treatment center The Ridge School of Anne Arundel County offers programs for students in grades eight - 12 in a highly-structured setting that enables and encourages multi-sensory learning The Ridge School is designed to provide education for even the most challenging youth utilizing a positive behavioral approach and philosophy Eastern Shore of Maryland Potomac Ridge Behavioral Health at the Eastern Shore is the region's only acute care and residential mental health resource for children and adolescents As with all other Potomac Ridge Behavioral Health facilities, Eastern Shore is free of mechanical restraints, and employees are being trained in the MANDT System The MANDT System is an evidence-based approach that focuses on relationship building and treating others with dignity and respect in order to correct difficult behavior in youth without the use of restraint Potomac Ridge Behavioral Health at the Eastern Shore has a one-of-a-kind program in the state of Maryland for low-functioning adolescents with IQs between 50 and 70 This is the only program in the state to address the special clinical and therapeutic needs of this population In 2008, employees at PRBH's Eastern Shore campus supported a fundraising event for the Maryland Coalition of Families for Children's Mental Health</p>	

4d

Other program services (Describe in Schedule O)





















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

4e









Total program service expenses \$ 458,676,945 *Must equal Part IX, Line 25, column (B).*

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a829		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a8,196		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	17
b	Enter the number of voting members that are independent	1b	14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body?	8a	Yes
b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	Yes
b	Other officers or key employees of the organization? Describe the process in Schedule O	15b	Yes
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JAMES G LEE 1801 RESEARCH BOULEVARD STE 400 ROCKVILLE, MD 20850 (301) 315-3025

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

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

[illegible]

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(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				
1b Total									8,795,481	0	362,834

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
PHNS INC PO BOX 671001 DALLAS, TX 75267	IT SERVICES	27,823,652
QUEST DIAGNOSTICS 14225 NEWBROOK DRIVE CHANTILLY, VA 20151	CLINICLA LAB SERVICE	16,788,842
HOSPITAL HOUSEKEEPING SYSTEM LTD PO BOX 826 SAN ANTONIO, TX 78293	HOUSEKEEPING	2,303,281
FIRST COLONIAL ANESTHESIA ASSOC 1901 RESEARCH BLVD ROCKVILLE, MD 20850	MEDICAL SERVICES	2,225,968
GE MEDICAL SYSTEMS PO BOX 640944 PITTSBURG, PA 15264	EQUIPMENT MAINTENANC	2,187,768

