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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADVENTIST HEALTHCARE INC		D Employer identification number 52-1532556	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	820 WEST DIAMOND AVE NO 600		(301) 351-3030	
	City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 208781419		G Gross receipts \$ 735,337,056	
F Name and address of principal officer TERRY FORDE 820 WEST DIAMOND AVE NO 600 GAITHERSBURG,MD 208781419		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 1071		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.ADVENTISTHEALTHCARE.COM				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1983	M State of legal domicile MD	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A (SEE SCH O) MINISTRY OF PHYSICAL MENTAL AND SPIRITUAL HEALING		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) 17		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15		
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6,305		
	6	Total number of volunteers (estimate if necessary) 1,201		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 2,446,041		
	b	Net unrelated business taxable income from Form 990-T, line 34 -121,602		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,810,929	3,024,743
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	585,255,322	614,223,129
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,759,105	4,274,212
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,504,626	-442,843
			594,329,982	621,079,241
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,608,962	1,860,645
	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)	287,531,976	287,740,317
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,024,154		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	290,296,166	300,433,013
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	579,437,104	590,033,975
	19	Revenue less expenses Subtract line 18 from line 12	14,892,878	31,045,266
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	804,518,762	823,448,643
	21	Total liabilities (Part X, line 26)	485,399,306	478,053,129
	22	Net assets or fund balances Subtract line 21 from line 20	319,119,456	345,395,514

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>Signature of officer</div> <div>JAMES G LEE EXE VICE PRESIDENT AND CFO</div>		<div>2015-11-16</div> <div>Date</div>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHELE MELCHIOR	Preparer's signature MICHELE MELCHIOR	Date	Check <input type="checkbox"/> if self-employed	PTIN P00488037
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 201 S COLLEGE STREET CHARLOTTE, NC 28244			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 (2014)

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	15	
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 this 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 <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	JAMES G LEE

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	8,731,292	0	545,806

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶295

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ANTHELIO HEALTHCARE SOLUTIONS INC PO BOX 671001 DALLAS, TX 752671001	IT SERVICES	22,660,836
QUEST DIAGNOSTICS PO BOX 740709 ATLANTA, GA 303740709	CLININCAL LAB SERVICES	15,858,105
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	IT/SOFTWARE SERVICES	6,741,207
SODEXO INC PO BOX 536922 ATLANTA, GA 303536922	DIETARY & PLANT OPS	5,843,898
RADIATION MANAGEMENT ASSOCIATES LLC 10210 GREENBELT ROAD LANHAM, MD 20706	RADIATION SERVICES	2,993,220

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶134

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	2,083,848				
	e	Government grants (contributions) 1e	264,420				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	676,475				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	3,024,743				
Program Service Revenue	2a	ACUTE CARE	Business Code 900099	560,608,640	560,608,640		
	b	BEHAVIORAL HEALTH	900099	46,967,151	46,967,151		
	c						
	d						
	e						
	f	All other program service revenue		6,647,338	4,234,113	2,413,225	
	g	Total. Add lines 2a-2f	614,223,129				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,478,492			4,478,492
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 6,304,064	(ii) Personal			
		b	Less rental expenses	6,895,004			
		c	Rental income or (loss)	-590,940			
		d	Net rental income or (loss)	-590,940		32,816	-623,756
7a		Gross amount from sales of assets other than inventory	(i) Securities 106,909,368	(ii) Other			
		b	Less cost or other basis and sales expenses	107,113,648			
		c	Gain or (loss)	-204,280			
		d	Net gain or (loss)	-204,280			-204,280
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold b	397,260			
		c	Net income or (loss) from sales of inventory	249,163			
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		621,079,241	611,809,904	2,446,041	3,798,553	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,860,645	1,860,645		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	6,695,538		6,695,538	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	231,460,203	201,952,614	28,961,702	545,887
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,029,246	5,830,342	179,935	18,969
9	Other employee benefits.	25,582,075	19,505,340	6,018,258	58,477
10	Payroll taxes.	17,973,255	14,702,649	3,235,708	34,898
11	Fees for services (non-employees):				
a	Management.	8,754,401	6,652,927	2,101,474	
b	Legal.	1,193,952		1,193,952	
c	Accounting.	468,656		468,656	
d	Lobbying.	153,913	153,913		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	661,534	1,240	660,294	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	58,023,241	47,624,219	10,190,443	208,579
12	Advertising and promotion.	2,289,284	72,379	2,215,569	1,336
13	Office expenses.	65,085,119	59,314,926	5,723,919	46,274
14	Information technology.	27,036,143	20,277,107	6,759,036	
15	Royalties.				
16	Occupancy.	28,885,825	23,498,477	5,296,553	90,795
17	Travel.	1,510,682	952,467	539,935	18,280
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	619,285	358,522	260,104	659
20	Interest.	9,441,496	1,341	9,440,155	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	32,027,865	31,373,423	654,442	
23	Insurance.	4,466,371		4,466,371	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MEDICAL SUPPLIES	58,166,888	58,166,888		
b	RECRUITING	1,426,008		1,426,008	
c	LOSS ON EXTINGUISHMENT	222,350		222,350	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	590,033,975	492,299,419	96,710,402	1,024,154
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	155,733
	2	Savings and temporary cash investments		64,078,792	2	76,122,691
	3	Pledges and grants receivable, net		1,115,483	3	809,086
	4	Accounts receivable, net		102,488,758	4	87,987,045
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		10,845,249	7	9,810,869
	8	Inventories for sale or use		10,266,335	8	9,145,365
	9	Prepaid expenses and deferred charges		7,791,273	9	6,682,729
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	763,144,745		
	b	Less accumulated depreciation	10b	389,382,330	359,728,964	10c 373,762,415
	11	Investments—publicly traded securities		134,453,920	11	137,889,131
	12	Investments—other securities See Part IV, line 11		7,195,860	12	10,553,133
	13	Investments—program-related See Part IV, line 11		63,173,637	13	67,604,975
	14	Intangible assets		3,427,736	14	3,196,195
	15	Other assets See Part IV, line 11		39,952,755	15	39,729,276
	16	Total assets. Add lines 1 through 15 (must equal line 34)		804,518,762	16	823,448,643
Liabilities	17	Accounts payable and accrued expenses		104,153,529	17	93,985,161
	18	Grants payable			18	
	19	Deferred revenue		135	19	666,728
	20	Tax-exempt bond liabilities		254,818,500	20	246,345,919
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		89,890,245	23	94,718,964
	24	Unsecured notes and loans payable to unrelated third parties			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		36,536,897	25	42,336,357
	26	Total liabilities. Add lines 17 through 25		485,399,306	26	478,053,129
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		318,165,342	27	344,389,003
	28	Temporarily restricted net assets		954,114	28	1,006,511
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		319,119,456	33	345,395,514
	34	Total liabilities and net assets/fund balances		804,518,762	34	823,448,643

