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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
ADVENTIST HEALTHCARE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1801 RESEARCH BOULEVARD NO 400

Room/suite

City or town, state or country, and ZIP + 4
ROCKVILLE, MD 208503184

F Name and address of principal officer
WILLIAM G ROBERTSON
1801 RESEARCH BOULEVARD NO 400
ROCKVILLE,MD 208503184

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 ▶

I Tax-exempt status

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

J Website: ▶ WWW.ADVENTISTHEALTHCARE.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile
MD

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities WE DEMONSTARTE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A (SEE SCH O) MINISTRY OF PYHSICAL 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 net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6,698	
	6	Total number of volunteers (estimate if necessary)	6	1,180	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	249,918	
	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	Current Year
9		Program service revenue (Part VIII, line 2g)	3,382,441	3,560,948	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	628,049,282	604,750,199	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,645,861	7,896,367	
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,486,174	-370,127	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	631,591,410	615,837,387	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,170,872	1,404,105	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	302,423,974	298,270,836	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,011,191			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	295,692,505	284,193,805	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	600,287,351	583,868,746	
	19	Revenue less expenses Subtract line 18 from line 12	31,304,059	31,968,641	
Net Assets or Fund Balances		Beginning of Current Year	End of Year		
	20	Total assets (Part X, line 16)	742,822,801	772,658,817	
	21	Total liabilities (Part X, line 26)	483,117,111	491,960,250	
	22	Net assets or fund balances Subtract line 21 from line 20	259,705,690	280,698,567	

Part II

Signature Block

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

Sign Here	<div><div></div><div>Signature of officer</div></div>		<div><div></div><div>Date</div></div>		
	<div>JAMES G LEE EXE VICE PRESIDENT AND CFO</div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	Preparer's signature	<div><div></div><div>MICHELE MELCHIOR</div></div>	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00488037
	Firm's name (or yours if self-employed), address, and ZIP + 4	<div>GRANT THORNTON LLP</div> <div>201 S COLLEGE STREET</div> <div>CHARLOTTE, NC 28244</div>			EIN ▶ 36-6055558
					Phone no ▶ (704) 632-3500

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.





















Cat No 11282Y

Form 990 (2011)

Check if Schedule O contains a response to any question in this Part III ☒

Form **990** (2011)

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	20b	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a860
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?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a6,698
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: See instructions for 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
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?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
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
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MD
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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 SUITE 400 ROCKVILLE, MD 20850 (301) 315-3030	

Check if Schedule O contains a response to any question in this Part VII

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

Form **990** (2011)

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 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	2,249,187				
	e	Government grants (contributions)	1e	637,877				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	673,884				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			3,560,948			
Program Service Revenue			Business Code					
	2a	WOMEN AND CHILDREN	900099	218,021,755	218,021,755			
	b	CARDIAC	900099	114,025,182	114,025,182			
	c	BEHAVIORAL HEALTH	900099	43,179,731	43,179,731			
	d	ONCOLOGY	900099	27,669,153	27,669,153			
	e	OCCUPATIONAL/SPEECH/PH	900099	18,610,633	18,610,633			
	f	All other program service revenue		183,243,745	182,993,827	249,918		
	g	Total. Add lines 2a-2f			604,750,199			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			5,496,728		5,496,728	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
			5,058,372					
			5,606,004					
			-547,632					
	d	Net rental income or (loss)			-547,632		-547,632	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			494,049,122					
			491,649,483					
			2,399,639					
	d	Net gain or (loss)			2,399,639		2,399,639	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a							
	b	Less direct expenses						
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19						
	a							
	b	Less direct expenses						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold							
c	Net income or (loss) from sales of inventory . . .			177,505		177,505		
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			615,837,387	604,500,281	249,918	7,526,240	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,404,105	1,404,105		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,690,033		5,690,033	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	983,442		983,442	
7	Other salaries and wages	242,048,641	214,257,209	26,137,116	1,654,316
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,099,643	6,239,036	798,593	62,014
9	Other employee benefits	23,172,788	18,998,252	4,031,305	143,231
10	Payroll taxes	19,276,289	15,838,397	3,324,662	113,230
11	Fees for services (non-employees)				
a	Management	8,818,859	8,036,911	781,948	
b	Legal	842,431		842,431	
c	Accounting	485,276		485,276	
d	Lobbying	323,461		323,461	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	5,204,992		5,204,992	
g	Other	51,845,529	43,331,782	7,807,191	706,556
12	Advertising and promotion	1,870,693	64,666	1,799,273	6,754
13	Office expenses	57,522,130	51,828,030	5,505,672	188,428
14	Information technology	22,342,371	16,743,373	5,598,998	
15	Royalties				
16	Occupancy	28,181,457	23,448,526	4,624,316	108,615
17	Travel	1,382,759	779,418	578,702	24,639
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	584,239	380,251	200,626	3,362
20	Interest	7,722,397	155,030	7,567,367	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,487,305	26,754,871	732,434	
23	Insurance	5,091,720		5,091,720	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	62,473,592	62,473,592		0
b	RECRUITING	1,145,955		1,145,909	46
c	LOSS ON EXTINGUISHMENT	868,639	868,639		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	583,868,746	491,602,088	89,255,467	3,011,191
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			57,301	1	57,500
	2	Savings and temporary cash investments			13,581,054	2	7,537,979
	3	Pledges and grants receivable, net			1,124,993	3	1,131,650
	4	Accounts receivable, net			96,673,141	4	108,624,957
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			6,301,893	7	3,872,994
	8	Inventories for sale or use			9,232,121	8	9,880,812
	9	Prepaid expenses and deferred charges			7,118,185	9	6,499,152
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	685,344,197			
	b	Less: accumulated depreciation	10b	337,221,131	331,228,722	10c	348,123,066
	11	Investments—publicly traded securities			175,844,638	11	182,290,110
	12	Investments—other securities. See Part IV, line 11			6,335,406	12	6,967,559
	13	Investments—program-related. See Part IV, line 11			50,981,408	13	55,362,932
	14	Intangible assets			5,519,669	14	3,792,124
	15	Other assets. See Part IV, line 11			38,824,270	15	38,517,982
	16	Total assets. Add lines 1 through 15 (must equal line 34)			742,822,801	16	772,658,817
Liabilities	17	Accounts payable and accrued expenses			93,420,228	17	104,345,079
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			248,377,297	20	243,742,780
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			84,203,835	23	100,199,585
	24	Unsecured notes and loans payable to unrelated third parties			16,000,000	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			41,115,751	25	43,672,806
	26	Total liabilities. Add lines 17 through 25			483,117,111	26	491,960,250
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			257,609,555	27	278,908,204
	28	Temporarily restricted net assets			2,096,135	28	1,790,363
	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			259,705,690	33	280,698,567
	34	Total liabilities and net assets/fund balances			742,822,801	34	772,658,817

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	615,837,387
2	Total expenses (must equal Part IX, column (A), line 25)	2	583,868,746
3	Revenue less expenses Subtract line 2 from line 1	3	31,968,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	259,705,690
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-10,975,762
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	280,698,567

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

☐

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

☐

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

☐

Provide the following information about the supported organization(s)

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

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 		
b	33 1/3% support test—2010. 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 		
17a	10%-facts-and-circumstances test—2011. 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 		
b	10%-facts-and-circumstances test—2010. 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 		
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1532556

Name: ADVENTIST HEALTHCARE INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
DAVID E WEIGLEY CHAIRMAN	1 00	X						0	0	0
WILLIAM G ROBERTSON SECRETARY, PRESIDEN &CEO	40 00	X		X				1,187,103	0	46,883
ROBERT T VANDEMAN VICE CHAIRMAN	1 00	X						0	0	0
SETH T BARDU FINANCE CHAIR	1 00	X						0	0	0
AVIS E BUCHANAN TRUSTEE	1 00	X						0	0	0
BRUCE C ROBERTSON PHD TRUSTEE	1 00	X						0	0	0
DREWRY J WHITE MD TRUSTEE	1 00	X						0	0	0
FRED M MANCHUR TRUSTEE	1 00	X						0	0	0
JEFFREY JPARGAMENT JR TRUSTEE	1 00	X						0	0	0
MARK E GRIFFIN TRUSTEE	1 00	X						0	0	0
MARTA BRITO PEREZ TRUSTEE	1 00	X						0	0	0
PATRICK J HOGAN TRUSTEE	1 00	X						0	0	0
PETER H PLAMONDON JR TRUSTEE	1 00	X						0	0	0
RENEE BATTLE-BROOKS ESQ TRUSTEE	1 00	X						0	0	0
ROBIN THOMASHAUER TRUSTEE	1 00	X						0	0	0
RUTH E BULGER PHD TRUSTEE	1 00	X						0	0	0
STEPHEN L TUCK MD TRUSTEE	1 00	X						0	0	0
WEYMOUTH SPENCE ED D TRUSTEE	1 00	X						0	0	0
WILLIAM K MILLER TRUSTEE	1 00	X						0	0	0
TERRY FORDE EXE VP & COO	40 00			X				612,878	0	16,196
JAMES G LEE EXE VP & CFO	40 00			X				604,986	0	33,175
GAUROV DAYAL SR VP & CHIEF MEDICAL OFFICER	40 00			X				562,733	0	34,148
SUSAN L GLOVER SR VP & CHIEF QUALITY OFFICER	40 00			X				367,677	0	39,544
DENNIS D HANSEN PRESIDENT, SGAH	40 00				X			607,836	0	47,434
JOYCE L PORTELLA PRESIDENT, WAH	40 00				X			478,839	0	30,149

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
JASON C COE PRESIDENT OF HRMC	1 00				X			358,516	0	40,798
DORIS REINHART VP ADMINISTRATOR - ARHM	1 00				X			303,838	0	62,603
KEITH BALLENGER VP ADMINISTRATOR	40 00				X			224,399	0	30,298
JERE D STOCKS SR VP	40 00					X		530,704	0	37,039
GENE C MILTON ASSISTANT TO CEO	40 00					X		503,247	0	100,826
KENNETH B DESTEFANO VP & GENERAL COUNSEL	40 00					X		417,528	0	36,617
PAULA WIDERLITE VP, SYSTEM STRATEGY	40 00					X		336,930	0	40,584
KATHLEEN H DYER VP & CHIEF INFO OFFICER	40 00					X		350,465	0	52,391
EDMUND F HODGE FORMER EXE VP & CAO	1 00						X	246,162	0	4,133
GEORGE CHILD FORMER PRESIDENT, ASLS	1 00						X	438,134	0	15,338
HISAKO MAKI THOMPSON FORMER PRESIDENT, ABH	1 00						X	263,700	0	15,975

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

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

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(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 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		71,892
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		251,569
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			323,461
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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
PART IV, SUPPLEMENTAL INFORMATION		DURING 2011, 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 AND PRINCE GEORGE'S COUNTY 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 MONITORING LEGISLATIVE AND EXECUTIVE ACTIONS RELATED TO FEDERAL HEALTH REFORM, HEALTHCARE REIMBURSEMENT, AND ACCESS TO HEALTHCARE SERVICES.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

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>Yes</div> <div>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 for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

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, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

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

\$

8

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

\$

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,712,065		9,712,065
b Buildings		334,898,439	176,634,153	158,264,286
c Leasehold improvements		26,289,679	16,410,423	9,879,256
d Equipment		246,379,695	126,325,806	120,053,889
e Other		68,064,319	17,850,749	50,213,570
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				348,123,066

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	Other losses	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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 450.000000000000 % c If the organization did 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	3a	Yes	
		3b	Yes	
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charnty care at cost (from Worksheet 1)			13,503,587		13,503,587	2 310 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)			16,938,700	14,484,707	2,453,993	0 420 %
d Total Charity Care and Means-Tested Government Programs			30,442,287	14,484,707	15,957,580	2 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,945,368	545,908	10,399,460	1 780 %
f Health professions education (from Worksheet 5)			1,886,673	69,465	1,817,208	0 310 %
g Subsidized health services (from Worksheet 6)			19,215,752	25,684	19,190,068	3 290 %
h Research (from Worksheet 7)			1,174,403	536,441	637,962	0 110 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,362,377		1,362,377	0 230 %
j Total Other Benefits			34,584,573	1,177,498	33,407,075	5 720 %
k Total. Add lines 7d and 7j			65,026,860	15,662,205	49,364,655	8 450 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			28		28	0 %
2Economic development			58,246		58,246	0 010 %
3Community support			11,285		11,285	0 %
4Environmental improvements			1,737		1,737	0 %
5Leadership development and training for community members			23,469		23,469	0 %
6Coalition building			108,194		108,194	0 020 %
7Community health improvement advocacy			1,410,938		1,410,938	0 240 %
8Workforce development			33,697		33,697	0 010 %
9Other			524,300		524,300	0 090 %
10Total			2,171,894		2,171,894	0 370 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	231,572,410	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	37,203,055	
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, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5209,188,396	
6	Enter Medicare allowable costs of care relating to payments on line 5	6164,539,499	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	744,648,897	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 GERMANTOWN OUTPATIENT IMAGING	OUTPATIENT IMAGING CENTER	50 000 %		50 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 5

Name and address

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

SHADY GROVE ADVENTIST HOSPITAL

Name of Hospital Facility:_____

Line Number of Hospital Facility (from Schedule H, Part V, Section A):_____1_____

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>450 0000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

WASHINGTON ADVENTIST HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes	

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>450 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

HACKETTSTOWN REGIONAL MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):3

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 0000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

ADVENTIST REHABILITATION HOSPITAL OF MAR

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):4

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>450 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

ADVENTIST BEHAVIORAL HEALTH

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>450 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13		No

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V

Facility Information (continued)

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

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (Describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, AHC ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME OUR CIRCUMSTANCES COULD INCLUDE THE NEEDS OF THE PATIENT AND/OR FAMILY AND OTHER FINANCIAL RESOURCES IT IS OUR MISSION TO PROVIDE NECESSARY MEDICAL CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE IN GENERAL, AHC HAS 12 LEVELS OF FINANCIAL ASSISTANCE THEY ARE AS FOLLOW - ANNUAL INCOME <= 1 0X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 00X AND <= 1 25X OF FPL, 10% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 25X AND <= 1 50X OF FPL, 20% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 50X AND <= 1 75X OF FPL, 30% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 75X AND <= 2 00X OF FPL, 40% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 00X AND <= 2 25X OF FPL, 50% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 25X AND <= 2 50X OF FPL, 60% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 50X AND <= 2 75X OF FPL, 70% PATIENT RESPONSIBILITY- ANNUAL INCOME >2 75X AND <= 3 00X OF FPL, 80% PATIENT RESPONSIBILITY- ANNUAL INCOME >3 00X AND <= 3 50X OF FPL, 85% PATIENT RESPONSIBILITY- ANNUAL INCOME >3 50X AND <= 4 00X OF FPL, 90% PATIENT RESPONSIBILITY- ANNUAL INCOME >4 00X AND <= 4 50X OF FPL, 95% PATIENT RESPONSIBILITY

Identifier	ReturnReference	Explanation
		PART I, LINE 7 MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE FOR THE REPORTING OF COMMUNITY BENEFIT, AHC USED MEDICARE'S COST REPORT METHODOLOGY OF COST TO CHARGE RATIO THE COST TO CHARGE RATIO WAS USED TO REDUCE THE YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST AHC ALSO APPLIED THE COST TO CHARGE RATIO TO BAD DEBT EXPENSES AND ADMINISTRATIVE DEDUCTION TO COST IN ADDITION, AHC ALSO CONSIDERED GOVERNMENT ASSESSMENTS THROUGH THE STATE'S HEALTH SERVICE COST REGULATORY AGENCY AND OTHER RELATED STATE GOVERNMENT AGENCIES AHC COMPUTED THE COMMUNITY BENEFITS BY ITS HOSPITAL FACILITIES AND AGGREGATED THE TOTAL

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

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSENO BAD DEBT IS INCLUDED IN THE FUNCTIONAL EXPENSES IN PART IX OF THE FORM 990 AND THEREFORE NO ADJUSTMENT WAS NECESSARY TO COMPUTE THE PERCENTAGES IN THE CHART FOR LINE 7