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a						
	b	Membership dues							
			1b						
	c	Fundraising events							
			1c						
	d	Related organizations	1d	2,477,212					
	e	Government grants (contributions)	1e	221,859					
	f	All other contributions, gifts, grants, and similar amounts not included above		794,659					
			1f						
g	Noncash contributions included in lines 1a-1f \$ _____								
h	Total (Add lines 1a-1f)			3,493,730					
Program Service Revenue	2a	ONCOLOGY	Business Code						
			900,099	34,263,769	34,263,769				
	b	BEHAVIORAL HEALTH		900,099	54,348,321	54,348,321			
	c	WOMEN AND CHILDREN		900,099	201,032,375	201,032,375			
	d	CARDIAC		900,099	120,891,710	120,891,710			
	e	OCCUPATIONAL/SPEECH/PHYSICAL THERAPY		900,099	18,205,893	18,205,893			
	f	All other program service revenue			179,645,900	175,716,969	597,527	3,331,404	
	g	Total. Add lines 2a-2f \$ 608,387,968							
	Other Revenue	3	Investment income (including dividends, interest other similar amounts)						
6,085,172					6,085,172				
0									
4		Income from investment of tax-exempt bond proceeds							
				0					
				0					
5		Royalties							
6a		Gross Rents	(i) Real	(ii) Personal	312,155			312,155	
			3,640,113						
			3,327,958						
b		Less rental expenses							
c		Rental income or (loss)	312,155						
d		Net rental income or (loss)							
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0				
b		Less cost or other basis and sales expenses							
c		Gain or (loss)							
d		Net gain or (loss)							
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000a			0				
b		Less direct expensesb							
c		Net income or (loss) from fundraising events							
9a		Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000a			0				
b		Less direct expensesb							
c		Net income or (loss) from gaming activities							
10a		Gross sales of inventory, less returns and allowancesa		427,114	113,303			113,303	
b	Less cost of goods soldb								
c	Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code							
11a	OTHER INCOME FROM SUBSIDIARY		900,099	941,582	941,582				
b	NON OPERATING GAIN		900,099	239,218	239,218				
c	INTEREST SWAP		900,099	309,808	309,808				
d	All other revenue _____								
e	Total. Add lines 11a-11d \$ 1,490,608								
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			619,882,936	612,034,817	597,527	3,756,862		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,700,275	1,700,275		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,620,222		5,620,222	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	231,932,043	206,830,474		1,140,993
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,552,009	5,629,037	887,538	35,434
9	Other employee benefits	21,641,558	15,269,298	6,281,643	90,617
10	Payroll taxes	17,583,759	14,932,645	2,570,274	80,840
11	Fees for services (non-employees)				
a	Management	6,300,401	6,300,401		
b	Legal	719,519	20,000	645,745	53,774
c	Accounting	531,004		522,580	8,424
d	Lobbying	208,100		208,100	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,920,441		1,920,441	
g	Other	5,336,335	486,059	4,544,427	305,849
12	Advertising and promotion	2,089,406	43,094	2,040,790	5,522
13	Office expenses	49,315,802	48,407,986	729,120	178,696
14	Information technology	25,771,876		25,771,876	
15	Royalties	0			
16	Occupancy	32,746,748	22,811,429	9,787,699	147,620
17	Travel	2,030,888	1,317,881	686,009	26,998
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	611,311	360,386	242,624	8,301
20	Interest	8,675,519	186,379	8,489,140	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	25,886,960	25,503,015	383,945	
23	Insurance	1,134,130		1,134,130	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	34,536,367	35,384	34,500,983	
b	RECRUITMENT	1,535,325	234,615	1,284,266	16,444
c	PURCHASED SERVICES	35,676,091	31,177,681	4,480,993	17,417
d	MEDICAL SUPPLIES	61,380,222	61,288,240	91,982	
e	CONTRACT LABOR	17,148,724	16,142,666	936,438	69,620
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	598,585,035	458,676,945	137,721,541	2,186,549
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	10,659	1 83,263
	2	Savings and temporary cash investments	20,894,175	2 17,212,808
	3	Pledges and grants receivable, net	1,752,388	3 329,394
	4	Accounts receivable, net	80,987,356	4 93,353,916
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net	49,889,113	7 46,396,016
	8	Inventories for sale or use	8,617,398	8 8,166,302
	9	Prepaid expenses and deferred charges	4,917,953	9 3,733,899
	10a	Land, buildings, and equipment cost basis		
		10a 576,262,295		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 273,920,519	281,697,285	10c 302,341,776
	11	Investments—publicly traded securities	160,379,786	11 115,001,827
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	22,296,705	13 7,525,739
14	Intangible assets		14 6,060,554	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	54,080,120	15 59,038,984	
16	Total assets. Add lines 1 through 15 (must equal line 34)	685,522,938	16 659,244,478	
Liabilities	17	Accounts payable and accrued expenses	154,831,862	17 102,896,815
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	241,663,410	20 235,243,410
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties	94,108,948	23 119,328,110
	24	Unsecured notes and loans payable		24 20,000,000
	25	Other liabilities <i>Complete Part X of Schedule D</i>	19,818,117	25 32,780,867
	26	Total liabilities. Add lines 17 through 25	510,422,337	26 510,249,202
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	171,767,429	27 145,467,936
	28	Temporarily restricted net assets	3,333,172	28 3,527,340
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	175,100,601	33 148,995,276
	34	Total liabilities and net assets/fund balances	685,522,938	34 659,244,478

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ADVENTIST HEALTHCARE INC	Employer identification number 52-1532556
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

Computation of Investment Income Percentage			
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17		
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18		
19a33 1/3% Tests - 2008. 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			
b33 1/3% Tests - 2007. 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			
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

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

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 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 To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

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

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		100
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		208,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			208,100
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING	SCHEDULE C, PART II-B, LINE 1	Part IIB Line 1 During 2008, Adventist HealthCare, Inc continued its lobbying activities from prior years. Adventist HealthCare was involved in direct contact and lobbying activities at the local, state and federal level. Activities included discussions with Montgomery County Council Officials about various county health care matters, particularly revolving around the local health care safety net and issues of access to care. Contact with 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 lobbying around appropriations for ensuring its facilities and services are properly prepared for a mass casualty event.

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

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

8

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

☐ Yes☐ No

9

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

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

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 XIV

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		9,712,065		9,712,065
b Buildings		313,588,990	146,162,087	167,426,903
c Leasehold improvements		14,253,851	9,913,763	4,340,088
d Equipment		127,049,674	84,525,069	42,524,605
e Other		111,657,715	33,319,600	78,338,115
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				302,341,776

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT PREMIER INC STOCK	1,483,427	C
INVESTMENT PHNS	585,655	C
INVESTMENT IN MRCC CPRCC DRCC	2,649,242	C
INVESTMENT INFORMED LLC	2,807,415	C
INVESTMENTS		C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
CURR PORTION-TRUSTEE HELD FUND	7,536,191
NOTES RECEIVABLE LONG TERM	1,040,704
INVESTMENT IN LAND- CLARKSBURG	37,027,449
DEFERRED COMPENSATION FUND	1,241,375
CONTRIBUTIONS RECEIVABLE- CRT	501,539
INVEST IN LAND HLTHCARE DEVELP	11,575,394
SECURITY DEPOSIT	116,332
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	59,038,984