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	621,079,241
2	Total expenses (must equal Part IX, column (A), line 25)	2	590,033,975
3	Revenue less expenses Subtract line 2 from line 1	3	31,045,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	319,119,456
5	Net unrealized gains (losses) on investments	5	-5,144,440
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	375,232
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	345,395,514

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

Additional Data

Software ID:

Software Version:

EIN: 52-1532556

Name: ADVENTIST HEALTHCARE INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID E WEIGLEY CHAIRMAN	1 00	X						0	0	0
(1) SETH BARDU TRUSTEE	1 00	X						0	0	0
(2) ROBERT T VANDEMAN TRUSTEE	1 00	X						0	0	0
(3) RENEE BATTLE-BROOKS ESQ TRUSTEE	1 00	X						0	0	0
(4) AVIS E BUCHANAN ESQ TRUSTEE	1 00	X						0	0	0
(5) RUTH E BULGER PHD TRUSTEE	1 00	X						0	0	0
(6) WALTER F FENNELL TRUSTEE	1 00	X						0	0	0
(7) MARK E GRIFFIN TRUSTEE	1 00	X						0	0	0
(8) NANCY E HARDWICK TRUSTEE	1 00	X						0	0	0
(9) PATRICK J HOGAN TRUSTEE	1 00	X						0	0	0
(10) ROSEMARIE MELENDEZ TRUSTEE	1 00	X						0	0	0
(11) DONALD MELNICK MD TRUSTEE	1 00	X						0	0	0
(12) JEFFREY J PARGAMENT ESQ TRUSTEE	1 00	X						0	0	0
(13) RICK REMMERS TRUSTEE	1 00	X						0	0	0
(14) BRUCE C ROBERTSON PHD TRUSTEE	1 00	X						0	0	0
(15) JAMES ROST MD TRUSTEE	1 00	X						0	0	0
(16) WEYMOUTH SPENCE EDD TRUSTEE	1 00	X						0	0	0
(17) THOMAS WERNER TRUSTEE	1 00	X						0	0	0
(18) DREWRY J WHITE MD TRUSTEE	1 00	X						0	0	0
(19) WILLIAM G ROBERTSON SEPARATED PRESIDENT & CEO	42 00 20 00	X		X				458,017	0	16,213
(20) TERRY FORDE PRESIDENT & CEO	42 00 20 00	X		X				986,602	0	32,620
(21) JAMES G LEE EVP & CFO	42 00 20 00			X				660,252	0	19,661
(22) JOHN SACKETT EVP & COO OF AHC & PRESIDENT OF SGMC	40 00 20 00			X				680,245	0	38,192
(23) ERIK WANGSNESS PRESIDENT, WAH	48 00 2 00			X				262,461	0	6,144
(24) JOYCE L NEWMYER SEPARATED PRESIDENT, WAH	48 00 2 00			X				250,016	0	17,713