Identifier	ReturnReference	Explanation
		PART III, LINE 4 PATIENT ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ESTIMATED BASED UPON A PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING, PAYOR CLASSIFICATIONS, AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES AS PRESCRIBED BY HFMA STATEMENT 15, THERE ARE INSTANCES IN WHICH OUR COLLECTION EFFORTS PROVIDE INFORMATION THAT HELPS US DETERMINE AN ACCOUNT ACTUALLY QUALIFIES FOR CHARITY CARE WHEN THIS OCCURS, WE RECORD THIS CHANGE IN OUR BILLING AND COLLECTION SYSTEM USING A UNIQUE SERVICE CODE WE PREPARED AN ANALYSIS THAT PROVIDED US WITH A RATIO OF BAD DEBT ACCOUNTS THAT WERE SUBSEQUENTLY RECLASSIFIED AS CHARITY CARE WE THEN MULTIPLIED THAT RATIO TIMES OUR BAD DEBT PROVISIONS TO DETERMINE THE AMOUNT OF BAD DEBT THAT WE BELIEVE WILL ULTIMATELY MEET OUR CRITERIA FOR CHARITY CARE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 IT IS IMPORTANT TO RECOGNIZE THAT MARYLAND IS EXEMPT FROM MEDICARE REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID)PAY HOSPITALS' CHARGES, WHICH IN TURN IS REGULATED BY THE STATE OF MARYLAND'S COMMISSION ON A CASE MIX ADJUSTED CHARGE PER CASE BASIS SPECIFICALLY, MEDICARE AND MEDICAID ENJOY A DISCOUNT OF 4 TO 4 25% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS THERE SHOULD BE NO SHORTFALL AND THEREFORE COUNT TOWARD COMMUNITY BENEFIT AHC USED MEDICARE'S COST REPORT STEP DOWN AND INDIRECT COST ALLOCATION TO COMPUTE COST TO CHARGE RATIO TO ASSESS THE LEVEL OF COMMUNITY BENEFITS IN PROVIDING BAD DEBT, CHARITY AND ADMINISTRATIVE DEDUCTIONS SINCE MARYLAND'S COST REGULATION COMMISSION AND RELATED AGENCIES ALSO ASSESS HOSPITAL PROVIDERS TO SUBSIDIZE MEDICAID AND DISPROPORTION SHARE HOSPITAL PROVIDERS, THESE ASSESSMENTS ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS

Identifier	ReturnReference	Explanation
		PART III, LINE 9B AHC PROVIDES QUALITY MEDICAL SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY, RACE, CREED, SEX, AGE, NATIONAL ORIGIN OR FINANCIAL STATUS OUR FINANCIAL ASSISTANCE POLICY ENCOURAGES THE PATIENT AND THEIR REPRESENTATIVE TO COOPERATE WITH AND AVAIL THEMSELVES OF ALL AVAILABLE PROGRAMS (INCLUDING MEDICAID, WORKERS COMPENSATION, AND STATE AND LOCAL PROGRAMS) WHICH MIGHT PROVIDE COVERAGE OUR REGISTRATION, FINANCIAL COUNSELORS, CUSTOMER SERVICE, AND COLLECTION STAFF ARE THOROUGHLY FAMILIAR WITH THE CRITERIA AND PROCESS OF FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE PROCESS AND COLLECTION PROTOCOL ARE WELL DEFINED WITH MANAGERS AVAILABLE TO GUIDE AND HANDLE EXCEPTION SITUATIONS OUTSOURCED AGENCIES AND COLLECTIONS FIRMS ARE EXPECTED TO ADHERE TO AHC'S POLICY WITHOUT EXCEPTIONS BAD DEBT, CHARITY AND ADMINISRATIVE WRITEOFF ARE CLEARLY DEFINED WITH PRE-DETEMRINED AUTHORIZATION LEVELS DEPENDING ON THE MAGNITUDE GRANTED AHC ALSO REVISES ITS FINANCIAL ASSISTANCE POLICY AS FEDERAL GOVERNMENT AND/OR STATE GOVERNMENT REVISE THEIR POVERTY GUIDELINES OVERALL, AHC EXPECTS ITS STAFF TO TREAT ITS PATIENTS WITH DIGNITY AND RESPECT, AS THEY WOULD LIKE TO BE TREATED

Identifier	ReturnReference	Explanation
ADDITIONAL HOSPITALS INCLUDED	FORM 990 SCH H PART V, SECTIONS A AND B	IN ORDER TO PRESENT A MORE COMPLETE VIEW OF OUR HEALTH CARE SYSTEM, WE HAVE INCLUDED INFORMATION ABOUT THE FOLLOWING TWO HOSPITALS IN PART V OF THIS SCHEDULE HACKETTSTOWN REGIONAL MEDICAL CENTER AND ADVENTIST REHABILITATION HOSPITAL OF MARYLAND THIS INFORMATION IS ONLY INCLUDED IN PART V OF SCHEDULE H THE REMAINDER OF SCHEDULE H AND THIS FORM 990 DOES NOT INCLUDE ANY DATA FOR THESE TWO ADDITIONAL HOSPITALS AS THEY ARE SEPARATE ORGANIZATIONS AND FILE SEPARATE FORMS 990

Identifier	ReturnReference	Explanation
WASHINGTON ADVENTIST HOSPITAL		PART V, SECTION B, LINE 19D BECAUSE MARYLAND IS A RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

Identifier	ReturnReference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MAR		PART V, SECTION B, LINE 19D BECAUSE MARYLAND IS A RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

Identifier	ReturnReference	Explanation
ADVENTIST BEHAVIORAL HEALTH		PART V, SECTION B, LINE 19D BECAUSE MARYLAND IS A RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 2 NEEDS ASSESSMENTIN 2011 ADVENTIST HEALTHCARE PARTICIPATED IN HEALTHY MONTGOMERY'S STEERING COMMITTEE, WHICH IS A COLLABORATION BETWEEN FIVE HOSPITALS (SHADY GROVE ADVENTIST HOSPITAL, WASHINGTON ADVENTIST HOSPITAL, MONTGOMERY GENERAL HOSPITAL, SUBURBAN HOSPITAL AND HOLY CROSS HOSPITAL), ALONG WITH MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES, PUBLIC HEALTH FOUNDATION, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, MENTAL HEALTH ASSOCIATION OF MONTGOMERY COUNTY, KAISER PERMANENTE, FAMILY SERVICES INC , COMMISSION ON VETERANS AFFAIRS, A MONTGOMERY COUNTY COUNCIL MEMBER, MONTGOMERY COUNTY DEPARTMENT OF RECREATION, OFFICE OF COMMUNITY PARTNERSHIP FOR MONTGOMERY COUNTY, MONTGOMERY COUNTY COUNCIL OF PTA, PRIMARY CARE COALITION, PROYECTO SALUD HEALTH CENTER, AND LOCAL PHYSICIANS THE GROUPS COLLABORATIVE EFFORTS IN 2011 FOCUSED ON A SELECTION PROCESS FOR MONTGOMERY COUNTY'S HEALTH PRIORITIES DATA WAS COLLECTED AND A VENDOR (HEALTHY COMMUNITY INSTITUTE) WAS SELECTED TO IMPLEMENT A COMMUNITY TRACKING TOOL THAT IS LINKED TO PUBLIC HEALTH INTERVENTIONS THAT IMPROVE HEALTH OUTCOMES THIS ONGOING SURVEILLANCE IS POPULATION-BASED DATA THAT SHOWS HEALTH SERVICES UTILIZATION AND SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH, INCLUDING SOCIO-ECONOMIC STATUS, SOCIAL ISOLATION, HOUSING AND AIR QUALITY IT IS AVAILABLE TO THE PUBLIC ON THE HEALTHY MONTGOMERY WEBSITE ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES DEVELOPED AND RELEASED ITS 2011 ANNUAL PROGRESS REPORT, HEALTH DISPARITIES IN THE ERA OF REFORM IMPLEMENTATION, WHICH WAS MADE AVAILABLE TO THE PUBLIC ON THE CENTER ON HEALTH DISPARTIES' WEBSITE, AS WELL AS IN HARD COPY THROUGH CONFERENCES AND UPON REQUEST THE FIRST CHAPTER OF THAT REPORT DETAILS DEMOGRAPHIC TRENDS AND ASSESSES DISPARITIES ACROSS A RANGE OF ISSUES WITHIN THREE BROAD HEALTH TOPICS AFFECTING OUR COMMUNITY MATERNAL AND INFANT HEALTH, HEART DISEASE AND STROKE, AND CANCER THE REPORT INCORPORATES DESCRIPTIVE FINDINGS FROM NATIONAL, STATE AND COUNTY-LEVEL DATABASES ON THE RACIAL AND ETHNIC MAKEUP OF THE POPULATION, THE PREVALENCE OF DISEASE ACROSS THESE GROUPS, AND THE RATES OF RECEIVING APPROPRIATE TREATMENT TO CREATE THIS REPORT, ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES ANALYZED THE U S CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY AND PROFILES OF GENERAL POPULATION AND HOUSING CHARACTERISTICS TO PRODUCE A BROAD DEMOGRAPHIC OVERVIEW BY COUNTY, RACE, AND ETHNICITY IN MARYLAND, THE CENTER PRODUCED DESCRIPTIVE TABULATIONS BASED ON DATA FROM THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE MARYLAND CANCER REGISTRY, THE MARYLAND VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH CARE COMMISSION, AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES (MDHMH) OFFICE ON MINORITY HEALTH & HEALTH DISPARITIES IN ADDITION TO THESE DATA SOURCES, THE CENTER ALSO SUMMARIZED FINDINGS FROM VARIOUS NATIONAL AND STATE-LEVEL REPORTS ON INSURANCE COVERAGE, DISEASE CONDITION, AND HEALTHY BEHAVIORS RELEASED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE KAISER FAMILY FOUNDATION, AND THE MDHMH'S FAMILY HEALTH ADMINISTRATION, OFFICE OF CHRONIC DISEASE PREVENTION IN 2011, ADVENTIST HEALTHCARE ALSO EMBARKED ON A COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR EACH OF ITS ACUTE CARE HOSPITALS THIS MULTI-DISCIPLINARY TEAM BEGAN EXAMINING STATE AND FEDERAL REQUIREMENTS, AND TRAINING ON COLLECTION METHODS AND ELEMENTS OF WHAT TO INCLUDE IN A COMMUNITY HEALTH NEEDS ASSESSMENT</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITYAHC EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS THEY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING (1) AHC HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' WEBSITE, (2) PATIENTS THAT ARE REGISTERED AS SELF PAY OR WITH NO INSURANCE, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND GIVEN A CHARITY APPLICATION, (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID, (4) WHEN PATIENTS WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL HARDSHIP, CUSTOMER SERVICE REPS AND SELF PAY COLLECTORS WILL MAIL A CHARITY APPLICATION TO THE PATIENT, AND (5) RESIDENTS THAT PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY, ETC , ARE INFORMED OF AHC'S CHARITY PROGRAM PRIOR TO RECEIVING SERVICES

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 4 COMMUNITY INFORMATIONAHCS SERVICE AREAS ARE SITUATED IN THE WASHINGTON/BALTIMORE METROPOLITANAREA SPECIFICALLY, WASHINGTON ADVENTIST HOSPITAL DRAWS PATIENTSFROM AREAS SUCH AS SILVER SPRING, TAKOMA PARK, GAITHERSBURG, POTOMAC, ROCKVILLE, THE DISTRICT OF COLUMBIA AND ITS SURROUNDING AREAS SHADY GROVEADVENTIST HOSPITAL (SGAH) DRAWS PATIENTS FROM ROCKVILLE, GAITHERSBURG,SILVER SPRING, GERMANTOWN, FREDERICK, AND NORTH AND EAST OF THE DISTRICTOF COLUMBIA WE SERVE ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES IN THE UNITED STATES, NON-HISPANIC WHITES NOW COMPRISE ONLY 49% OF THE POPULATION OF MONTGOMERY COUNTY, MD , A DECREASE OF MORE THAN 20% OVER THE LAST TWO DECADES FOR THE FIRST TIME, MINORITIES ACCOUNT FOR MORE THAN HALF OF THE COUNTYS POPULATION, MAKING IT ONE OF ONLY 336 MAJORITY-MINORITY COUNTIES IN THE NATION ACCORDING TO THE U S BUREAU CENSUS BUREAU, THE PERCENTAGE OF HISPANICS OR LATINOS IN MONTGOMERY COUNTY IS MORE THAN DOUBLE THE PERCENTAGE OF HISPANICS OR LATINOS IN THE STATE OF MARYLAND AND WITHIN THE COUNTY, IT OUTNUMBERS ALL POPULATIONS OTHER THAN NON-HISPANIC WHITES THE U S CENSUS BUREAU HAS ALSO FOUND THAT MARYLAND IS ONE OF THE TOP TEN DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS, AND 41% OF THE FOREIGN-BORN IN MARYLAND RESIDE IN MONTGOMERY COUNTY THE COUNTYS FOREIGN-BORN POPULATION HAS GROWN FROM 12% IN 1980 TO CURRENTLY MORE THAN 30% IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY AND OUR HOSPITAL PROVIDERS ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 5 PROMOTING COMMUNITY HEALTHAS THE FIRST, LARGEST AND ONLY NOT-FOR-PROFIT H EALTH SYSTEM HEADQUARTERED IN MONTGOMERY COUNTY, MARYLAND, ADVENTIST HEALTHCARE HAS MORE T HAN A CENTURY-LONG TRADITION OF SERVING THE COMMUNITY WE HAVE DEEP ROOTS WORKING FOR AND WITHIN THE COMMUNITY, WHICH GIVES US SPECIAL INSIGHT TO IDENTIFY AND MEET COMMUNITY HEALTH NEEDS WITH IMPORTANT SERVICES AND RESOURCES THIS COLLABORATION HELPS US TO IMPROVE THE H EALTH STATUS AND QUALITY OF LIFE FOR OUR RESIDENTS, ESPECIALLY FOR UNDERSERVED GROUPS SUCH AS THE UNINSURED AND MINORITIES EACH YEAR, ADVENTIST HEALTHCARE ENHANCES OUR CONTRIBUTIO NS AND COLLABORATIVE PARTNERSHIPS TO ADDRESS COMMUNITY NEEDSHERE ARE SOME SNAPSHOTS OF ADV ENTIST HEALTHCARE'S WORK IN THE COMMUNITYIN 2011 WE HAVE PARTNERED WITH SUCH GROUPS AS THE ROCKVILLE AND DAMASCUS SENIOR CENTERS, TAKOMA PARK COMMUNITY CENTER, THE CITY OF GREENBELT, AND THE PRINCE GEORGES COUNTY PARKS AND RECREATION DEPARTMENT THROUGH THESE AND OTHER PARTNERSHIPS, NEARLY 2,500 PEOPLE TOOK ADVANTAGE OF BLOOD PRESSURE SCREENINGS AND HEALTH E DUCATION CLASSES IN MONTGOMERY AND PRINCE GEORGES COUNTIES AT 56 HEALTH FAIRS THROUGHOUT M ONTGOMERY AND PRINCE GEORGES COUNTIES, WE OFFERED SCREENINGS, COUNSELING AND HEALTH EDUCAT ION MATERIALS TO THE 4,090 INDIVIDUALS WE ENCOUNTERED THESE HEALTH FAIRS TOOK PLACE AT SU CH VENUES AS LEISURE WORLD, THE JEWISH COMMUNITY CENTER AND THE FDA, AND INCLUDED PARTNERS SUCH AS THE CITY OF GREENBELT AND THE MONTGOMERY COUNTY HEALTH DEPARTMENT THROUGH ADVENTI ST HEALTHCARES HELP STOP THE FLU CAMPAIGN, 1,386 FREE OF LOW-COST INFLUENZA VACCINES WERE GIVEN AT 46 FLU CLINICS HELD AT LOCAL COMMUNITY AND SENIOR CENTERS OUR MATERNAL/CHILD HEAL TH EDUCATION PROGRAMS ARE DESIGNED TO INCREASE KNOWLEDGE AND DECREASE ANXIETY, BOTH FOR EX PECTANT PARENTS AS WELL AS THOSE WHO ARE JUST BEGINNING THE PARENTING JOURNEY IN 2011, WE HELD A TOTAL OF 513 MATERNAL/CHILD HEALTH EDUCATION CLASSES, TOURS AND SUPPORT GROUPS, AS WELL AS BREASTFEEDING CLASSES AND SUPPORT GROUPS, REACHING 10,837 EXPECTANT AND NEW PAREN TS, SIBLINGS AND ADDITIONAL FAMILY MEMBERS FOR A TOTAL OF 15,229 ENCOUNTERS ADVENTIST HEAL THCARES CARDIAC & VASCULAR OUTREACH PROGRAM PROVIDES PROGRAMMING AND SCREENINGS AIMED AT E DUCATING AND EMPOWERING THOSE IN OUR COMMUNITY TO BETTER UNDERSTAND AND MANAGE THEIR RISK FACTORS AND TO MAKE LIFESTYLE CHANGES THAT WILL LOWER THEIR RISKS FOR HEART DISEASE IN 20 11, 987 INDIVIDUALS HAD ACCESS TO 2,790 SCREENINGS AT 34 DIFFERENT EVENTS ADDITIONAL CLAS SES, SUPPORT GROUPS, AND MEETINGS RAISED THE TOTAL NUMBER OF PATIENT ENCOUNTERS TO 2,745 I N 2011, 82 PEOPLE ATTENDED THE SPRING INTO BETTER HEALTH EVENT AT SHADY GROVE ADVENTIST HO SPITAL SEVENTY-SIX OF THESE INDIVIDUALS TOOK ADVANTAGE OF HEALTH SCREENINGS AND 25 ATTEND ED LECTURES ON SUCH TOPICS AS DIABETES, HIGH BLOOD PRESSURE, AND VASCULAR DISEASE IN THE FALL OF 2011, 144 INDIVIDUALS PARTICIPATED IN HEALTH SCREENINGS OFFERED AS PART OF THE NAV IGATING YOUR VASCULAR HEALTH PROGRAM, HELD AT BOTH SHADY GROVE AND WASHINGTON ADVENTIST HO SPITALS SHADY GROVE AND WASHINGTON ADVENTIST HOSPITALS PRESENTED THE LOVE YOUR HEART EXPO ON FEB 12 TO EDUCATE THE COMMUNITY ABOUT HEART HEALTH AT THE EVENT, HELD AT THE WHITE F LINT MALL IN ROCKVILLE, MARYLAND, NEARLY 170 PEOPLE RECEIVED A TOTAL OF 528 FREE SCREENING S FOR 13 PARTICIPANTS WHO RECEIVED ABNORMAL RESULTS AT THE EVENT, APPOINTMENTS WERE MADE FOR FREE FOLLOW-UP SCREENINGS AFTER THESE RESULTS WERE MAILED, A NURSE PRACTITIONER PROVI DED ONE-ON-ONE COUNSELING BY PHONE ADVENTIST HEALTHCARE RECEIVED A SUSAN G KOMEN FOR THE CURE GRANT IN 2011 A \$917,000 GRANT OVER FOUR YEARS THAT WILL ALLOW US TO EXPAND OUR EXIST ING NAVIGATE TO HEALTH RAPID REFERRAL PROGRAM WE PROVIDED 1,688 WOMEN WITH SCREENING AND DIAGNOSTIC MAMMOGRAMS IN 2011 THANKS TO A SUSAN G KOMEN FOR THE CURE GRANT RECEIVED BY THE PRIMARY CARE COALITION, WASHINGTON ADVENTIST HOSPITAL BEGAN A PARTNERSHIP WITH THE SPA NISH CATHOLIC CENTER THAT ALLOWED US TO PROVIDE 111 SCREENING MAMMOGRAMS TO PATIENTS AT TH E CENTER SHADY GROVE ADVENTIST HOSPITAL HELD ITS 4TH ANNUAL BREAST CANCER AWARENESS EVENT IN OCTOBER THE PINK FLING PROVIDED FREE EDUCATION, AN ASK-THE- EXPERT PANEL, MAKEOVERS, A ND MORE NEARLY 100 COMMUNITY PARTICIPANTS ATTENDED THIS INVALUABLE BREAST CANCER EVENT T HE LOOK GOOD FEEL BETTER PROGRAM, HELD AT WASHINGTON ADVENTIST HOSPITAL, HELPED 25 WOMEN I N 2011 EACH YEAR, ADVENTIST HEALTHCARE HOLDS ITS FREE CANCER SCREENING DAY FOR BOTH THE SH ADY GROVE ADVENTIST AND THE WASHINGTON ADVENTIST COMMUNITIES ON THOSE DAYS, WE PERFORM FR EE SCREENINGS FOR PROSTATE, COLORECTAL, ORAL, SKIN, BLADDER, AND THYROID CANCERS, AS WELL AS CLINICAL BREAST EXAMS IN 2011, WE SCREENED 226 PARTICIPANTS, PERFORMING A TOTAL OF 999 SCREENINGS BETWEEN THE TWO HOSPITALS HUDDLE UP FOR PROSTATE HEALTH, AN EXCITING NEW EVEN T IN 2011, WAS HELD IN BOTH MONTGOMERY AND PRINCE GEORGES COUNTIES THE EVENT FEATURED FRE E PREVENTION EDUCATION AND PSA SCREENINGS TO MEN I</p>