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CONSTANT MATURITY SWAP	10,019
DEFERRED COMPENSATION	1,241,484
PROFESSIONAL LIABILITY INS SE	8,332,540
INTEREST RATE SWAPS LIABILITY	23,196,824
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	32,780,867

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FASB COMPLIANCE	SCHEDULE D, PART XIV	The Corporation follows the guidance in FASB Staff Position FAS 126-1, "Applicability of Certain Disclosure and Interim Reporting Requirements for Obligors for Conduit Debt Securities" ("FSP 126-1") FSP 126-1 amended certain accounting literature to include conduit debt obligors in the definition of a public entity or enterprise As a result, the Corporation adopted FASB Interpretation No 48 " Accounting for Uncertainty in Income Tax - an Interpretation of FASB Statement No 109 " income taxes recognized in a company's financial statements and prescribes a recognition threshold of more-likely-than-not to be sustained upon examination of the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold has been met FIN 48 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, and disclosure Management has determined that the adoption of FIN 48 did not have a material effect on the financial effect on the consolidated financial statements

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>) . . .						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>) . . .						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used			
	<input type="checkbox"/> Cost accounting system			
	<input type="checkbox"/> Cost to charge ratio			
	<input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information *(Required for 2008)*

Name and address	Other (Describe)
	ER-other
	ER-24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
General medical & surgical	
Licensed hospital	

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal black lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6. Provide any other information important to describing how the organization's hospitals 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.)

Adventist HealthCare, Inc. is an integrated health care service delivery system. Our goal is to deliver a full spectrum of health services in the most cost efficient manner. We achieve this objective through centralized and shared services for certain administrative functions. These shared services include, but not limited to, accounting, payroll, disbursements to vendors, treasury, billing and collection, human resources management, financial planning, and information technology services. Although these facilities are structured under separate legal entities, they are managed by Adventist HealthCare's executive management team for strategic directions. The local senior management for each facility is responsible for day-to-day operations and performance efficiency. All legal entities managed by Adventist HealthCare are governed under a standardized set of corporate policies and procedures. All of these administrative costs are distributed through pre-determined criteria every year during our budgeting process. There are no mark-up and cross-subsidies given. We believe the omission of these facilities under separate legal structures would not fairly portray the activities of Adventist HealthCare and its accomplishments in servicing our community.

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☐

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

2

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

27

3

Enter total number of other organizations

4

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(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. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	Schedule I Part IV Response to Part I (2) AHC has established the following policies and procedures to monitor the use of grants and other assistance to government and organizations in the United States -- The authorization of grants and assistances can only be made by selective senior executives with overall divisional responsibilities -- AHC and its affiliates do not make grants to individuals nor for-profit entities --As a not-for-profit organization, AHC, in general, limits our grant and assistances to organizations that share a common or related health care mission AHC researches and evaluates the compatibility of the grantees' projects to AHC's mission prior to the commitment of grants -- The amounts of grants and assistances are budgeted every fiscal year The actual usage is compared to budget on a monthly basis All variances are investigated and resolved on a timely basis -- Each grant or assistance given is usually not a substantial portion of the annual grantee's expenditures And AHC does not fund routine operating expenses unless the services are critical to the needs of the community --All significant grants and assistances are executed through legal agreements with a provision to review the grantee's financial records pertaining to the grant and assistance In circumstances where appropriate, AHC requires the grantee to substantiate expenditures for the designated purposes and disbursements documentation prior to the reimbursement of the grantee

Software ID:

Software Version:

EIN: 52-1532556

Name: ADVENTIST HEALTHCARE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION IN MONTGOMERY INC8900 GEORGIA AVENUE SILVER SPRING,MD 12345	52-2032072	501(C)(3)	15,000				LEADERSHIP TRAINING
AMERICAN CANCER SOCIETY250 WILLIAMS STREET ATLANTA,GA 12345	13-1788491	501(C)(3)	5,100				CURING CANCER
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE DALLAS,TX 12345	13-5613797	501(C)(3)	19,925				CURING HEART DISEASE
CITY OF TAKOMA PARK 7500 MAPLE AVENUE TAKOMA PARK,MD 12345	52-6000808		10,750				COMMUNITY HEALTH
COLUMBIA UNION COLLEGE7600 FLOWER AVENUE TAKOMA PARK,MD 12345	52-0643528	501(C)(3)	320,000				EDUCATION SUPPORT
COLUMBIA UNION HEALTHCARE CORP5427 TWIN KNOLLS ROAD COLUMBIA,MD 12345	14-1900373	501(C)(3)	75,000				HOSPITAL DEVELOPMENT
GENERAL CONFERENCE OF SDA12501 OLD COLUMBIA PIKE SILVER SPRING,MD 12345	52-0643036	501(C)(3)	6,545				EBSCO LIBRARY
GREATER SILVER SPRING 8601 GEORGIA AVENUE SILVER SPRING,MD 12345	52-1813227	501(C)(3)	13,000				PROMOTE HEALTH SERVICES
IMPACT SILVER SPRING 1313 EAST-WEST HWY SILVER SPRING,MD 12345	52-2164844	501(C)(3)	10,500				LEADERSHIP DEVELOPMENT
KETTERING ADVENTIST HEALTHCARE3535 SOUTHERN BLVD KETTERING,OH 12345	31-1051688	501(C)(3)	165,000				HEALTHCARE SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP MONTGOMERY5705 ARUNDEL AVENUE ROCKVILLE, MD 12345	52-1627257	501(C)(3)	15,500				LEADERSHIP DEVELOPMENT
MARYLAND HEALTHCARE EDUCATION INSTITUTE 6820 DEERPATH ROAD ELK RIDGE, MD 12345	52-9001664	501(C)(6)	150,000				HEALTHCARE EDUCATION
MARY'S CENTER FOR MATERNAL & CHILDCARE9913 KENTDALE DRIVE POTOMAC, MD 12345	52-1594116	501(C)(3)	260,000				HEALTHCARE FOR UNINSURE
MERCY HEALTH CLINIC 7-1 METROPOLITAN CT GAITHERSBURG, MD 12345	52-2230932	501(C)(3)	8,000				HEALTHCARE FOR POOR
MOBILE MEDICAL CARE INC9309 OLD GEORGETOWN ROAD BETHESDA, MD 12345	23-7022588	501(C)(3)	358,333				FREE/LOWCOST HEALTHCARE
MONTGOMERY COUNTY BUSINESS ROUNDTABLE 451 HUNGERFORD ROAD ROCKVILLE, MD 12345	41-2047342	501(C)(3)	9,500				COMMUNICATIONS
MONTGOMERY COUNTY CHAMBER OF COMMERCE51 MONROE STREET ROCKVILLE, MD 12345	52-0735621	501(C)(6)	20,300				PROMOTE MONTGOMERY COUNTY
POTOMAC HUNT CLUB 16715 THURSTIBN ROAD DICKERSON, MD 12345	52-6562876	501(C)(3)	10,000				DONATION FOR RACE SPONS
PRINCE GEORGE'S COUNTY HEATLH DEPT 4601 PRESIDENTS DRIVE LANHAM, MD 12345	52-2046026		10,000				PROMOTE PHYSICAL ACTIVITY
SALISBURY UNIVERSITY FOUNDATIONPO BOX 2655 SALISBURY, MD 12345	52-1127396	501(C)(3)	20,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER SPRING TAKOMA THUNDERBOLTS326 LINCOLN AVE SILVER SPRING, MD 12345	52-2237451	501(C)(3)	10,000				COMMUNITY ACTIVITY SPON
SISTER TO SISTER EVERYONE HAS A HEART 4701 TUCKERMAN LANE BETHESDA, MD 20852	52-2276395	501(C)(3)	9,620				PREVENT HEART DISEASE
STRATHMORE HALL FOUNDATION INC5301 TUCKERMAN LANE BETHESDA, MD 20852	52-1233092	501(C)(3)	15,000				PROMOTE PERFORMING ARTS
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION1801 RESEARCH BLVD ROCKVILLE, MD 12345	52-1216429	501(C)(3)	26,750				GENERAL SUPPORT
WASHINGTON ADVENTIST HOSPITAL FOUNDATION1801 RESEARCH BLVD ROCKVILLE, MD 20850	52-1692158	501(C)(3)	12,050				GENERAL SUPPORT
HACKETTSTOWN REGIONAL MEDICAL CENTER FOUNDATION 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 12345	22-2333410	501(C)(3)	10,000				GENERAL SUPPORT
REGINALD CENTER FOR INFANTS AND CHILDREN 1801 RESEARCH BLVD ROCKVILLE, MD 20850	52-1255870	501(C)(3)	7,650				GENERAL SUPPORT

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.</div>	OMB No 1545-0047
		2008
		Open to Public Inspection

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

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM G ROBERTSON	(i)	711,139	154,229	316,006	0	35,178	1,216,552	95,246
	(ii)	0	0	0	0	0	0	0
EDMUND F HODGE	(i)	402,330	108,878	314,944	0	26,920	853,072	80,400
	(ii)	0	0	0	0	0	0	0
JAMES G LEE	(i)	366,200	87,444	125,099	0	22,078	600,821	25,494
	(ii)	0	0	0	0	0	0	0
GENE C MILTON	(i)	311,333	61,037	909,303	0	34,383	1,316,056	29,722
	(ii)	0	0	0	0	22,722	22,722	0
SUSAN L GLOVER	(i)	252,396	62,738	193,042	0	28,023	536,199	144,207
	(ii)	0	0	0	0	0	0	0
DENNIS D HANSEN	(i)	393,395	96,223	326,447	0	31,947	848,012	89,596
	(ii)	0	0	0	0	0	0	0
JERE D STOCKS	(i)	407,365	15,835	344,667	0	21,732	789,599	220,039
	(ii)	0	0	0	0	0	0	0
HISAKO MAKI THOMPSON	(i)	230,117	20,000	60,695	0	14,394	325,206	0
	(ii)	0	0	0	0	0	0	0
RONALD K BENFIELD	(i)	240,753	56,686	296,457	0	28,138	622,034	18,180
	(ii)	0	0	0	0	0	0	0
KENNETH B DESTEFANO	(i)	271,839	70,065	81,173	0	24,893	447,970	14,616
	(ii)	0	0	0	0	0	0	0
GAUROV DAYAL	(i)	260,527	51,964	94,379	0	24,100	430,970	36,535
	(ii)	0	0	0	0	0	0	0
PAULA WIDERLITE	(i)	225,437	59,868	68,374	0	26,133	379,812	14,520
	(ii)	0	0	0	0	0	0	0
THOMAS T CHAN	(i)	206,563	40,790	72,470	0	21,897	341,720	25,268
	(ii)	0	0	0	0	0	0	0
CRAIG S JUENGLING	(i)	0	0	340,819	0	296	341,115	208,026
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