Identifier	ReturnReference	Explanation
		<p>N THE COMMUNITY OF THE 67 INDIVIDUALS WHO ATTENDED THE EVENT IN BOTH COUNTIES, 50 RECEIVE D A PSA SCREENING THE COLORECTAL CANCER SCREENING PROGRAM, SUPPORTED BY THE CIGARETTE RES TITUTION FUND, CONTINUES TO PROVIDE OUTREACH AND FREE SCREENINGS TO AT-RISK ELIGIBLE MEN A ND WOMEN RESIDING IN MONTGOMERY COUNTY THROUGH THIS PROGRAM ADVENTIST HEALTHCARE WAS ABLE TO PROVIDE FIVE FREE COLONOSCOPIES TO RESIDENTS IN THE MONTGOMERY COUNTY COMMUNITY SHADY GROVE ADVENTIST HOSPITAL'S GERMANTOWN PRENATAL CENTER PROVIDESOBSTETRICAL CARE TO UNINSUR ED WOMEN THROUGH THE MONTGOMERY COUNTYMATERNITY PARTNERSHIP PROGRAM, INCLUDING PRE-AND POS T-NATAL CARE, GENERALGYNECOLOGICAL CARE AS WELL AS FAMILY PLANNING SERVICES TO PATIENTS WA SHINGTON ADVENTIST HOSPITAL CONTINUES TO PROVIDE CANCER SCREENINGS ANDSERVICES TO UNINSURE D/UNDERINSURED INDIVIDUALS REACHED THROUGH OUR BREASTCANCER SCREENING PROGRAM, ANNUAL CANC ER SCREENING DAYS AND WORK WITH THEMONTGOMERY COUNTY CANCER CRUSADE SHADY GROVE ADVENTIST HOSPITAL ALSO HOLDS ANNUAL CANCER SCREENING DAYSAND PARTNERS WITH THE MONTGOMERY COUNTY WO MEN'S CANCER CONTROL PROGRAMAND MARYLAND'S BREAST AND CERVICAL DIAGNOSIS TREATMENT PROGRAM TO OFFERSCREENINGS, PATIENT EDUCATION AND ACCESS TO TREATMENT FOR LOW-INCOMEWOMEN AGES 40 AND OLDER IN ADDITION TO THE SERVICES AND PROGRAMS FOR OFFER TO PROMOTE COMMUNITYHEALTH, WE HAVE ALSO PARTNERED WITH MANY COMMUNITY GROUPS TO ENSURE THEEDUCATION OF FUTURE HEALTH CARE PROFESSIONALS WHO MAY THEN FILL A GROWINGNEED IN OUR REGION ** ADVENTIST HEALTHCARE H AS PARTNERED WITH MANY OF MONTGOMERY COUNTY'SQUALITY EDUCATION INSTITUTIONS - THE UNIVERSI TIES AT SHADY GROVE,WASHINGTON ADVENTIST UNIVERSITY AND MONTGOMERY COLLEGE- TO PROVIDESCHO LARSHIPS FOR THOSE STUDENTS INTERESTED IN A REWARDING HEALTH-CARECAREER ** WE PROVIDE THE LARGEST CLINICAL PARTNERSHIP FOR MONTGOMERY COLLEGE'SNURSE TRAINING PROGRAM AND ALSO PROVI DE CLINICAL TRAINING FOR NURSINGSTUDENTS AT CARROLL COMMUNITY COLLEGE, FREDERICK COMMUNITY COLLEGE,GEORGETOWN UNIVERSITY, HOWARD COMMUNITY COLLEGE, PRINCE GEORGE'SCOMMUNITY COLLEGE , THE UNIVERSITY OF MARYLAND AND WASHINGTON ADVENTISTUNIVERSITY ** WE SUPPORT ADDITIONAL N URSING PROGRAMS, AS WITH OUR \$1 5 MILLIONCOMMITMENT TO THE MARYLAND HOSPITAL ASSOCIATION'S "WHO WILL CARE?"CAMPAIGN FOR NURSING EDUCATION, WHICH SUPPORTS THE CARE OF LOCALRESIDENTS ** OUR SHADY GROVE LIFE SCIENCES CENTER EVENTS AND PROGRAMS GIVE LOCALSTUDENTS THE OPPORT UNITY TO EXPERIENCE CAREERS IN HEALTH CARE AND SCIENCEAS A FUTURE PROFESSION ADVENTIST HEA LTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OURSERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY,ENGAGED COMMUNITY THE IMPORTANT PARTNERSHIPS AND RELATIONSHIPS WE HAVEDEVELOPED WITH MERCY CLINIC, MARY'S CENTER AND MOBILEMED HELP US TOAUGME NT HEALTH CARE IN LOWER MONTGOMERY AND PRINCE GEORGE'S COUNTIES ASWELL AS UPPER MONTGOMERY AND LOWER FREDERICK COUNTIES THESE ARE AREASWHERE NUMEROUS RESIDENTS MAY BE UNDERSERVED, EITHER BY BEING UNINSURED,OR IN AN AREA WHERE HEALTH SERVICES MAY BE LOCATED FAR AWAY THE MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICESINCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES IN THE LONG BRANCH SECTION OF SILVER SPR ING, OUR PARTNERSHIP WITH MARY'SCENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CAR E TOPEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TOSOCIAL-SERVICES PROGRAMS O UR WORK WITH MOBILE MED IN ITS GERMANTOWNLOCATION AND ITS MOBILE MEDICAL VAN ENABLES REGUL AR MEDICAL CARE, SUCH ASROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS WE ALSO PROVIDE SPECIALIZED SERVICES AND CARE THAT ARE UNIQUE AND VITALTO THE COMMUNITY SHADY GRO VE ADVENTIST HOSPITAL'S FORENSIC MEDICAL UNIT, THE ONLY ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE (CONT'D ON SUPP INFO)</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 6 AFFILIATED HEALTH CAREADVENTIST HEALTHCARE, BASED IN ROCKVILLE, MD , IS A FAITH-BASED, NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE SERVICES TO THE COMMUNITY WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK VICTIMS, CANCER PATIENTS AND PREMATURE BABIES AND THE COMMUNITY OUR UNWAVERING FOCUS HAS ALWAYS BEEN ON THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE WE ARE ALREADY A STEP AHEAD AS HEALTH CARE REFORM IS CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF POPULATIONS, OUR INTEGRATED, HEALTH-CARE DELIVERY NETWORK INCLUDES FIVE NATIONALLY ACCREDITED, ACUTE-CARE AND SPECIALTY HOSPITALS, MENTAL HEALTH SERVICES AND HOME HEALTH AGENCIES, SERVING THE WASHINGTON, D C METROPOLITAN AREA AND NORTHWESTERN NEW JERSEY ADVENTIST HEALTHCARE IS SHADY GROVE ADVENTIST HOSPITAL, WASHINGTON ADVENTIST HOSPITAL, HACKETTSTOWN REGIONAL MEDICAL CENTER IN NEW JERSEY, ADVENTIST BEHAVIORAL HEALTH, ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, ADVENTIST HOME HEALTH SERVICES, THE REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN AND OTHER HEALTH SERVICES TOGETHER, WITH OUR HEALTH & WELLNESS PROGRAMS, OUR CENTER ON HEALTH DISPARITIES AND MORE THAN 2,000 AFFILIATED PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY CARE DELIVERY COMPONENTS NEEDED TO DELIVER POPULATION-BASED CARE ACROSS THE CONTINUUM OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE MOST VULNERABLE AND UNDERSERVED IN 2011, WE CARED FOR NEARLY 400,000 RESIDENTS, AND PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFITMORE THAN \$62 MILLION AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF NEARLY 6,500 EMPLOYEES AND ALMOST 1,600 VOLUNTEERS THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO IMPROVE ACCESS TO HEALTH CARE FOR LOW INCOME AND UNINSURED INDIVIDUALS, AS WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND IMMIGRANTS OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS VISIT WWW.ADVENTISTHEALTHCARE.COM TO LEARN EVEN MORE ABOUT OUR SERVICES AND OUR LONGSTANDING BELIEF THAT A HEALTHY LIFESTYLE IS THE BEST WAY TO PREVENT DISEASE, AND THAT PREVENTION IS MUCH BETTER THAN A CURE AHC EXPECTS OUR OPERATING DIVISION TO BE EFFICIENT IN HEALTH SERVICESDELIVERY AND INVOLVED IN THE LOCAL COMMUNITY WHILE THE OVERALL PLANNING AND INVOLVEMENT IN THE COMMUNITY ARE COORDINATED THROUGH THE CORPORATE OFFICE THE PURPOSE IS NOT TO CREATE REDUNDANCY AND INEFFECTIVE USES OF RESOURCES</p>

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MD

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

General Information on Grants and Assistance

- 1

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

Yes

No

2

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (Form 990) if additional space is needed
- | (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 |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table | | | | | | | |
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- 2

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

17

3

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

4
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2011

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROGRAM OPERATES IN SUPPORT OF OUR ORGANIZATIONS MISSION WE DEMONSTRATE GODS CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND SEEKS TO SUPPORT AND PARTNER WITH COMMUNITY-BASED ORGANIZATIONS TO IMPROVE BOTH OVERALL COMMUNITY HEALTH AND THE HEALTH CARE SYSTEM THE COMMUNITY PARTNERSHIP FUND WILL CHANNEL ITS INVESTMENTS INTO AREAS OF FOCUS THAT WILL IMPROVE COMMUNITY HEALTH THESE INVESTMENTS INCLUDE, BUT ARE NOT LIMITED TO WORKING TO INCREASE ACCESS FOR THE UNDERSERVED, DISSEMINATING CARE IMPROVEMENTS, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND INFLUENCING PUBLIC POLICY AREAS OF FOCUS - PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC SERVICES, HEALTH DISPARITIES RESEARCH PROJECTS, AND EDUCATIONAL CONFERENCES THAT WILL ADDRESS THE NEEDS OF VULNERABLE POPULATIONS - PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF CANCER AND CARDIOVASCULAR SERVICES - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVING THE UNDERSERVED AND UNINSURED IN THE AREA - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTE HEALTHCARE CAREERS, AND POLICY ADVOCACY ASSESSMENT CRITERIA (RANKED IN ORDER OF IMPORTANCE) 1 FACILITATES ACCOMPLISHMENT OF AHC GOALS (20%) STRATEGIC FIT BETWEEN PROJECT AND AHC POSITION AS A HEALTH ADVOCATE DEMONSTRATES CHANGING PERCEPTION OF AHC BRAND DEMONSTRATES AHC LEADERSHIP IN CARE AND CLINICAL SERVICES DEMONSTRATES AHC LEADERSHIP IN HEALTH AND MEDICAL MANAGEMENT DEMONSTRATES AHC LEADERSHIP IN EDUCATION AND RESEARCH BRAND REPUTATION OF PARTNER STABILITY OF PARTNER LEVERAGES EXISTING RELATIONSHIP AND MAKES IT STRONGER OPENS NEW DOORS FOR RELATIONSHIP (VS ONE-TIME OPPORTUNITY WITH LIMITED FUTURE) 2 COMMUNITY HEALTH IMPACT (IF COMMUNITY BENEFIT IN NATURE) (15%) TAKES PLACE IN AHCS AREAS OR REGION OF SERVICE IDENTIFIES POPULATION-SERVED ADDRESSES RACIAL AND ETHNIC HEALTH DISPARITIES 3 COST & RESOURCE ISSUES (15%) COST RELATIVE TO BUDGET MULTIPLE AHC ENTITIES OR DEPARTMENTS SUPPORT REQUIRED CLINICAL PERSONNEL REQUIRED VALUE FOR INVESTMENT (E G COST VS IMPACT) EASE OF EXECUTION 4 FIT WITH CUSTOMER TARGETS (IF COMMERCIAL IN NATURE) (15%) DEMOGRAPHIC FIT WITH CUSTOMER SEGMENTATION HOSPITALITY BENEFITS VIP ENTERTAINMENT BENEFITS 5 OWNERSHIP/VISIBILITY (10%) TITLE SPONSOR, ORGANIZATION-NAMED ACTIVITY OPPORTUNITY TO BUILD EQUITY OVER TIME (LONG-TERM OR SHORT-TERM COMMITMENT?) INDUSTRY CATEGORY EXCLUSIVITY, ABILITY TO PRE-EMPT COMPETITORS AVOID CLUTTER OF MULTIPLE LAYERS OF SPONSORS ABILITY TO INFLUENCE CONTENT 6 MEDIA AND PUBLICITY (EXPOSURE) (10%) QUALITY AND QUANTITY OF OPPORTUNITY FOR MEDIA PLACEMENTS MEDIA CO-SPONSOR TIE-IN NEWSWORTHINESS OF ACTIVITY LATITUDE TO COMMUNICATE AHC MESSAGES OR LOGO-RECOGNITION? 7 EMPLOYEE IMPACT (10%) POTENTIAL TO HAVE POSITIVE IMPACT ON EMPLOYEE MORALE ABILITY TO REACH EMPLOYEES IN KEY COMMUNITIES FIT BETWEEN PROJECT AND EMPLOYEES WORK/FAMILY BALANCE ISSUES 8 GENERAL COMMUNITY IMPACT (5%) BUILDING OF GOODWILL DEMONSTRATION OF LEADERSHIP