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

Schedule J (Form 990) 2008

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM G ROBERTSON	(i)	711,139	154,229	316,006	0	35,178	1,216,552	95,246
	(ii)	0	0	0	0	0	0	0
EDMUND F HODGE	(i)	402,330	108,878	314,944	0	26,920	853,072	80,400
	(ii)	0	0	0	0	0	0	0
JAMES G LEE	(i)	366,200	87,444	125,099	0	22,078	600,821	25,494
	(ii)	0	0	0	0	0	0	0
GENE C MILTON	(i)	311,333	61,037	909,303	0	34,383	1,316,056	29,722
	(ii)	0	0	0	0	22,722	22,722	0
SUSAN L GLOVER	(i)	252,396	62,738	193,042	0	28,023	536,199	144,207
	(ii)	0	0	0	0	0	0	0
DENNIS D HANSEN	(i)	393,395	96,223	326,447	0	31,947	848,012	89,596
	(ii)	0	0	0	0	0	0	0
JERE D STOCKS	(i)	407,365	15,835	344,667	0	21,732	789,599	220,039
	(ii)	0	0	0	0	0	0	0
HISAKO MAKI THOMPSON	(i)	230,117	20,000	60,695	0	14,394	325,206	0
	(ii)	0	0	0	0	0	0	0
RONALD K BENFIELD	(i)	240,753	56,686	296,457	0	28,138	622,034	18,180
	(ii)	0	0	0	0	0	0	0
KENNETH B DESTEFANO	(i)	271,839	70,065	81,173	0	24,893	447,970	14,616
	(ii)	0	0	0	0	0	0	0
GAUROV DAYAL	(i)	260,527	51,964	94,379	0	24,100	430,970	36,535
	(ii)	0	0	0	0	0	0	0
PAULA WIDERLITE	(i)	225,437	59,868	68,374	0	26,133	379,812	14,520
	(ii)	0	0	0	0	0	0	0
THOMAS T CHAN	(i)	206,563	40,790	72,470	0	21,897	341,720	25,268
	(ii)	0	0	0	0	0	0	0
CRAIG S JUENGLING	(i)	0	0	340,819	0	296	341,115	208,026
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

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

Part I

Bond Issues (Required for 2008)

	(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	
							Yes	No	Yes	No
A	MD HEALTH & HIGHER EDUCUATIONAL FACILITIES AUTHORIT	52-0936091	574217JG1	02-13-2003	22,631,301	REFUNDING OF SERIES 1999IA SUBSERI		X		X
B	MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217JH9	02-27-2003	39,560,000	RENOVATIONS AT MARYLAND HOSPITALS		X		X
C	MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217TE5	09-14-2004	50,000,000	SGAH LAND ACQUISITIONS AND VARIOUS		X		X
D	MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217VS1	12-20-2005	78,000,000	SGAH TOWER PROJECT AND OTHER QUALI		X		X
E	MD HEALTH & HIGHER EDUCATIONAL FACILITIES AUTHORIT	52-0936091	574217VS1	12-20-2005	64,590,000	ADVANCE REFUNDING OF SERIES 1995		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11	Has the final allocation of proceeds been made?		X		X		X		X		X
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X		X

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X		X
			X		X		X		X		X

Part III

Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?			X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?			X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?			X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?			X		X		X		X

Part IV

Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?			X		X		X		X
2	Is the bond issue a variable rate issue?			X		X		X		X
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?			X		X		X		X
b	Name of provider									
c	Term of hedge									
4a	Were gross proceeds invested in a GIC?			X		X		X		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?									
5	Were any gross proceeds invested beyond an available temporary period?			X		X		X		X
6	Did the bond issue qualify for an exception to rebate?			X		X		X		X

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

\$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

\$

Part II

Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total

\$

Part III

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JEFFREY PARGAMENT	TRUSTEE	260,269	LABOR LAW SERVICES		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Identifier	Return Reference	Explanation
GENERAL EXPLANATION OF EMPLOYEE COMPENSATION	PART VI, SECTION B, LINE 15	General Explanation Employees of any of the Adventist HealthCare Inc and affiliated Tax Exempt entities in the state of Maryland (including Adventist HealthCare, Inc) are paid through a common paymaster, Adventist HealthCare, Inc and are reported on its Form 941 Salary and benefit expenses reported on their respective returns are actual charges related to the employees working on the specific tax exempt entity Compensation included regular base salary, bonus, paid time off cash out, taxable relocation allowance, holiday gift, retroactive compensation adjustment, bereavement leave, education, and withdrawal of deferred compensation, as applicable The same and non-additive compensation and employment benefit plan contribution amounts were also disclosed in the Adventist HealthCare Inc 's related entities returns Vendors payment for any of the Adventist HealthCare, Inc and related entities in the State of Maryland are made through a common paymaster, Adventist HealthCare, Inc

Identifier	Return Reference	Explanation
NOL CARRY FORWARD SCHEDULE	PART V, LINE 3B	2008 Form 990 T NOL Carryforward Schedule 2002 NOL 0 2003 NOL 0 2004 NOL 0 2005 NOL 0 2006 NOL (134,340) 2007 NOL (189,158) Total (323,498) 2008 Income 77,327 Carryforward (246,171)

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	990 PART VI, SECTION A, LINES 6 - 10	990 Part VI Section A Line 6 Adventist HealthCare, Inc has a membership body with reserve powers Mid-Atlantic Adventist HealthCare, Inc is the sole corporate member of Adventist HealthCare, and it has authority to approve Board Members of Adventist HealthCare, Inc 990 Part VI Section A Line 7a The Board of Trustees approves all actions of management 990 Part VI Section A Line 7b The Board of Trustees approves all actions of management 990 Part VI Section A Line 10 The Form 990 was reviewed at a regularly scheduled board meeting by the full membership of the Board of Trustees

Identifier	Return Reference	Explanation
POLICIES	990 PART VI, SECTION B, LINES 12C AND 15	990 Part VI Section B 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 990 Part VI Section B 15 When setting executive compensation, the organization fully complies with 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

Identifier	Return Reference	Explanation
DISCLOSURE		990 Part VI Section C 19 The governing documents, conflict of interest policy and financial statements, are available to the public upon request

Identifier	Return Reference	Explanation
FUNDRAISING INCOME		990 Part VIII Fundraising income is recognized in the supporting foundations of AHC

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING		990 Part XI Line 2b The financial statements were audited, not compiled nor reviewed However, the statements were part of a consolidated audit

Identifier	Return Reference	Explanation
FUNDRAISING AND GAMING ACTIVITIES		Schedule G and Part IX (D) Adventist HealthCare, Inc does not solicitate nor raise funding from the public on a regular basis There were no gaming activities conducted All fundraising events were conducted by its legal corporate affiliates They include Shady Grove Adventist Hospital Foundation, Washington Adventist Hospital Foundation, and Potomac Ridge Behavioral Health System Foundation However, Adventist HealthCare, Inc provides staff, office, administrative support and supplies to these foundations and recorded these as expenses of the corporation All special fundraising events' revenue and costs, contributions, and capital campaigns are recorded on the books of these respective foundations In reviewing the Schedule G, we do not find it applicable to Adventist HealthCare, Inc

Identifier	Return Reference	Explanation
DOING BUSINESS AS	990 PART I, C	D/B/A ADVENTIST CHOICE NURSING, D/B/A ADVENTIST HOME ASSISTANCE, D/B/A ADVENTIST PREFERRED NURSING, D/B/A ADVOCATE EAP, D/B/A POTOMAC RIDGE BEHAVIORAL HEALTH SYSTEM, D/B/A POTOMAC RIDGE BEHAVIORAL HEALTH SYSTEM AT CROWNSVILLE, D/B/A POTOMAC RIDGE BEHAVIORAL HEALTH SYSTEM- EASTERN SHORE, D/B/A SHADY GROVE ADVENTIST EMERGENCY CENTER, D/B/A SHADY GROVE ADVENTIST HOSPITAL, D/B/A WASHINGTON ADVENTIST FAMILY PHARMACY AND D/B/A WASHINGTON ADVENTIST HOSPITAL

Identifier	Return Reference	Explanation
Schedule K		Schedule K Part 1 A (c) CUSIP 574217JE6 \$ 1,335,000 574217JF3 1,415,000 574217JC0 4,300,000 574217JD8 2,490,000 574217JG1 13,385,000 Total \$ 22,925,000 Schedule K Part 1 E (e) Advance refunding of City of Gaithersburg (SGAH) Series 1995 maturing on Sept 1, 2005, 2006 and 2012 City of Takoma Park (WAH) Series 1995 maturing on Sept 1, 2005, 2006 and 2012 City of Gaithersburg (SGNRC) Series 1995 maturing on Sept 1, 2005, 2006 and 2012