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
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501-(C)-(3)	11,000				CURING HEART DISEASE
CASA DE MARYLAND INC310 TULIP AVE TAKOMA PARK, MD 20912	52-1372972	501-(C)-(3)	7,500				COMMUNITY SERVICES

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

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COLUMBIA UNION CONFERENCE5427 TWIN KNOLLS ROAD COLUMBIA,MD 21045	52-0664576		175,000				CULTURAL STUDIES
COMMONHEALTH ACTION1301 CONNECTICUT AVENUE NW WASHINGTON,DC 20036	83-0398572		50,000				COMMUNITY SUPPORT FOR IMPROVED HEALTH

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

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GERMANTOWN CULTURAL ARTS CENTER12901 TOWN COMMONS DRIVE GERMANTOWN, MD 20874	52-2010744	501-(C)-(3)	18,000				COMMUNITY ARTS PROGRAM
GREATER SILVER SPRING8601 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1813227	501-(C)-(3)	10,400				PROMOTE HEALTH SERVICE

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

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LEADERSHIP MONTGOMERY5910 EXECUTIVE BLVE 200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	15,000				SUPPORT MONT CO ISSUES AND CHALLENGES
MARYLAND HEALTHCARE EDUCATION INSTITUTE6820 DEERPATH ROAD ELKRIDGE, MD 21075	52-9001664	501-(C)-(6)	150,000				HEALTHCARE EDUCATION

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

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MARY'S CENTER FOR MATERNAL & CHILDCARE9913 KENTDALE DRIVE POTOMAC, MD 20854	52-1594116	501-(C)-(3)	303,000				HEALTHCARE FOR UNI NS
MOBILE MEDICAL CARE INC9309 OLD GEORGETOWN ROAD BETHESDA, MD 20814	23-7022588	501-(C)-(3)	400,000				FREE/LOWCOST HEALTHCARE

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

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MONTGOMERY COUNTY BUSINESS ROUNDTABLE451 HUNGERFORD ROAD ROCKVILLE, MD 20850	41-2047342	501-(C)-(3)	12,000				COMMUNICATIONS
MONTGOMERY COUNTY CHAMBER OF COMMERCE51 MONROE STREET ROCKVILLE, MD 20850	52-0735621	501-(C)-(3)	7,250				PROMOTE MONTGOMERY CARE

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

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MONTGOMERY COALITION FOR ADULT10605 CONCORD TREET ST 440 KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	10,000				SUPPORT MC LITERACY PROGRAMS
MONTGOMERY HOSPICE1355 PICCARD DR ROCKVILLE, MD 20850	52-1664426	501-(C)-(3)	10,250				COMMUNITY PARTNERSHIP FUND

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

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NATIONAL CAPITAL POISON CENTER3201 NEW MEXICO AVE 310 WASHINGTON,DC 20016		501-(C)-(3)	10,000				MEMBERSHIP
NORTH AMERICAN DIVISION OF SEVENTH-DAY 12501 OLD COLUMBIA PIKE SILVER SPRING,MD 20904	20-3164300	501-(C)-(3)	10,000				SPONSORSHIP FOR MINISTRIES

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
ONDA CAPITAL INC2775 SOUTH QUINCY STREET STE 100 ARLINGTON,VA 22206	54- 1695248		7,500				SPONSOR TELEMUNDO EXPO
SALISBURY UNIVERSITY FOUNDATIONPO BOX 2655 SALISBURY,MD 21802	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
STRATHMORE HALL FOUNDATION INC 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	10,000				PROMOTE PERFORMING A
THE COMMUNITY FOUNDATION FUND8720 GEORGIA AVENUE SUITE 202 SILVER SPRING, MD 20910	23-7343119	501-(C)-(3)	17,500				SPONSORSHIP FOR MONT FUND

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
WASHINGTON ADVENTIST UNIVERSITY7600 FLOWER AVE TAKOMA PARK,MD 20812	52-1692158	501-(C)-(3)	102,500				GENERAL SUPPORT
WASHINGTON ADVENTIST HOSPITAL FOUNDATION1801 RESEARCJH BLVD ROCKVILLE,MD 20850	52-1692158	501-(C)-(3)	10,000				GENERAL SUPPORT

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
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION1801 RESEARCJH BLVD ROCKVILLE, MD 20850	52- 1216429	501-(C)-(3)	10,000				GENERAL SUPPORT
ADVENTIST BEHABIORAL HEALTH FOUNDATION1801 RESEARCJH BLVD ROCKVILLE, MD 20850	20- 5479860	501-(C)-(3)	27,205				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input 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><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></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>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?</div>	2	
<div>3</div> <div>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><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><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></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	9	

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

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

[illegible]

Part III Supplemental Information

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.

Identifier	Return Reference	Explanation
	PART I, LINE 3	COMPENSATION DEFINED. THE COMPENSATION REPORTED FOR THE EMPLOYEES SET FORTH ON SCHEDULE J IS COMPRISED OF THE FOLLOWING: BASE COMPENSATION INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN ADVANCE, CONTINGENT ONLY UPON THE PAYEE'S PERFORMANCE OF AGREED-UPON SERVICES (SUCH AS SALARY OR FEES). INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS, EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL PERFORMANCE, AMONG OTHER THINGS. OTHER REPORTABLE COMPENSATION INCLUDES CERTAIN CUMULATIVE LUMP-SUM TAXABLE PAYMENTS MADE AS A RESULT OF TAX LAW CHANGES THAT AFFECTED THE ADMINISTRATION OF ADVENTIST HEALTHCARE CAPITAL ACCUMULATION ACCOUNT (CAA) PLAN ESTABLISHED PURSUANT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE. IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES LONG-TERM DISABILITY COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO) HOURS, IMPUTED VALUE OF LIFE INSURANCE BENEFITS, OUT-OF-STATE COMMUTE, AND SEVERANCE, AS APPLICABLE. OTHER REPORTABLE COMPENSATION ALSO INCLUDES THE FOLLOWING, AS APPROVED BY THE BOARD COMPENSATION COMMITTEE: TAXABLE HOUSING ASSISTANCE FOR RELOCATION TO THE AREA FOR ACCEPTANCE OF EMPLOYMENT; TERRY FORDE NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT PREMIUM), AND THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, LIFE INSURANCE, BASE CONTRIBUTIONS TO RETIREMENT PLANS, MATCHING OF EMPLOYEES' RETIREMENT CONTRIBUTIONS, ETC. PAY PRACTICE. ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL OF ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE. AS APPLICABLE, THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES RETURNS SCHEDULE J PART I, LINE 3 INDEPENDENT GUIDELINES. WHEN SETTING COMPENSATION FOR THE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES, ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND BENEFITS FOR COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN) OF THE MARKET. PAY PHILOSOPHY. FOR ALL ADVENTIST HEALTHCARE EMPLOYEES INCLUDING THOSE LISTED ON SCHEDULE J, THE GOAL OF ADVENTIST HEALTHCARE IS TO OFFER COMPETITIVE SALARIES IN ORDER TO ATTRACT, HIRE AND RETAIN QUALIFIED AND TALENTED INDIVIDUALS. MAINTAINING A QUALITY, STABLE WORKFORCE HAS A POSITIVE IMPACT ON THE WORKPLACE AND ON THE CARE PROVIDED TO OUR PATIENTS/RESIDENTS AND THEIR FAMILIES. IN GENERAL, NON-EXECUTIVE EMPLOYEES ARE COMPENSATED UTILIZING THE FULL WAGE SCALE FOR THEIR RESPECTIVE POSITIONS, COMPARED TO THE MARKET. HOWEVER, EXECUTIVES ARE GENERALLY LIMITED TO THE MEDIAN OF THE MARKET FOR THEIR RESPECTIVE POSITIONS.
	PART I, LINE 4B	CUMULATIVE LUMP-SUM TAXABLE PAYMENTS MADE AS A RESULT OF TAX LAW CHANGES THAT AFFECTED THE ADMINISTRATION OF THE ADVENTIST HEALTHCARE CAPITAL ACCUMULATION ACCOUNT (CAA) PLAN ESTABLISHED PURSUANT TO SECTION 457(F) OF THE INTERNAL REVENUE CODE WERE AS FOLLOWS: WILLIAM G. ROBERTSON \$180,793; JAMES G. LEE \$85,654; TERRY FORDE \$71,448; SUSAN L. GLOVER \$38,660; DENNIS HANSEN \$84,370; GAUROV DAYAL \$73,904; JOYCE L. PORTELLA \$76,236; JASON C. COE \$33,854; DORIS REINHART \$25,770; KEITH BALLENGER \$20,211; JERE STOCKS \$88,089; KENNETH B. DESTEFANO \$47,196; PAULA WILDERLITE \$42,516; KATHLEEN HILL DYER \$30,015.
SUPPLEMENTAL INFORMATION	PART III	

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) (ii)	728,552 0	256,569 0	201,982 0	12,250 0	34,633 0	1,233,986 0	0 0
TERRY FORDE	(i) (ii)	278,424 0	10,000 0	324,454 0	0 0	16,196 0	629,074 0	0 0
JAMES G LEE	(i) (ii)	395,746 0	98,105 0	111,135 0	12,250 0	20,925 0	638,161 0	0 0
GAUROV DAYAL	(i) (ii)	361,875 0	101,902 0	98,956 0	12,250 0	21,898 0	596,881 0	0 0
SUSAN L GLOVER	(i) (ii)	256,594 0	68,853 0	42,230 0	12,250 0	27,294 0	407,221 0	0 0
DENNIS D HANSEN	(i) (ii)	419,040 0	82,925 0	105,871 0	12,250 0	35,184 0	655,270 0	0 0
JOYCE L PORTELLA	(i) (ii)	352,147 0	46,666 0	80,026 0	11,911 0	18,238 0	508,988 0	0 0
JASON C COE	(i) (ii)	265,905 0	53,412 0	39,199 0	12,250 0	28,548 0	399,314 0	0 0
DORIS REINHART	(i) (ii)	245,705 0	27,060 0	31,073 0	12,250 0	50,353 0	366,441 0	0 0
KEITH BALLENGER	(i) (ii)	154,777 0	35,985 0	33,637 0	8,111 0	22,187 0	254,697 0	0 0
JERE D STOCKS	(i) (ii)	415,297 0	22,194 0	93,213 0	4,900 0	32,139 0	567,743 0	0 0
GENE C MILTON	(i) (ii)	207,598 0	261,938 0	33,711 0	10,765 0	90,061 0	604,073 0	0 0
KENNETH B DESTEFANO	(i) (ii)	279,290 0	62,842 0	75,396 0	12,250 0	24,367 0	454,145 0	0 0
PAULA WIDERLITE	(i) (ii)	257,109 0	27,360 0	52,461 0	12,250 0	28,334 0	377,514 0	0 0
KATHLEEN H DYER	(i) (ii)	256,964 0	57,775 0	35,726 0	12,250 0	40,141 0	402,856 0	0 0
EDMUND F HODGE	(i) (ii)	63,066 0	146,080 0	37,016 0	1,284 0	2,849 0	250,295 0	0 0
GEORGE CHILD	(i) (ii)	8,256 0	196,192 0	233,686 0	467 0	14,871 0	453,472 0	0 0
HISAKO MAKI THOMPSON	(i) (ii)	91,996 0	0 0	171,704 0	1,914 0	14,061 0	279,675 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA	52-0936091	574218CH4	09-01-2011	57,508,761	REFUNDING SERIES 2003B, 2004 AND 2005 ISSUED 2/27/03, 9/14/04,AND 12/20/05		X		X		X
B MHHEFA	52-0936091		09-01-2011	59,980,000	REFUNDING SERIES 2004A AND 2005B ISSUED 9/14/2004 AND 12/20/2005-EQUIPMENT P		X		X		X
C MHHEFA	52-0936091	574217VS1	12-20-2005	78,000,000	SGAH TOWER, QUALIFYING HOSP CONSTRUCTION AND EQUIPMENT		X		X		X
D MHHEFA	52-0936091	574217JG1	02-27-2003	22,631,301	REFUNDING OF SERIES 1991A-SUBSERIES 1 (WAH) ISSUED 09/11/1991		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired							3,145,000	
2	Amount of bonds defeased								
3	Total proceeds of issue	57,508,761		59,980,000		79,853,550		22,631,301	
4	Gross proceeds in reserve funds	5,090,606						2,276,516	
5	Capitalized interest from proceeds					4,538,581			
6	Proceeds in refunding escrow	53,581,715		59,429,008				19,922,639	
7	Issuance costs from proceeds	909,734		550,992		691,085		519,600	
8	Credit enhancement from proceeds					490,630			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds					74,134,254			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2005		2005		2007		1982	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X			
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 250 %		1 250 %		1 500 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %			
6	Total of lines 4 and 5	1 250 %		1 250 %		1 500 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with 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 governmental issuer entered into a hedge with respect to the bond issue?		X		X	X			X
b	Name of provider					DUETSCHKE BANK			
c	Term of hedge					30 0000000000000			
d	Was the hedge superintegrated?						X		
e	Was a hedge terminated?						X		
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

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART I LINE A, COLUMN F	MHHEFA IS THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	REFUNDING SERIES 2003B ISSUED 02/27/2003, SERIES 2004 ISSUED 09/14/2004, & SERIES 2005 ISSUED 12/20/2005
PART III, COLUMN D		THIS ISSUE EXCLUSIVELY REFUNDED A PRE-2002 ISSUE
PART II LINE 4, COLUMN A	GROSS PROCEEDS IN RESERVE FUNDS	RESERVE FUNDS INCLUDE ADDITIONAL FUNDS FROM AN ISSUE THAT WAS REFUNDED IN 2011 AND ADDED TO THIS RESERVE FUND
PART II LINE 3, COLUMN C	TOTAL PROCEEDS OF ISSUE	TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS ON CONSTRUCTION FUND
PART II LINE 4, COLUMN D	GROSS PROCEEDS IN RESERVE FUNDS	GROSS PROCEEDS IN RESERVE FUNDS INCLUDES INVESTMENT EARNINGS

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

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).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) 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.
Complete if the organization 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.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFERY J PARGAMENTESQ	TRUSTEE	100,697	LABOR LAW		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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2011