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

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
ADVENTIST CANCER CARE LLC 1801 RESEARCH BLVD ROCKVILLE, MD 20850 26-2515407	OUTPATIENT CA	MD	4,125,949	6,644,221	NA
AHC HOLDINGS I LLC 1810 RESEARCH BLVD ROCKVILLE, MD 20850 52-1532556	HOLDING COMPA	DE	0	5,400,000	NA
AHC HOLDINGS II LLC 1801 RESEARCH BLVD ROCKVILLE, MD 20850 52-1532556	HOLDING COMPA	DE	0	5,570,774	NA

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
LIFEWORX STRATEGY LLC 1801 RESEARCH BLVD ROCKVILLE, MD20850 90-0493445	HEALTH & WELLNESS	MD	AHC	RELATED	-289,165	364,092	Yes		930	Yes	
GERMANTOWN OUTPATIENT IMAGING 1801 RESEARCH BOULEVARD ROCKVILLE, MD20850 20-4395818	OUTPATIENT IMAGE	MD	SGRC PC	RELATED	465,238	1,252,971		No			No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ADVENTIST MANAGEMENT SERVICES INC 1801 RESEARCH BLVD ROCKVILLE, MD20850 52-1575694	MANAGEMENT SERVIC	MD	ADVENTIST HEALT	C CORP	-458,268	1,575,452	100 %
LIFEWORKS STRATEGY INC 1801 RESEARCH BLVD ROCKVILLE, MD20850 52-1704500	EMPLOYEE ASSISTAN	MD	ADVENTIST HEALT	C CORP	1,281	223,717	100 %
PREMIER MEDICAL NETWORK 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD20850 52-1952469	JOINT PHYSICIAN C	MD	ADVENTIST HEALT	C CORP	-1,071	12,276	50 %

Part V

Transactions with Related Organizations

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Software ID:

Software Version:

EIN: 52-1532556

Name: ADVENTIST HEALTHCARE INC

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
HACKETTSTOWN COMMUNITY HOSPITAL 651 WILLOW GROVE ST HACKETTSTOWN, NJ12345 22-6106281	HOSPITAL	NJ	501(C)(3)	3	NA
ADVENTIST REHABILITATION HOSPITAL OF MAR 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD12345 20-1486678	REHABILITATIO	MD	501(C)(3)	3	NA
ADVENTIST HOME HEALTH SERVICES INC 17041 BOURNEFIELD WAY SILVER SPRING, MD20905 52-0986808	HOME HEALTH A	MD	501(C)(3)	9	NA
ADVENTIST SENIOR LIVING SERVICE 1801 RESEARCH BLVD ROCKVILLE, MD20850 52-1739959	MANAGEMENT SE	MD	501(C)(3)	9	NA
BRADFORD OAKS NURSING AND REHABILITATION 7520 SURRATTS ROAD CLINTON, MD20735 52-1999975	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
SHADY GROVE NURSING AND REHABILITATION C 9701 MEDICAL CENTER DRIVE ROCKVILLE, MD12345 52-1442495	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
SLIGO CREEK NURSING HOME AND REHABILITAT 7525 CARROLL AVENUE TAKOMA PARK, MD12345 52-1736368	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
SPRINGBROOK NURSING & REHAB CENTER INC 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 52-1736305	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
GLADE VALLEY NURSING AND REHABILITATION 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 52-1924309	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
FAIRLAND NURSING & REHAB CENTER 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 52-1876447	NURSING HOME	MD	501(C)(3)	9	ADV SNR LVG
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATI 651 WILLOW GROVE STREET HACKETTSTOWN, NJ12345 22-2333410	FUNDRAISING	NJ	501(C)(3)	11 TYPE I	HCH
ADVENTIST PHYSICIAN SERVICES INC 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 20-4600646	PHYSICIAN SER	MD	501(C)(3)	3	NA
REGINALD S LOURIE CENTER FOR INFANTS AND 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD20850 52-1255870	BEHAVIORIAL C	MD	501(C)(3)	3	NA
SHADY GROVE ADVENTIST HOSPITAL FOUNDATIO 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 52-1216429	FUNDRAISING	MD	501(C)(3)	11 TYPE I	NA
WASHINGTON ADVENTIST HOSPITAL FOUNDATION 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 52-1692158	FUNDRAISING	MD	501(C)(3)	11 TYPE I	NA
MID-ATLANTIC ADVENTIST HEALTHCARE CORP 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 51-1884153	HOLDING COMPA	MD	501(C)(3)	3	GEN CON 7TH
POTOMAC RIDGE BEHAVIORAL HEALTH FOUND 1801 RESEARCH BLVD STE 400 ROCKVILLE, MD20850 20-5479860	FUNDRAISING	MD	501(C)(3)	11 TYPE I	NA