Open to Public
Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

ADVENTIST HEALTHCARE INC

Employer identification number

52-1532556

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A CONT'D	<p>COMMENTS FROM SOME OF OUR PARTICIPANTS I CAME TO BEST DURING A VERY STRESSFUL WEEK I THOUGHT I WAS LOSING MY SUPPLY YOU HELPED ME WORK THROUGH IT AND NOW 5 MONTHS LATER I AM STILL EXCLUSIVELY NURSING AND PLAN TO CONTINUE FOR AT LEAST 1 YEAR THANK YOU SO MUCH I FEEL LIKE A SUCCESS AND MY SON IS VERY HEALTHY AND GROWING BEAUTIFULLY THERE REALLY IS NO GROW UP LIKE THIS ANYWHERE. NOT ONLY DID I GET HELP WHEN I NEEDED IT, BUT I MADE SOME REALLY GOOD FRIENDS PLEASE DO NOT STOP THE PROGRAM IN 2011 THE NUMBER OF MATERNAL CHILD HEALTH EDUCATION PROGRAMS OFFERED FOR PARTICIPANTS AT SHADY GROVE ADVENTIST AND WASHINGTON ADVENTIST HOSPITALS REMAINED STEADY AS THEY HELPED PREPARE EXPECTANT PARENTS FOR THEIR LABOR AND BIRTH EXPERIENCE AND THE CHALLENGES OF CARING FOR A NEW BABY WHEN THEY ARRIVE HOME WE STRIVE TO REACH AS MANY INTERESTED PARTICIPANTS AS POSSIBLE TAKING INTO CONSIDERATION INDIVIDUAL LEARNING STYLES AND LIFE SCHEDULES, WE OFFER OUR COMPREHENSIVE CHILDBIRTH AND INFANT CARE CLASSES IN A VARIETY OF FORMATS FOR THOSE WHO DO NOT HAVE THE TIME TO ATTEND ONE OF OUR COMPREHENSIVE SERIES, WE OFFER AN EXPRESS CHILDBIRTH CLASS FOR THOSE WHO HAVE HAD A PREVIOUS BIRTH IN THE LAST FOUR YEARS AND SIMPLY NEED A QUICK REFRESHER WE OFFER A REFRESHER CHILDBIRTH CLASS WE HAVE A SEPARATE CLASS DESIGNED FOR THOSE WHO ARE SCHEDULED FOR A CESAIREAN BIRTH SO THAT THEY MAY ALSO PREPARE FOR A VERY MEANINGFUL BIRTH EXPERIENCE WE ALSO OFFER ADDITIONAL CLASSES TO ENHANCE OUR EXPECTANT PARENTS' PREPARATION, INCLUDING BABY CARE BASICS, BREASTFEEDING CLASS, AND INFANT SAFETY AND CPR WE EVEN OFFER CLASSES EXCLUSIVELY FOR EXPECTANT OR NEW DADS, AS WELL AS CLASSES FOR SIBLINGS AND GRANDPARENTS AS ALL OF OUR FAMILIES PREPARE TO HAVE A NEW BABY IN THEIR HOME WE HAVE BEGUN OFFERING OUR DISCOVERING MOTHERHOOD SESSIONS AS FREE WEEKLY DROP-IN SESSIONS RATHER THAN PAID SESSIONS AS A COMMUNITY SERVICE, SO THAT MORE NEW MOTHERS MAY HAVE THE OPPORTUNITY TO NETWORK WITH ONE ANOTHER AND HAVE ACCESS TO PROFESSIONALS FOR QUESTIONS AND GUIDANCE AS THEY ADJUST TO THEIR NEW ROLES AS MOTHERS - ESPECIALLY IN THIS UNSURE ECONOMY THIS IS A VALUED COMMUNITY SERVICE AS IS SHOWN WHEN WE MORE THAN DOUBLED OUR 2009 NUMBERS FOR THIS GROUP AS A RESULT OUR PROGRAMS CONTINUE TO RECEIVE GREAT EVALUATIONS AND APPRECIATION FROM OUR PARTICIPANTS OUTREACH ACTIVITIES INCLUDE PARTICIPATING IN THE BABY FAIR AT GREAT BEGINNINGS CHILDREN'S STORE IN GERMANTOWN IN SEPTEMBER 2011 MATERNAL/CHILD HEALTH EDUCATION TOTALS 428 CLASSES(163), TOURS (174), SUPPORT GROUPS(89), AND SPECIAL EVENTS(2) 10,315 PARTICIPANTS (1,207 WERE LACTATION PARTICIPANTS) 14,673 ENCOUNTERS (1,207 WERE LACTATION ENCOUNTERS) 1,284.5 TEACHING HOURS MATERNAL CHILD HEALTH EDUCATION AND LACTATION SERVICES AT WASHINGTON ADVENTIST HOSPITAL IN 2011, WE HELD 69 MATERNAL CHILD HEALTH EDUCATION PROGRAMS AT WASHINGTON ADVENTIST HOSPITAL, INCLUDING THE "BIRTH, BABY CARE, AND BREASTFEEDING" COURSE, "INFANT SAFETY AND CPR FOR EXPECTANT PARENTS" AND THE "MATERNITY ORIENTATION AND TOUR" WE HAD A TOTAL OF 78 CLASSES SESSIONS WITH ABOUT 250 TEACHING HOURS, AND 824 EXPECTANT PARENTS IN ATTENDANCE THE AGGREGATE NUMBER OF CLASS ENCOUNTERS WAS 942 IN LACTATION SERVICES, WE HAD 160 PUMP RENTAL TRANSACTIONS, 121 SALES CUSTOMERS, ABOUT 100 ENCOUNTERS FOR THE LATCH CLINIC AND APPROXIMATELY 70 EXTENDED CALLS FOR LACTATION ADVICE THE TOTAL NUMBER OF ENCOUNTERS FOR WAHLACTATION SERVICES WAS 450 WE CONTINUE TO RECEIVE GREAT PROGRAM EVALUATIONS FROM OUR CUSTOMERS, AND WE KNOW THE POSITIVE IMPACT WE HAVE ON PEOPLE'S LIVES GOES FAR BEYOND THESE NUMBERS YOUTH HEALTH PROGRAM LAST YEAR, ADVENTIST HEALTHCARE OFFERED A TOTAL OF 88 YOUTH HEALTH CLASSES IN FOUR PROGRAMS A TOTAL OF 36 BABYSITTING CLASSES WERE HELD AT SHADY GROVE ADVENTIST HOSPITAL AND IN THE COMMUNITY WITH 404 ENCOUNTERS HOME ALONE CLASSES WERE HELD TWICE AT THE GAITHERSBURG COMMUNITY CENTER WITH 40 ENCOUNTERS AND SEVEN TIMES AT SHADY GROVE WITH 66 ENCOUNTERS INFANT SAFETY AND CPR CONTINUED TO BE VERY POPULAR AND IN GREAT DEMAND, 40 CLASSES WERE HELD AT SHADY GROVE ADVENTIST HOSPITAL WITH 331 ENCOUNTERS THE "MOMMY AND ME" PROGRAM WAS A HUGE SUCCESS WITH A TOTAL OF 646 ENCOUNTERS RECORDED AT THE CONGRESSIONAL MALL AND AT THE ROCKVILLE TOWN SQUARE WE ARE NOW IN THE FOURTH YEAR OF THIS PARTNERSHIP THAT WAS STARTED IN COOPERATION WITH THE PR/MARKETING DEPARTMENT AT ADVENTIST HEALTHCARE THE ANNUAL FREE ASTHMA SCREENINGS WERE HELD AT THE LAKEFOREST MALL WITH 50 ENCOUNTERS AND AT THE WHEATON MALL WITH 38 ENCOUNTERS YOUTH HEALTH WAS INVITED TO PARTICIPATE AT FIVE HEALTH FAIRS IN THE COMMUNITY WHERE TALKS AND SCREENINGS WERE OFFERED TO 344 PARTICIPANTS COMMUNITY HEALTH EDUCATION IN 2011, COMMUNITY HEALTH EDUCATION STRIVED TO PROVIDE LOW-COST CLASSES TO THE SHADY GROVE ADVENTIST AND WASHINGTON ADVENTIST HOSPITAL AREA WE OFFERED FUN AND EDUCATIONAL CLASSES AND SUPPORT GROUPS AS WELL AS FREE LECTURES CLASSES BEING OFFERED INCLUDED BEGINNER TAI-CHI, FIRST AID, WEIGHT MA</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A CONT'D	<p>MANAGEMENT AND NUTRITION COUNSELING SUPPORT GROUPS OFFERED TO THE COMMUNITY WERE ALZHEIMER'S AND SICKLE CELL ANEMIA, WHICH MET 11 TIMES WITH 32 ATTENDEES. IN ADDITION TO PROVIDING CLASSES, HEALTH AND WELLNESS COMMUNITY OUTREACH PARTICIPATED IN HEALTH FAIRS THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES, SUCH AS THE HOLIDAY FOOD AND FITNESS EXPO IN PRINCE GEORGE'S COUNTY AND THE MONTGOMERY COUNTY AGRICULTURAL FAIR IN GAITHERSBURG. AT THESE HEALTH FAIRS, WE PROVIDE HEALTH SCREENINGS, COUNSELING, HEALTH EDUCATION MATERIALS, AND FREE GIVEAWAYS. THIS YEAR, WE PARTICIPATED IN 47 HEALTH FAIRS WITH 3,683 ENCOUNTERS. COMMUNITY HEALTH EDUCATION HAS FORGED MEANINGFUL RELATIONSHIPS WITH PARTNERS IN THE COMMUNITY SUCH AS BOWIE SENIOR CENTER, ROCKVILLE SENIOR CENTER, TAKOMA PARK SENIOR CENTER, LONG BRANCH COMMUNITY CENTER, DAMASCUS SENIOR CENTER, GREENRIDGE HOUSE SENIOR LIVING, GAITHERSBURG SENIOR CENTER AND THE JEWISH COMMUNITY CENTER OF GREATER WASHINGTON. WE PROVIDED 83 SCREENING AND LECTURE EVENTS WITH 2,019 ENCOUNTERS. ONE OF THE LARGEST ASPECTS OF COMMUNITY HEALTH EDUCATION IS TO PROVIDE LOW-COST INFLUENZA AND PNEUMONIA VACCINATIONS TO LOCAL COMMUNITY AND SENIOR CENTERS THROUGH OUR HELP STOP THE FLU CAMPAIGN. THIS YEAR, WE HELD 46 FLU CLINICS AND PROVIDED 1,408 FLU VACCINATIONS. COMMUNITY OUTREACH ALSO PARTICIPATED IN 36 EXTERNAL MEETINGS THAT TOOK PLACE IN THE COMMUNITY. CARDIAC & VASCULAR OUTREACH WE CONTINUE TO OFFER THE HEART HEALTH SCREENING PROGRAMS AT OUR HOSPITALS AND SIX OTHER LOCATIONS THROUGHOUT THE COUNTY. OUR SPRING AND FALL CV EVENTS ALSO FOCUS ON CONNECTING OUR PHYSICIANS WITH THE PEOPLE OF OUR COMMUNITY. WE ALSO CONTINUE TO PROVIDE HEALTH PRESENTATIONS TO UPDATE OUR ATTENDEES ON THE LATEST INFORMATION THAT INCLUDE BEST PRACTICES. OUR PARTNERSHIPS IN THE COMMUNITY ARE EXTREMELY IMPORTANT AND THE SYNERGY THAT THESE PARTNERSHIPS CREATE MAKES FOR A MORE POWERFUL IMPACT ON THE PEOPLE OF OUR COMMUNITY. JUST TO NAME A FEW PARTNERSHIPS: AFRICAN AMERICAN HEALTH PROGRAM OF MONTGOMERY COUNTY, MONTGOMERY COUNTY COMMUNITY AND SENIOR CENTERS, CORONARY HEALTH IMPROVEMENT PROGRAM, PLUS 15 LIFESTYLE CHANGE PROGRAM AND THE CENTRAL COUNTY COALITION OF PRINCE GEORGES COUNTY. THIS YEAR, INSTEAD OF CONTINUING TO WORK WITH ANOTHER ORGANIZATION'S BRAND (LEGS FOR LIFE), WE CAME UP WITH OUR OWN ANNUAL CV PROGRAM ENTITLED, "NAVIGATING YOUR VASCULAR HEALTH." THIS WAS A VERY SUCCESSFUL OUTREACH FROM BOTH HOSPITALS AND WE REACHED MORE THAN 100 PEOPLE WITH LECTURES AND SCREENINGS ON CV HEALTH. OUR SPRING EVENT WAS ALSO RENAMED FROM SPRING FLING TO "SPRING INTO BETTER HEALTH." SO TWICE A YEAR IN BIG FASHION, WE HAVE A STRONG PRESENCE WITH OUR PREVENTION MESSAGE. CANCER OUTREACH WASHINGTON ADVENTIST HOSPITAL CONTINUES TO PROVIDE CANCER SCREENINGS AND SERVICES TO UNINSURED/UNDERINSURED INDIVIDUALS. WE REACH THESE PATIENTS THROUGH OUR BREAST CANCER SCREENING PROGRAM, OUR ANNUAL CANCER SCREENING DAYS, ASSISTING MONTGOMERY COUNTY CANCER CRUSADE IN RECRUITING PATIENTS FOR SERVICES AS WELL AS THROUGH OUR VARIOUS HEALTH FAIRS AND SUPPORT GROUPS. WASHINGTON ADVENTIST HOSPITAL OPENED ITS DOORS TO SPANISH CATHOLIC CENTER PATIENTS THROUGH A PARTNERSHIP WITH THE PRIMARY CARE COALITION. IN TOTAL, FOR 2011, WE SAW 477 PATIENTS THROUGH WCCP, THE MARYLAND STATE DIAGNOSTIC AND TREATMENT PROGRAM AND THE SPANISH CATHOLIC CENTER CLINIC. ANOTHER ACCOMPLISHMENT IS ADVENTIST HEALTHCARE'S BREAST CANCER SCREENING PROGRAMS WILL BE RECEIVING \$917,000, THROUGH THE SUSAN G. KOMEN FOUNDATION. WE CONTINUE TO HOLD OUR ANNUAL CANCER SCREENING DAYS, WHICH ARE ALWAYS A HUGE SUCCESS. THIS COLLABORATION BETWEEN HOSPITAL PHYSICIANS, STAFF AND VOLUNTEERS IS A WONDERFUL COMMUNITY EVENT. WE PROVIDE SEVERAL CANCER SCREENINGS: PROSTATE, BREAST, COLORECTAL, ORAL, THYROID, BLADDER AND SKIN CANCERS. IN 2011, WE HAD 68 PARTICIPANTS AND WE PERFORMED 289 TOTAL SCREENINGS AND HOPE TO INCREASE THESE NUMBERS IN 2012.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A CONT'D	<p>SEVERAL SUPPORT GROUPS AND LECTURES WE HOLD ANNUALLY ARE "LOOK GOOD, FEEL BETTER" AND THE SCREEN PROGRAM IN ADDITION TO OTHER HEALTH FAIRS AND LECTURES FOR 2011, WAH HELD FOUR LOOK GOOD, FEEL BETTER SESSIONS WITH A TOTAL OF 17 PARTICIPANTS LAST, THE SCREEN PROGRAM IS DEDICATED TO PROVIDING LOCAL FIRE DEPARTMENTS WITH COLORECTAL SCREENING AND EDUCATION IN 2011 WE PERFORMED ONE LECTURE AND WE HAD 15 PARTICIPANTS HEALTH MINISTRY THE HEALTH MINISTRY OUTREACH OF ADVENTIST HEALTHCARE WORKS WITH 25 COMMUNITY ORGANIZATIONS AND 140 CONGREGATIONS HELPING THEM THROUGH CLASSES AND HEALTH EVENTS TO TRAIN AND SUPPORT PEOPLE WHO WILL DIRECTLY PROVIDE SUPPORT AND CARE AT THE LOCAL COMMUNITY LEVEL WE HAVE TRAINED MORE THAN 300 PARTICIPANTS FROM AREA CONGREGATIONS IN OUR HEALTH MINISTRY TEAM BUILDING TRAINING OFFERED TWICE A YEAR AND OUR FAITH COMMUNITY NURSE TRAINING WE CONTINUE TO SUPPORT OUR CONGREGATIONS THROUGH EDUCATION, RESOURCES AND SUPPORT WE PROVIDE MONTHLY NETWORK/SUPPORT MEETINGS IN THREE DIFFERENT LOCATIONS WE SERVE CONGREGATIONS IN MONTGOMERY COUNTY, FREDERICK COUNTY, PRINCE GEORGES COUNTY, HOWARD COUNTY AND WASHINGTON, D C BECAUSE OF OUR UNIQUE TRAINING, PARTICIPANTS COME FROM VIRGINIA, PENNSYLVANIA, NEW YORK AND OTHER STATES WE PROVIDE ASSISTANCE WITH HEALTH EVENTS, IMMUNIZATION CLINICS, AND HEALTH-RELATED CLASSES TO THE CONGREGATIONS AS WELL PARTNERING WITH VARIOUS COMMUNITY ORGANIZATIONS</p> <p>4 ELIMINATE HEALTH DISPARITIES WHEN HELPING A PATIENT, A PROVIDER MAY FACE DIFFICULTIES TO DIAGNOSE AND TREAT A PATIENT'S BOTH SPOKEN AND UNSPOKEN NEEDS NO MATTER IF THE PATIENT IS A CRYING TODDLER, AN ACTIVE SENIOR OR A YOUNG WOMAN WHO MAY NOT UNDERSTAND THE PROVIDER'S LANGUAGE, ALL DESERVE THE OPPORTUNITY TO RECEIVE GOOD CARE AMONG THE PROGRAMS WE DEVELOPED IS THE CENTER ON HEALTH DISPARITIES, WHICH WAS CREATED IN 2007 FROM A DEEP DESIRE TO PROVIDE QUALITY CARE TO ALL BY RECOGNIZING THE IMPORTANT ROLE OF COMMUNICATION BETWEEN A PATIENT AND A PROVIDER THE CENTER ON HEALTH DISPARITIES AT ADVENTIST HEALTHCARE IS A REGIONALLY RECOGNIZED LEADER AND RESOURCE FOR EDUCATION AND TRAINING PROGRAMS TO EQUIP OUR COMMUNITY AND PROVIDERS WITH THE NECESSARY INFORMATION AND TOOLS TO PROVIDE PATIENT AND FAMILY-CENTERED CARE FOR OUR DIVERSE COMMUNITY IN A CULTURALLY SENSITIVE WAY THE CENTER PROVIDES CULTURAL AND LINGUISTIC COMPETENCE EDUCATION AND TRAINING, AND CONDUCTS RESEARCH ON HEALTH DISPARITIES IN PARTNERSHIP WITH COMMUNITY AND HEALTH CARE ORGANIZATIONS THROUGHOUT MARYLAND INCLUDING JOHNS HOPKINS MEDICINE AND SINAI HOSPITAL OF BALTIMORE OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS WE DELIVER CULTURAL AWARENESS AND SENSITIVITY TRAINING FOR HEALTH PROFESSIONALS, PROVIDE INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF AND PARTNER WITH COMMUNITY ORGANIZATIONS TO CONDUCT RESEARCH AND PROVIDE SERVICES TO MINORITY AND UNDERSERVED POPULATIONS OUR PARTNERSHIP WITH IMMIGRANT ADVOCACY ORGANIZATIONS ENABLES THE PROVISION OF PRIMARY MEDICAL CARE FOR UNINSURED RESIDENTS, HELPS IMMIGRANTS TO PURSUE HEALTH CARE CAREERS AND ENHANCES COMMUNITY SERVICES INCLUDING LANGUAGE ASSISTANCE AND JOB TRAINING TO ASSIST THEM IN BECOMING PART OF THE COMMUNITY HERE IS A LIST OF JUST SOME OF THE ACCOMPLISHMENTS OF THE CENTER IN 2011 -MARCOS PESQUERA, EXECUTIVE DIRECTOR OF ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES, WAS NAMED A 2011 HEALTH CARE HERO FOR COMMUNITY OUTREACH BY THE DAILY RECORD NEWSPAPER IN BALTIMORE -THE CENTER DELIVERED CULTURALLY COMPETENT CARE TRAINING FOR 6,000 HEALTH PROFESSIONALS IN THE GREATER WASHINGTON REGION IN 2011 -RESEARCH PARTNERS INCLUDE THE UNIVERSITY OF MARYLAND, THE LATINO HEALTH INITIATIVE, THE PRIMARY CARE COALITION AND CHEER (COMMUNITY HEALTH AND EMPOWERMENT THROUGH EDUCATION AND RESEARCH) OF THE MONTGOMERY COUNTY COMMUNITY FOUNDATION -COMMUNITY GROUPS THAT HAVE PARTICIPATED IN THE CENTER'S CULTURALLY COMPETENT CARE TRAINING AND QUALIFIED BILINGUAL STAFF PROGRAM INCLUDE JOHNS HOPKINS PRIORITY PARTNERS, KAISER PERMANENTE, KOREAN COMMUNITY SERVICE CENTER, MARY'S CENTER, MARYLAND DEPARTMENT OF HEALTH AND HUMAN SERVICES, MARYLAND HOSPITAL ASSOCIATION, MERCY HEALTH CLINIC, MOBILE MED, MONTGOMERY COUNTY CORRECTIONAL FACILITIES, MUSLIM CLINIC, PEOPLES COMMUNITY CLINIC, PROYECTO SALUD, SINAI HOSPITAL OF BALTIMORE AND THE SPANISH CATHOLIC CENTER -THE CENTER HAS TRAINED 370 ADVENTIST HEALTHCARE STAFF IN 14 LANGUAGES INCLUDING AMHARIC, ARABIC, ARMENIAN, CANTONESE, FARSI, FRENCH, KHMER, KOREAN, MANDARIN, PORTUGUESE, RUSSIAN, SPANISH, TAGALOG AND VIETNAMESE THROUGH OUR QUALIFIED BILINGUAL STAFF PROGRAM</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A CONT'D	<p>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</p> <p>1 MAINTAIN AND GR OW CURRENT SERVICES 2 EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE 3 PROMOTE HEALTH AND WELLNESS 4 ELIMINATE HEALTH DISPARITIES</p> <p>1 MAINTAIN AND GROW CURRENT SERVICES WE CONTINUE TO GROW PROGRAMS AND SERVICES IN THE AREAS OF ONCOLOGY, HEART/CARDIAC, REHABILITATION, BEHAVIORAL HEALTH AND OTHER HEALTH CARE SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR MISSION THE BENEFIT TO THE COMMUNITY WILL BE IN SUSTAINING AND GROWING Q UALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY LIFESTYLES FOR SENIORS, F OSTER HEALTHY FAMILIES, AND IN A HOLISTIC WAY, BUILD HEALTHIER COMMUNITIES ENHANCEMENTS T O OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE SERVICES AT WASHINGTON ADVENTIST AND SHADY GROVE ADVENTIST HOSPITALS ENSURE THAT WE CONTINUE TO PROVIDE THE LATEST DIAGNOST IC AND TREATMENT SERVICES THAT ARE DELIVERED WITH COMPASSION AND A DEEP UNDERSTANDING OF T HE UNIQUE DEMANDS OF CANCER BOTH INPATIENT AND OUTPATIENT SERVICES ARE AVAILABLE TO ACCOM MODATE 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 PROGRAM, "LOOK GOOD, FEEL BETTER " WASHINGTON ADVENTIST HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL AND SURGICAL CARE TO THE RESIDENTS OF EASTERN MONTGOMERY CO UNTY, WESTERN PRINCE GEORGE'S COUNTY AND WASHINGTON, D C FOR MORE THAN 100 YEARS WHILE W ASHINGTON ADVENTIST'S HISTORY REFLECTS THE SPECIAL CARE IT HAS PROVIDED FOR GENERATIONS OF FAMILIES, OF SPECIAL NOTE IS THE CARDIOVASCULAR INSTITUTE AT WASHINGTON ADVENTIST HOSPITA L THE HOSPITAL WAS THE FIRST IN THE GREATER D C AREA TO PERFORM NUMEROUS CARDIAC PROCEDU RES DATING FROM ITS FIRST HEART PROCEDURE IN 1962, INCLUDING MITRAL VALVULOPLASTY AND A NU MBER OF SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY NOT ONLY DOES WASHINGTON ADVENTIST HOSPIT AL 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 NONPR IMARY, ELECTIVE PCI PROGRAMS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM I N ADDITION, THE CARDIOVASCULAR INSTITUTE HOUSES THE CENTER FOR CARDIAC & VASCULAR RESEARCH , WHICH IS DEDICATED TO THE PURSUIT OF ADVANCES THAT IMPROVE THE QUALITY OF LIFE FOR PATIE NTS COPING WITH CARDIOVASCULAR DISEASE</p> <p>2 EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE</p> <p>ADVENTIST HEALTHCARE HAS PARTNERED WITH SEVERAL ORGANIZATIONS IN ORDER TO BRING FREE SERVI CES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN ADVENTIST HEALTHCAR E IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES THE IMPORTANT PARTNERSHIPS AND RELATIONSHIPS WE HAVE DEVELOPED WITH MERCY CLINIC, MARY'S CENTER AND MOB ILEMED HELP US TO AUGMENT HEALTH CARE IN LOWER MONTGOMERY AND PRINCE GEORGE'S COUNTIES AS WELL AS UPPER MONTGOMERY AND LOWER FREDERICK COUNTIES THESE ARE AREAS WHERE NUMEROUS RESI DENTS MAY BE UNDERSERVED, EITHER BY BEING UNINSURED, OR IN AN AREA WHERE HEALTH SERVICES M AY BE LOCATED FAR AWAY THE MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SER VICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICE S TO SOCIAL- SERVICES PROGRAMS OUR WORK WITH MOBILE MED IN ITS GERMANTOWN LOCA TION AND ITS MOBILE MEDICAL VAN ENABLES REGULAR MEDICAL CARE, SUCH AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS JANUARY 2011, SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC MEDICAL UNIT, FORMERLY THE SEXUAL ABUSE AND ASSAULT CENTER, MARKED ITS MOVE TO NEW AND EXPANDED S PACE THE UNIT, WHICH IS THE ONLY ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COL LECTION AND SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT AND ABUSE SHADY GROVE ADVENTIST HOSPITAL'S FORENSIC MEDICAL UNIT TREATS ABOUT 200 PATIENTS EACH YEAR SHADY GROVE ADVENTIST HOSPITAL AND WASHINGTON ADVENTIST HOSPITAL ARE ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES P RENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN IN 2008, ACCE SS TO HEALTH CARE SERVICES FOR UPCOUNTY RESIDENTS EXPANDED FURTHER WITH THE OPENING OF SHA DY 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 OUR PARTNERSHIPS WITH MOBILEMED, MARY'S CENTER IN SILVER SPRING, THE MERCY HEALTH CLINIC IN GAITHERSBURG AND OTH ERS HAVE HELPED TO ESTABLISH CLINICS FOR LOW-INCOM</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A CONT'D	<p>E. UNINSURED INDIVIDUALS THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN NEED FOR THE PAST FIVE YEARS, THE SHADY GROVE ADVENTIST EMERGENCY CENTER IN GERMANTOWN HAS BROUGHT VITAL EMERGENCY SERVICES TO A FAST-GROWING COMMUNITY THAT HAD TO BATTLE TRAFFIC AND A 30-MILE SPAN ALONG I-270 FROM ROCKVILLE TO FREDERICK WITHOUT A HOSPITAL THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES WE ALSO RECENTLY WELCOMED THE ADDITION OF THE NEARBY SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER AT GERMANTOWN, ON SENECA MEADOWS PARKWAY IN THE FIVE YEARS SINCE IT HAS OPENED, THE GEC HAS TREATED AN AVERAGE OF 36,000 EMERGENCY PATIENTS EACH YEAR THE FREESTANDING FACILITY HAS ALSO REDUCED OUT-OF-SERVICE AMBULANCE TIMES IN UPPER MONTGOMERY COUNTY BY 40 PERCENT, ACCORDING TO THE COUNTY'S FIRE AND RESCUE SERVICE 3 PROMOTE HEALTH AND WELLNESS THE GROWTH OF ADVENTIST HEALTHCARE INTO A COMPREHENSIVE HEALTH SYSTEM HAS ALLOWED US TO EXPAND THE REACH OF OUR COMMUNITY SERVICES TO PROVIDE EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS WE ARE ESPECIALLY DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN HERE ARE SOME SNAPSHOTS OF ADVENTIST HEALTHCARE'S WORK IN THE COMMUNITY IN 2011, WHICH RESULTED IN MORE THAN 208,000 ENCOUNTERS MATERNAL CHILD HEALTH EDUCATION AND OUTPATIENT LACTATION SERVICES AT SHADY GROVE ADVENTIST HOSPITAL RESEARCH SHOWS THAT PROVIDING BREAST MILK TO A BABY IS ONE OF THE MOST IMPORTANT THINGS THAT CAN BE DONE FOR A CHILD DURING THE FIRST SIX MONTHS OF LIFE WE STRIVE TO HELP MOMS WHO ARE BREASTFEEDING HAVE A SUCCESSFUL BREASTFEEDING EXPERIENCE WE HOST A FREE WEEKLY DROP-IN BREASTFEEDING SUPPORT GROUP FOR MOMS AND THEIR BABIES CALLED BEST "BREASTFEEDING EDUCATION, SUPPORT AND TOGETHERNESS" AND OFFER INFORMATION AND COUNSELING AS WE ANSWER QUESTIONS ON THE MANY TELEPHONE CALLS TO OUR HOSPITAL AS A MEANS OF CONTINUING THE SUPPORT AND GUIDANCE THEY RECEIVED WHILE IN THE HOSPITAL, AND ASSURE THEY WOULD NOT FEEL ALONE AS THEY AND THEIR BABY LEARNED THE ART OF BREASTFEEDING</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	SEE BY LAWS, ARTICLE II THE SOLE MEMBER OF THIS ORGANIZATION IS MID-ATLANTIC ADVENTIST HEALTHCARE, INC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	SEE BY LAWS, ARTICLE II MEMBERSHIP THERE SHALL BE A SINGLE CLASS OF CONSTITUENT MEMBERS OF THE CORPORATION (INDIVIDUAL, "MEMBER", COLLECTIVELY, THE MEMBERSHIP') WHICH SHALL CONSIST OF THE DULY ELECTED MEMBERS OF THE BOARD OF DIRECTORS OF MID-ATLANTIC ADVENTIST HEALTHCARE, INC , AS THAT BOARD OF DIRECTORS MAY BE CONSTITUTED

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	PURSUANT TO THE ORGANIZATIONS CONFLICT OF INTEREST POLICY, EACH FACILITY BOARD MEMBER, OFFICER, DIRECTOR AND ANY EMPLOYEE IN A POSITION THAT REQUIRES COORDINATION AND/OR NEGOTIATION WITH CONTRACTORS OR SUPPLIES, IS REQUIRED ON AN ANNUAL BASIS TO DISCLOSE ANY BUSINESS OR FINANCIAL RELATIONSHIP OUTSIDE OF THE ORGANIZATION COMPLIANCE WITH POLICY IS MONITORED AND ENFORCED BY THE HUMAN RESOURCES DEPARTMENT, CORPORATE INTEGRITY DEPARTMENT AND THE LEGAL DEPARTMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 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
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST. GENERAL EXPLANATION: EMPLOYEES OF ANY OF THE ADVENTIST HEALTHCARE INC. AND AFFILIATED TAX-EXEMPT ENTITIES IN THE STATE OF MARYLAND (INCLUDING ADVENTIST HOME HEALTH SERVICES, 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. PAYMENTS TO VENDORS FOR ALL OF ADVENTIST HEALTHCARE, INC. AND RELATED ENTITIES IN THE STATE OF MARYLAND ARE MADE THROUGH A COMMON PAYMASTER, ADVENTIST HEALTHCARE, INC.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	INCLUSION OF NET ASSETS - ADJ LWS 14 UNREALIZED GAINS ON OTHER TRADING SECURITIES - 458,490 EFFECTIVE CHANGE IN VALUE OF INTEREST RATE SWAP -8,160,724 NET ORGANIZATION TRANSFER -2,427,480 CHANGE IN VALUE OF REMAINDER TRUST -60,992 DONATIONS RELEASED FOR EQUIPMENT PURCHASE 131,910 TOTAL TO FORM 990, PART XI, LINE 5 -10,975,762

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADVENTIST CANCER CARE LLC 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 26-2515407	OUTPATIENT CANCER CARE	MD	5,409,395	15,731,090	N/A
(2) AHC HOLDINGS I LLC 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1532556	HOLDING COMPANY	MD		5,400,000	N/A
(3) AHC HOLDINGS II LLC 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1532556	HOLDING COMPANY	DE		5,570,774	N/A
(4) LIFEWORK STARTEGY LLC 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 90-0493445	HLTH/WELLNESS	MD	13	79,843	N/A