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	26,750
(2)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	12,050
(3)	HACKETTSTOWN REGIONAL MEDICAL CENTER FOUND	B	10,000
(4)	REGINALD LOURIE CENTER INFANTS AND YNG CHILD	B	7,650
(5)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	C	2,024,127
(6)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	C	653,635
(7)	POTOMAC RIDGE BEHAVIORAL HEALTH SYSTEMS FOUND	C	4,683
(8)	HACKETTSTOWN COMMUNITY HOSPITAL INC	D	39,478,747
(9)	ADVENTIST REHABILITATION HOSPITAL OF MD INC	D	6,917,269
(10)	ADVENTIST REHABILITATION HOSPITAL OF MD INC	K	735,962
(11)	HACKETTSTOWN COMMUNITY HOSPITAL INC	K	2,734,548
(12)	REGINALD S LOURIE CENTER INFANTS AND YNCHILD	K	154,945
(13)	ADVENTIST SENIOR LIVING SERVICES INC	K	1,161,199
(14)	GROW HEALTHCARE LLC	K	452
(15)	ADVENTIST MANAGEMENT SERVICES INC	K	215,594
(16)	ADVENTIST PHYSICIAN SERVICES INC	K	153,227
(17)	ADVENTIST HOME HEALTH SERVICES INC	K	360,719
(18)	ADVENTIST SENIOR LIVING SERVICES INC	P	108,005
(19)	ADVENTIST MANAGEMENT SERVICES INC	P	162,075
(20)	ADVENTIST HOME HEALTH SERVICES INC	P	528,090
(21)	ADVENTIST REHABILITATION HOSPITAL OF MD INC	P	1,661,946
(22)	HACKETTSTOWN COMMUNTIY HOSPITAL INC	P	3,691,277
(23)	REGINALD LOURIE CENTER INFANTS AND YNG CHILD	P	112,227

Additional Data

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID E WEIGLEY , CHAIR	1 0	X						5,349	0	0
ELAINE L ARTHUR , MEMBER	1 0	X						0	0	0
SETH T BARDU , MEMBER	1 0	X						3,266	0	0
RUTH E BULGER , MEMBER	1 0	X						0	0	0
CHARLES L CHEATHAM , MEMBER	1 0	X						0	0	0
NORTON A ELSON , MEMBER	1 0	X						74,840	0	0
MARK E GRIFFEN , MEMBER	1 0	X						0	0	0
J NEVILLE HARCOMBE , VICE CHAIR	1 0	X						0	0	0
SCOTT MCCLURE , MEMBER	1 0	X						0	0	0
WILLIAM K MILLER , MEMBER	1 0	X						0	0	0
JEFFREY J PARGAMENT , MEMBER	1 0	X						0	0	0
FRANK J PEREZ , MEMBER	1 0	X						0	0	0
PETER H PLAMONDON JR , MEMBER	1 0	X						0	0	0
WILLIAM G ROBERTSON , SECRETARY, PRESIDENT AND CEO	40 0	X		X				1,181,374	0	35,178
DAVID C STUMP , MEMBER	1 0	X						0	0	0
ROBIN THOMASHAUER , MEMBER	1 0	X						0	0	0
STEPHEN L TUCK , MEMBER	1 0	X						3,000	0	0
EDMUND F HODGE , EXECUTIVE VICE PRESIDENT & CAO	40 0			X				826,152	0	26,920
JAMES G LEE , SENIOR VP & CHIEF FINANCIAL OF	40 0			X				578,743	0	22,078
GENE C MILTON , PRESIDENT, HACKETTSTOWN REGION	40 0				X			1,281,673	0	57,105
SUSAN L GLOVER , VP & CHIEF QUALITY OFFICER	40 0				X			508,176	0	28,023
DENNIS D HANSEN , PRESIDENT, SHADY GROVE ADVENTI	40 0				X			816,065	0	31,947
JERE D STOCKS , PRESIDENT, WASHINGTON ADVENTIS	40 0				X			767,867	0	21,732
HISAKO MAKI THOMPSON , PRESIDENT, POTOMAC RIDGE BEHAV	40 0				X			310,812	0	14,394
RONALD K BENFIELD , VP & CFO, SHADY GROVE ADVENTIS	40 0					X		593,896	0	28,138
KENNETH B DESTEFANO , VP & GENERAL COUNSEL	40 0					X		423,077	0	24,893
GAUROV DAYAL , VP & CMO, SHADY GROVE ADVENTIS	40 0					X		406,870	0	24,100
PAULA WIDERLITE , VP, SYSTEM STRATEGY	40 0					X		353,679	0	26,133
THOMAS T CHAN , VP, FINANCIAL SERVICES	40 0					X		319,823	0	21,897
CRAIG S JUENGLING , FORMER EMPLOYEE	0 0						X	340,819	0	296

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a ONCOLOGY	900,099	34,263,769	34,263,769		
b BEHAVIORAL HEALTH	900,099	54,348,321	54,348,321		
c WOMEN AND CHILDREN	900,099	201,032,375	201,032,375		
d CARDIAC	900,099	120,891,710	120,891,710		
e OCCUPATIONAL/SPEECH/PHYSICAL THERAPY	900,099	18,205,893	18,205,893		