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GERMANTOWN OUTPATIENT IMAGING 1801 RESEARCH BOULEVARD ROCKVILLE, MD 20850 20-4395818	OUTPATIENT IMAGING	MD	SHADY GROVE RADIOLOGY CENTER	RELATED				No			No	50 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ADVENTIST MANAGEMENT SERVICES INC 1801 RESEARH BOULEVARD SUITE 400 ROCKVILLE, MD 20850 52-1575694	MANAGEMENT SERVCIES	MD	ADVENTIST HEALTHCARE INC	C	252,709	1,486,893	100 000 %
(2) LIFEWORK STRATEGY INC 1801 RESEARH BOULEVARD SUITE 400 ROCKVILLE, MD 20850 52-1704500	EMPLOYEE ASSISTANCE	MD	ADVENTIST HEALTHCARE INC	C	-118,216	479,420	100 000 %
(3) PREMIER MEDICAL NETWORK 1801 RESEARH BOULEVARD SUITE 400 ROCKVILLE, MD 20850 52-1952469	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE INC	C	1,440	18,010	50 000 %

Part V

Transactions With Related Organizations

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

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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

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

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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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	g Section 512 (b)(13) controlled organization	
ADVENTIST HOME HEALTH SERVICES INC 1801 RESEARCH BOULEVARD SUITE 400 ROCKVILLE, MD 20850 52-0986808	REHABILITATION HOSPITAL	MD	501(C) (3)	LINE 9	N/A	Yes	
ADVENTIST PHYSICIAN SERVICES INC 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 20-4600646	PHYSICIAN SERVICES	MD	501(C) (3)	LINE 9	N/A	Yes	
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND 9909 MEDICAL CENTER DR ROCKVILLE, MD 20850 20-1486678	REHABILITATION HOSPITAL	MD	501(C) (3)	LINE 3	N/A	Yes	
ADVENTIST SENIOR LIVING SERVICES 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1739959	MANAGEMENT SERVICES	MD	501(C) (3)	LINE 9	N/A	Yes	
BRADFORD OAKS NURSING AND REHABILITATION CENTER 7520 SURRATTS ROAD CLINTON, MD 20735 52-1999975	NURSING HOME	MD	501(C) (3)	LINE 9	N/A		No
FAIRLAND NURSING & REHAB CENTER 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1876447	NURSING HOME	MD	501(C) (3)	LINE 9	N/A		No
GLADE VALLEY NURSING AND REHABILITATION CENTER 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1924309	NURSING HOME	MD	501(C) (3)	LINE 9	N/A		No
HACKETTSTOWN COMMUNITY HOSPITAL 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 22-6106281	HOSPITAL	NJ	501(C) (3)	LINE 3	N/A	Yes	
HACKETTSTOWN REGIONAL MEDICAL CENTER - EMS 651 WILLOW GROVE STREET HACKETTSTOWN, NE 07840 27-0820164	AMBULANCE SERVICE	NJ	501(C) (3)	LINE 3	N/A		No
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 22-2333410	FUNDRAISING	NJ	501(C) (3)	LINE 11A, I	N/A		No
MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 51-1884153	HOLDING COMPANY	MD	501(C) (3)	LINE 9	N/A		No
ADVENTIST BEHAVIORAL HEALTH FOUNDATION 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 20-5479860	FUNDRAISING	MD	501(C) (3)	LINE 11A, I	N/A	Yes	
REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1255870	BEHAVIORAL CARE	MD	501(C) (3)	LINE 9	N/A	Yes	
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1216429	FUNDRAISING	MD	501(C) (3)	LINE 11A, I	N/A	Yes	
SHADY GROVE NURSING HOME AND REHABILITATION CENTER 9701 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 52-1442495	NURSING HOME	MD	501(C) (3)	LINE 9	N/A		No
GENERAL CONFOF SEVENTH DAY SLIGO CREEK NURSING & REHABILITATION CENTER INC 7525 CARROLL AVENUE TAKOMA PARK, MD 20912 52-1736368	NURSING HOME	MD	501(C) (3)	LINE 9	N/A		No
SPRINGBROOK ADVENTIST NURSING AND REHABILITATION CENTER INC 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1736305	NURSING HOME	MD	501(C) (3)	LINE 9	N/A		No
WASHINGTON ADVENTIST HOSPITAL FOUNDATION 1801 RESEARCH BLVD SUITE 400 ROCKVILLE, MD 20850 52-1692158	FUNDRAISING	MD	501(C) (3)	LINE 11A, I	N/A	Yes	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION	C	1,000,000	FMV
(2)	ADVENTIST BEHAVIORAL HEALTH FOUNDATION	C	76,919	FMV
(3)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION	C	1,172,268	FMV
(4)	HACKETTSTOWN REGIONAL MEDICAL CENTER	K	2,863,768	FMV
(5)	HACKETTSTOWN REGIONAL MEDICAL CENTER	P	4,016,194	FMV
(6)	ADVENTIST REHABILIATTION HOSPITAL OF MD	K	895,285	FMV
(7)	ADVENTIST REHABILIATTION HOSPITAL OF MD	P	1,438,951	FMV
(8)	LIFE WORK STRATEGY INC	P	9,776	FMV
(9)	REGINALD LOURIE CENTER	K	210,445	FMV
(10)	ADVENTIST HOME HEALTH SERVICES INC	K	430,770	FMV
(11)	ADVENTIST HOME HEALTH SERVICES INC	P	424,287	FMV
(12)	ADVENTIST PHYSICAIN SERVICES INC	K	397,411	FMV
(13)	ADVENTIST MANAGEMENT SERVICES INC	K	173,063	FMV
(14)	ADVENTIST MANAGEMENT SERVICES INC	P	123,034	FMV

Adventist HealthCare, Inc. and Controlled Entities

Financial Statements and
Supplementary Information

December 31, 2011 and 2010



Independent Auditors' Report

Board of Trustees
Adventist HealthCare, Inc and Controlled Entities

We have audited the accompanying consolidated balance sheets of Adventist HealthCare, Inc and controlled entities (the "Corporation") as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Corporation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Adventist HealthCare, Inc and controlled entities as of December 31, 2011 and 2010, and the results of their operations, changes in net assets, and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note 2 to the consolidated financial statements, the Corporation adopted new authoritative accounting guidance related to the reporting and disclosures of the allowance for doubtful collections, provision for doubtful collections, and net patient service revenue in 2011.

ParenteBeard LLC

Wilkes-Barre, Pennsylvania
April 19, 2012

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 15,166,805	\$ 32,366,183
Short-term investments	167,409,546	164,424,244
Assets whose use is limited	4,583,523	10,176,978
Patient accounts receivable, net of estimated allowances of \$92,534,000 in 2011 and \$87,024,000 in 2010	129,749,725	121,738,350
Other receivables, net of estimated allowance for doubtful collections of \$2,766,000 in 2011 and \$2,675,000 in 2010	8,315,618	11,370,728
Inventories	12,216,675	11,502,900
Prepaid expenses and other current assets	<u>3,685,259</u>	<u>4,085,293</u>
Total current assets	341,127,151	355,664,676
Property and Equipment, Net	390,200,632	379,358,364
Assets Whose Use is Limited		
Under trust indentures and capital lease purchase financing facilities, held by trustees and banks	15,695,442	4,393,189
Professional liability trust fund	8,990,494	10,873,593
Deferred compensation fund	164,057	1,769,687
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,514,087	2,401,581
Investments and Investments in Unconsolidated Subsidiaries	10,737,019	8,999,453
Land Held for Healthcare Development	73,187,614	63,695,713
Deferred Financing Costs, Net	3,870,269	4,214,161
Intangible Assets, Net	5,979,535	6,307,009
Deposits and Other Noncurrent Assets	<u>6,992,385</u>	<u>8,029,018</u>
Total assets	<u>\$ 859,458,685</u>	<u>\$ 845,706,444</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Balance Sheets

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 81,619,982	\$ 76,820,946
Accrued compensation and related items	34,294,188	34,313,828
Interest payable	2,508,920	1,018,146
Due to third party payors	19,611,070	20,416,870
Estimated self-insured professional liability	1,860,185	1,265,100
Current maturities of long-term obligations	<u>18,420,042</u>	<u>36,462,427</u>
Total current liabilities	158,314,387	170,297,317
Construction Payable	197,857	1,664,302
Long-Term Obligations, Net		
Bonds payable	236,612,788	243,507,996
Notes payable	48,889,925	35,342,069
Capital lease obligations	19,259,096	16,464,957
Derivative Financial Instruments	27,839,846	18,554,996
Deferred Compensation	164,057	1,769,687
Other Liabilities	8,153,150	12,034,637
Estimated Self-Insured Professional Liability	<u>7,086,125</u>	<u>8,956,524</u>
Total liabilities	<u>506,517,231</u>	<u>508,592,485</u>
Net Assets		
Unrestricted	342,823,039	327,126,511
Temporarily restricted	9,776,994	9,646,027
Permanently restricted	<u>341,421</u>	<u>341,421</u>
Total net assets	<u>352,941,454</u>	<u>337,113,959</u>
Total liabilities and net assets	<u>\$ 859,458,685</u>	<u>\$ 845,706,444</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Operations

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted Revenues		
Net patient service revenue	\$ 759,058,738	\$ 746,035,851
Provision for doubtful collections	<u>(37,981,741)</u>	<u>(30,527,785)</u>
Net patient service revenue less provision for doubtful collections	721,076,997	715,508,066
Other revenue	<u>39,604,098</u>	<u>39,224,727</u>
Total unrestricted revenues	<u>760,681,095</u>	<u>754,732,793</u>
Expenses		
Salaries and wages	328,703,262	332,148,833
Employee benefits	66,938,101	66,400,095
Contract labor	24,285,444	21,861,051
Medical supplies	113,328,285	115,215,279
General and administrative	113,666,146	105,809,208
Building and maintenance	40,920,193	41,753,585
Insurance	6,276,544	5,870,548
Interest	12,548,031	9,075,200
Depreciation and amortization	<u>33,234,503</u>	<u>33,006,310</u>
Total expenses	<u>739,900,509</u>	<u>731,140,109</u>
Income from operations	<u>20,780,586</u>	<u>23,592,684</u>
Other (Expense) Income		
Investment income	4,288,708	4,775,018
Loss on extinguishment of debt	(1,285,000)	-
Other (expense) income	<u>(6,951,389)</u>	<u>543,683</u>
Total other (expense) income	<u>(3,947,681)</u>	<u>5,318,701</u>
Revenues in excess of expenses from continuing operations	16,832,905	28,911,385
Change in net unrealized gains and losses on investments other than trading securities	(557,711)	896,239
Change in net unrealized loss on derivative financial instruments	(2,786,621)	(4,187,491)
Transfer from unconsolidated subsidiary	-	1,741
Net assets released from restriction for purchase of property and equipment	2,066,669	4,356,320
Other unrestricted net asset activity	<u>2,286</u>	<u>29,965</u>
Increase in unrestricted net assets from continuing operations	15,557,528	30,008,159
Income from discontinued operations	<u>139,000</u>	<u>32,475,492</u>
Increase in unrestricted net assets	<u>\$ 15,696,528</u>	<u>\$ 62,483,651</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Unrestricted Net Assets		
Revenues in excess of expenses from continuing operations	\$ 16,832,905	\$ 28,911,385
Change in net unrealized gains and losses on investments other than trading securities	(557,711)	896,239
Change in net unrealized loss on derivative financial instruments	(2,786,621)	(4,187,491)
Transfer from unconsolidated subsidiary	-	1,741
Net assets released from restriction for purchase of property and equipment	2,066,669	4,356,320
Other unrestricted net asset activity	<u>2,286</u>	<u>29,965</u>
 Increase in unrestricted net assets from continuing operations	 15,557,528	 30,008,159
 Income from discontinued operations	 <u>139,000</u>	 <u>32,475,492</u>
 Increase in unrestricted net assets	 <u>15,696,528</u>	 <u>62,483,651</u>
 Temporarily Restricted Net Assets		
Restricted gifts and donations	5,438,196	6,429,331
Net assets released from restriction for purchase of property and equipment	(2,066,669)	(4,356,320)
Net assets released from restriction used for operations	(3,085,874)	(3,662,005)
Change in value of beneficial interest in trusts and charitable gift annuity obligation	(88,213)	113,304
Change in discount of pledges receivable and provision for doubtful pledges	(66,327)	(120,454)
Donor restricted investment income	2,762	26,707
Other temporarily restricted net asset activity	<u>(2,908)</u>	<u>-</u>
 Increase (decrease) in temporarily restricted net assets	 <u>130,967</u>	 <u>(1,569,437)</u>
 Permanently Restricted Net Assets		
Other permanently restricted net asset activity	<u>-</u>	<u>25</u>
 Increase in net assets	 15,827,495	 60,914,239
 Net Assets, Beginning	 <u>337,113,959</u>	 <u>276,199,720</u>
 Net Assets, Ending	 <u>\$ 352,941,454</u>	 <u>\$ 337,113,959</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled Entities

Consolidated Statements of Cash Flows

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Cash Flows from Operating Activities		
Increase in net assets	\$ 15,827,495	\$ 60,914,239
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Provision for doubtful collections	37,981,741	31,786,516
Depreciation and amortization	33,234,503	34,565,992
Gain on sale of property and equipment	-	(29,384,473)
Gain on derivative financial instrument termination	-	(1,006,962)
Loss on extinguishment of debt	1,285,000	3,155,409
Restricted contributions and grants	(2,939,713)	(2,956,307)
Earnings recognized from unconsolidated subsidiaries and affiliates	(3,479,857)	(7,085,830)
Amortization of bond discounts	9,790	9,790
Amortization of physician income guarantees	1,208,211	1,226,185
Change in net unrealized gains and losses on investments other than trading securities	557,711	(896,239)
Change in net unrealized loss on derivative financial instruments	9,284,850	4,598,806
Change in value of beneficial interest in trusts and charitable gift annuity	88,213	(113,304)
Change in discount on pledges receivable and provision for doubtful pledges	72,384	126,746
Changes in assets and liabilities		
Patient accounts receivable, net	(45,932,449)	(45,433,540)
Other receivables, net	2,368,603	(1,510,159)
Inventories, prepaid expenses and other current assets	(313,741)	(968,223)
Accounts payable and accrued expenses	4,799,036	(8,569,582)
Accrued compensation and related items	(19,640)	1,479,378
Interest payable	1,490,774	(173,531)
Estimated self-insured professional liability	(1,275,314)	664,011
Due to third party payors	(805,800)	2,251,584
Other noncurrent assets and liabilities	(3,346,188)	7,482,813
Net cash provided by operating activities	<u>50,095,609</u>	<u>50,163,319</u>

See notes to consolidated financial statements

Adventist HealthCare, Inc. and Controlled EntitiesConsolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Cash Flows from Investing Activities		
Purchase of property and equipment	\$ (42,089,576)	\$ (36,662,933)
Payments to physicians under income guarantees	(201,081)	(427,204)
Increase in investments and investments in unconsolidated subsidiaries	(4,595,550)	(52,608,990)
Net additions to land held for healthcare development	(9,491,901)	(2,997,500)
Proceeds from the sale of property and equipment, net of transaction costs	-	61,256,896
Net proceeds from derivative financial instrument transactions	-	6,814,530
Distributions from investments in unconsolidated subsidiaries	2,895,265	6,569,713
(Increase) decrease in trustee held funds and restricted cash	(4,038,642)	11,818,334
	<u>(57,521,485)</u>	<u>(6,237,154)</u>
Cash Flows From Financing Activities		
Payment of financing costs	(1,560,784)	(1,058,900)
Proceeds from issuance of bonds	117,185,000	-
Proceeds from capital lease facility	10,000,000	-
Repayments on long-term obligations, net	(138,337,431)	(47,395,396)
Change in short-term financing	-	(18,000,000)
Proceeds from restricted contributions and grants	2,939,713	2,956,307
	<u>(9,773,502)</u>	<u>(63,497,989)</u>
Net cash used in financing activities		
	<u>(17,199,378)</u>	<u>(19,571,824)</u>
Cash and cash equivalents, beginning	<u>32,366,183</u>	<u>51,938,007</u>
Cash and cash equivalents, ending	<u>\$ 15,166,805</u>	<u>\$ 32,366,183</u>
Supplemental Disclosure of Cash Flow Information		
Interest paid	<u>\$ 11,797,692</u>	<u>\$ 13,213,577</u>
Supplemental Disclosure of Noncash Investing and Financing Activities		
Capital lease obligation incurred for equipment	<u>\$ 2,547,043</u>	<u>\$ 362,938</u>
Construction payable for property and equipment	<u>\$ 197,857</u>	<u>\$ 1,664,302</u>

See notes to consolidated financial statements

Independent Auditors' Report on Supplementary Information

Board of Trustees
Adventist HealthCare, Inc and Controlled Entities

We have audited the consolidated financial statements of Adventist HealthCare, Inc and Controlled Entities as of and for the years ended December 31, 2011 and 2010, and have issued our report thereon dated April 19, 2012 which contained an unqualified opinion on those consolidated financial statements. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information presented on pages 43 to 54 is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

ParenteBeard LLC

Wilkes-Barre, Pennsylvania
April 19, 2012

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule Balance Sheet
 December 31, 2011

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Louise Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc Foundations
Assets														
Current Assets														
Cash and cash equivalents	\$ 15,166,805	\$ -	\$ (73,448,071)	\$ 82,286,786	\$ (8,681,689)	\$ 28,152,614	\$ (7,465,469)	\$ (1,120,993)	\$ 5,587,759	\$ 3,600,790	\$ (18,853,428)	\$ 1,972,325	\$ 749,258	\$ 2,386,903
Short term investments	167,409,546	-	167,409,546	-	-	-	-	-	-	-	-	-	-	-
Assets whose use is limited	4,583,523	-	2,860,609	-	-	1,722,914	-	-	-	-	-	-	-	-
Patient accounts receivable, net of estimated allowances of \$92,534,000	129,749,725	-	334,427	53,651,788	47,985,021	9,352,552	6,519,411	-	9,400,078	2,096,838	856,473	(446,863)	-	-
Other receivables, net of estimated allowance for uncollectible accounts of \$2,766,000	8,315,618	-	510,372	1,249,496	1,053,424	499,749	1,393,449	1,263,442	40,327	12,167	206,022	167,904	351,156	1,568,110
Due from third party payors	-	(2,193,623)	-	-	-	278,522	51,242	-	1,617,615	-	-	246,244	-	-
Inventories	12,216,675	-	-	5,513,959	4,226,676	2,086,353	140,175	-	104,013	21,540	-	-	123,959	-
Prepaid expenses and other current assets	3,685,259	-	1,689,314	567,897	731,617	350,143	158,920	-	71,957	55,581	53,443	-	6,377	-
Total current assets	341,127,151	(2,193,623)	99,356,197	143,269,926	47,037,983	40,719,933	797,728	142,449	16,821,749	5,786,926	(17,737,490)	1,939,610	1,230,750	3,955,013
Property and Equipment, Net	390,200,632	-	95,111,114	186,774,096	36,734,891	48,968,147	11,678,285	1,797,401	8,434,290	376,940	153,520	-	171,948	-
Assets Whose Use is Limited														
Under trust indenture and capital lease purchase financing facilities held by trustees and banks	15,695,442	-	6,541,959	2,927,219	2,988,979	2,423,098	427,301	-	386,886	-	-	-	-	-
Professional liability trust fund	8,990,494	-	8,990,494	-	-	-	-	-	-	-	-	-	-	-
Deferred compensation fund	164,057	-	-	-	164,057	-	-	-	-	-	-	-	-	-
Cash and Cash Equivalents Temporarily Restricted for Capital Acquisition	2,514,087	-	-	539,268	-	983,111	-	519,699	179,631	-	-	-	-	292,378
Investments and Investments in Unconsolidated Subsidiaries	10,737,019	-	5,173,756	1,793,803	-	1,617,808	-	-	-	-	-	326,418	-	1,825,234
Land Held for Healthcare Development	73,187,614	-	54,963,356	-	18,224,258	-	-	-	-	-	-	-	-	-
Deferred Financing Costs, Net	3,970,269	-	1,369,631	1,059,800	796,356	485,012	86,731	-	72,939	-	-	-	-	-
Intangible Assets, Net	5,979,535	-	87,646	1,630,095	-	867,660	2,074,383	-	1,038,753	202,956	22,024	-	56,018	-
Deposits and Other Noncurrent Assets	6,992,385	-	850,437	1,730,042	5,508	1,334,869	27,674	5,054	32,000	71,390	6,887	-	19,075	2,909,449
Total assets	<u>\$ 859,458,685</u>	<u>\$ (2,193,623)</u>	<u>\$ 272,444,590</u>	<u>\$ 339,724,049</u>	<u>\$ 105,952,032</u>	<u>\$ 97,399,638</u>	<u>\$ 15,092,102</u>	<u>\$ 2,464,603</u>	<u>\$ 26,966,248</u>	<u>\$ 6,438,212</u>	<u>\$ (17,555,059)</u>	<u>\$ 2,266,028</u>	<u>\$ 1,477,791</u>	<u>\$ 8,982,074</u>

Adventist HealthCare, Inc. and Controlled Entities

 Consolidating Schedule Balance Sheet
 December 31, 2011

	Consolidated Adventist HealthCare, Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Louise Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc Foundations
Liabilities and Net Assets														
Current Liabilities														
Accounts payable and accrued expenses	\$ 81 619 982	\$ -	\$ 17 208 837	\$ 32 745 474	\$ 18 970 685	\$ 4 861 911	\$ 2 897 405	\$ 61 707	\$ 1 502 113	\$ 873 297	\$ 441 004	\$ 1 513 116	\$ 498 582	\$ 45 851
Accrued compensation and related items	34 294 188	-	3 606 895	12 159 997	8 394 049	3 201 911	2 829 156	389 925	1 680 394	1 161 260	694 005	-	176 596	-
Interest payable	2 508 920	-	2 501 277	-	3 491	-	4 152	-	-	-	-	-	-	-
Due to third party payors	19 611 070	(2 193 623)	-	12 152 677	7 039 783	257 428	1 740 893	-	-	-	-	613 912	-	-
Estimated self-insured professional liability	1 860 185	-	1 860 185	-	-	-	-	-	-	-	-	-	-	-
Current maturities of long-term obligations	18 420 042	-	6 422 085	6 714 107	4 667 469	39 845	515 000	61 536	-	-	-	-	-	-
Total Current Liabilities	158 314 387	(2 193 623)	31 599 279	63 772 255	39 075 477	8 361 095	7 996 606	513 168	3 182 507	2 034 557	1 135 009	2 127 028	675 178	45 851
Construction Payable	197 857	-	-	-	-	197 857	-	-	-	-	-	-	-	-
Long-Term Obligations, Net														
Bonds payable	236 612 788	8	218 195 000	-	18 417 780	-	-	-	-	-	-	-	-	-
Notes payable	48 889 925	-	31 003 326	16 000 000	541 667	-	1 285 479	59 453	-	-	-	-	-	-
Capital lease obligation	19 259 096	-	14 481 230	4 321 837	444 031	11 998	-	-	-	-	-	-	-	-
Internal debt	-	(8)	(212 958 990)	126 338 081	44 234 376	32 229 053	5 809 634	-	4 347 854	-	-	-	-	-
Derivative Financial Instruments	27 839 846	-	27 839 846	-	-	-	-	-	-	-	-	-	-	-
Deferred Compensation	164 057	-	-	-	164 057	-	-	-	-	-	-	-	-	-
Other Liabilities	8 153 150	-	189 998	4 702 056	1 830 530	1 164 437	-	-	200 000	-	-	-	-	66 129
Estimated Self Insured Professional Liability	7 086 125	-	7 086 125	-	-	-	-	-	-	-	-	-	-	-
Total liabilities	508 517 231	(2 193 623)	117 435 814	215 134 229	104 707 918	41 964 440	15 081 719	572 621	7 730 361	2 034 557	1 135 009	2 127 028	675 178	111 980
Net Assets (Deficit)														
Unrestricted	342 823 039	-	154 190 780	124 301 604	559 963	54 512 331	10 384	1 332 270	19 033 148	4 403 655	(18 690 068)	139 000	802 613	2 227 359
Temporarily restricted	9 776 994	-	817 996	288 216	684 151	922 867	(1)	218 291	202 739	-	-	-	-	6 642 735
Permanently restricted	341 421	-	-	-	-	-	-	341 421	-	-	-	-	-	-
Total net assets (deficit)	352 941 454	-	155 008 776	124 589 820	1 244 114	55 435 198	10 383	1 891 982	19 235 887	4 403 655	(18 690 068)	139 000	802 613	8 870 094
Total liabilities and net assets	<u>\$ 859,458,685</u>	<u>\$ (2,193,623)</u>	<u>\$ 272,444,590</u>	<u>\$ 339,724,049</u>	<u>\$ 105,952,032</u>	<u>\$ 97,399,638</u>	<u>\$ 15,092,102</u>	<u>\$ 2,464,603</u>	<u>\$ 26,966,248</u>	<u>\$ 6,438,212</u>	<u>\$ (17,555,059)</u>	<u>\$ 2,266,028</u>	<u>\$ 1,477,791</u>	<u>\$ 8,982,074</u>

Adventist Healthcare, Inc. and Controlled Entities
Consolidating Schedule - Statement of Operations

Year Ended December 31, 2011

	Consolidated Adventist HealthCare Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Lourie Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc. Foundations
Unrestricted Revenues														
Net patient service revenue	\$ 77,607,711	\$ (2,777,113)	\$ 4,412,700	\$ 1,750,112	\$ 2,111,147	\$ 1,700,717	\$ 7,711,129	\$ 7,111,114	\$ 1,717,717	\$ 17,000,444	\$ 6,640,000		\$ 1,111,111	\$
Provision for doubtful collections	(1,711,111)		(411,111)	(1,111,111)	(1,111,111)	(1,111,111)	(1,111,111)	(1,111,111)	(1,111,111)	(4,111,111)	(908,292)		(1,111,111)	
Net patient service revenue less provision for doubtful collections	75,896,600	(2,777,113)	4,001,589	639,001	1,000,036	589,606	6,600,018	6,000,003	606,606	12,889,333	5,731,708			
Other revenue	1,111,111	1,111,111	1,111,111	1,111,111	1,111,111	1,111,111	1,111,111	1,111,111	1,111,111	1,111,111	1,111,111		1,111,111	1,111,111
Total unrestricted revenue*	77,007,711	(1,666,002)	5,112,700	1,750,112	2,111,147	1,700,717	7,711,129	7,111,114	1,717,717	14,000,444	6,640,000		1,111,111	2,222,222
Operating Expenses														
Salaries and wages	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Employee benefits	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Contract labor	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Medical supplies	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
General and administrative	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Building and maintenance	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Insurance	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Interest	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Depreciation and amortization	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
IT depreciation	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	
Allocation - IT services*														
AHC management fees														
Total expenses	77,007,711	(1,666,002)	5,112,700	1,750,112	2,111,147	1,700,717	7,711,129	7,111,114	1,717,717	14,000,444	6,640,000		1,111,111	2,222,222
Income (loss) from operations	0	0	0	0	0	0	0	0	0	0	0		0	0
Other (Expense) Income														
Investment income (loss)	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	11,111,111
Loss on extinguishment of debt	(11,111,111)		(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)		(11,111,111)	(11,111,111)
Other (expense) income	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	11,111,111
Total other (expense) income	0	0	0	0	0	0	0	0	0	0	0		0	0
Revenue and gains in excess of (less than expenses from continuing operation*	0	0	0	0	0	0	0	0	0	0	0		0	0
Change in net unrealized gains and losses on investment other than trading securities*	(11,111,111)		(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)		(11,111,111)	(11,111,111)
Change in net unrealized loss on derivative financial instrument	(11,111,111)		(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)	(11,111,111)		(11,111,111)	(11,111,111)
Transfer from (to) unconsolidated subsidiary	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	11,111,111
Net assets released from restriction for purchase of property and equipment	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	11,111,111
Other unrestricted net asset activity	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	11,111,111
Increase (decrease) in unrestricted net asset* from continuing operations	0	0	0	0	0	0	0	0	0	0	0		0	0
Income from discontinued operations	11,111,111		11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111	11,111,111		11,111,111	11,111,111
Increase (decrease) in unrestricted net assets	0	0	0	0	0	0	0	0	0	0	0		0	0

Adventist Healthcare, Inc. and Controlled Entities

 Consolidating Schedule Statement of Changes in Net Assets
 Year Ended December 31, 2011

	Consolidated Adventist HealthCare Inc.	Eliminating Entries	Support Center	Shady Grove Adventist Hospital	Washington Adventist Hospital	Hackettstown Regional Medical Center	Adventist Behavioral Health Services	Loune Center	Adventist Rehabilitation Hospital of Maryland	Adventist Home Health Services	Adventist Medical Group	Adventist Senior Living Services	Adventist Management Services, Inc.	Adventist HealthCare Inc Foundations
Unrestricted Net Assets														
Revenues in excess of (less than) expenses from continuing operations	\$ 16 832 905	\$ -	\$ 1 634 469	\$ 25 060 508	\$ 2 058 622	\$ (4 784 281)	\$ (3 776 157)	\$ (11 162)	\$ 2 535 426	\$ 188 422	\$ (6 700 052)	\$ -	\$ 300 663	\$ 326 447
Change in net unrealized gains and losses on investments other than trading securities	(557 711)	-	(310 889)	(130 141)	(15 044)	(75 918)	(2 417)	1 150	(13 760)	(8 059)	(148)	-	(3 511)	1 026
Change in net unrealized loss on derivative financial instruments	(2 786 621)	-	(2 786 621)	-	-	-	-	-	-	-	-	-	-	-
Transfers from (to) unconsolidated subsidiary	-	-	(2 407 395)	-	112 477	312 196	(21)	-	-	-	-	1 991 845	(9 102)	-
Net assets released from restriction for purchase of property and equipment	2 066 669	-	128 104	1 159 465	406 711	280 159	28 630	-	63 600	-	-	-	-	-
Other unrestricted net asset activity	2 286	-	(131 938)	131 279	(4)	(2)	23	5	2 911	4	3	(2)	7	-
Increase (decrease) in unrestricted net assets from continuing operations	15 557 528	-	(3 874 270)	26 221 111	2 562 762	(4 267 846)	(3 749 942)	(10 007)	2 588 177	180 367	(6 700 197)	1 991 843	288 057	327 473
Income from discontinued operations	139 000	-	-	-	-	-	-	-	-	-	-	139 000	-	-
Increase (decrease) in unrestricted net assets	15 696 528	-	(3 874 270)	26 221 111	2 562 762	(4 267 846)	(3 749 942)	(10 007)	2 588 177	180 367	(6 700 197)	2 130 843	288 057	327 473
Temporarily Restricted Net Assets														
Restricted gifts and donations	5 438 196	-	179 320	1 395 942	745 572	265 953	74 919	169 049	23 018	-	-	-	-	2 584 423
Net assets released from restriction for purchase of property and equipment	(2 066 669)	-	(128 104)	(1 159 465)	(406 711)	(280 159)	(28 630)	-	(63 600)	-	-	-	-	-
Net assets released from restriction for use in operations	(3 085 874)	-	(179 015)	(418 631)	(273 688)	-	(46 289)	(193 130)	(1 007)	-	-	-	-	(1 974 114)
Change in value of beneficial interest in charitable remainder trusts and charitable gift annuities	(88 213)	-	(60 992)	-	-	-	-	-	-	-	-	-	-	(27 221)
Change in discount of pledges receivable and provision for doubtful pledges	(66 327)	-	-	-	-	-	-	-	-	-	-	-	-	(66 327)
Donor restricted investment income	2 762	-	-	-	-	-	-	-	-	-	-	-	-	2 762
Other temporarily restricted net asset	(2 908)	-	(1)	(1)	-	-	(1)	-	(2 905)	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	130 967	-	(188 792)	(182 155)	65 173	(14 206)	(1)	(24 081)	(44 494)	-	-	-	-	519 523
Increase (decrease) in net assets	15 827 495	-	(4 063 062)	26 038 956	2 627 935	(4 282 052)	(3 749 943)	(34 088)	2 543 683	180 367	(6 700 197)	2 130 843	288 057	846 996
Net assets (deficit) beginning	337 113 959	-	159 071 838	98 550 864	(1 383 821)	59 717 250	3 760 326	1 926 070	16 692 204	4 223 288	(11 989 871)	(1 991 843)	514 556	8 023 098
Net assets (deficit) ending	\$ 352 941 454	\$ -	\$ 155 008 776	\$ 124 589 820	\$ 1 244 114	\$ 55 435 198	\$ 10 383	\$ 1 891 982	\$ 19 235 887	\$ 4 403 655	\$ (18 690 068)	\$ 139 000	\$ 802 613	\$ 8 870 094

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