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JASON C COE PRESIDENT, HRMC	5 00 55 00			X				347,858	0	42,867
(1) PATRICK GARRETT SVP & PHYSICIAN INTEGRATION	20 00 40 00				X			483,755	0	29,001
(2) SUSAN L GLOVER SVP & SYSTEM QUALITY	50 00 10 00				X			348,464	0	32,550
(3) MARTA BRITO PEREZ SVP & CHIEF HR OFFICER	40 00				X			408,315	0	28,301
(4) KEVIN YOUNG PRESIDENT, BHWS	38 00 12 00				X			399,201	0	30,061
(5) BRENT REITZ PRESIDENT, ARHM	20 00 40 00				X			285,103	0	33,902
(6) KEITH BALLENGER VP, HOME HEALTH	10 00 30 00				X			218,044	0	27,685
(7) AMY CARRIER VP, BUS DEVELOPMENT & STRATEGIC PLANNING	40 00				X			283,712	0	18,877
(8) THOMAS GRANT VP, PUBLIC RELATIONS & MARKETING	40 00				X			221,392	0	28,315
(9) KEVIN SMOTHERS VP & CMO	40 00					X		555,801	0	30,487
(10) KENNETH B DESTEFANO VP & GENERAL COUNSEL	40 00					X		437,143	0	32,470
(11) RANDALL WAGNER VP & CMO, WAH	40 00					X		439,645	0	8,918
(12) EUNMEE SHIM VP, OPERATIONS	40 00					X		291,479	0	29,657
(13) DANIEL L COCHRAN VP & CFO, SGMC	55 00 5 00					X		372,491	0	26,639
(14) DENNIS DUANE HANSEN FORMER PRESIDENT, SGMC	45 00 10 00						X	341,296	0	15,533

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 described in **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 See **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political 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 function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
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?		No	
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		153,913
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			153,913
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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	IN 2014, ADVENTIST HEALTHCARE, INC. WAS ENGAGED IN LOBBYING ACTIVITIES AT THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS WITH MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY OFFICIALS ABOUT VARIOUS REGIONAL HEALTH CARE MATTERS, PARTICULARLY INVOLVING THE LOCAL HEALTH CARE SAFETY NET AND ISSUES OF ACCESS TO CARE. CONTACT WITH LEGISLATORS AND LOBBYING ON ISSUES AT THE STATE LEVEL ALSO TOOK PLACE, PARTICULARLY AROUND ISSUES OF PUBLIC HEALTH AND ACCESS TO HEALTH CARE SERVICES. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WAS ENGAGED IN MONITORING LEGISLATIVE AND EXECUTIVE ACTION RELATED TO MEDICARE, MEDICAID, FEDERAL HEALTH REFORM, MENTAL HEALTH POLICY, HEALTHCARE REIMBURSEMENT AND ACCESS TO CARE.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ADVENTIST HEALTHCARE INC	Employer identification number 52-1532556
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) Revenue included 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 8,162,408 | | 8,162,408 |
| b Buildings | | 351,368,918 | 207,526,029 | 143,842,889 |
| c Leasehold improvements | | 37,766,251 | 20,493,145 | 17,273,106 |
| d Equipment | | 277,952,452 | 139,439,837 | 138,512,615 |
| e Other | | 87,894,716 | 21,923,319 | 65,971,397 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 373,762,415 |
- Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	FIN 48 NOTES THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2014 OR 2013

[illegible]

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,369,500		14,369,500	2 440 %
b Medicaid (from Worksheet 3, column a)			15,415,414	13,182,107	2,233,307	0 380 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			29,784,914	13,182,107	16,602,807	2 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,238,763	191,012	10,047,751	1 700 %
f Health professions education (from Worksheet 5)			1,906,606	18,538	1,888,068	0 320 %
g Subsidized health services (from Worksheet 6)			32,138,408	551,458	31,586,950	5 350 %
h Research (from Worksheet 7)			1,101,907	367,031	734,876	0 120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,570,829		1,570,829	0 270 %
j Total. Other Benefits			46,956,513	1,128,039	45,828,474	7 760 %
k Total. Add lines 7d and 7j			76,741,427	14,310,146	62,431,281	10 580 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			5,331	1,687	3,644	0 %
2Economic development						
3Community support			293,495		293,495	0 050 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			177,202	6,645	170,557	0 030 %
7Community health improvement advocacy			2,160,573		2,160,573	0 370 %
8Workforce development						
9Other						
10Total			2,636,601	8,332	2,628,269	0 450 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

6Enter Medicare allowable costs of care relating to payments on line 5.

7Subtract line 6 from line 5. This is the surplus (or shortfall).

8Describe 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.

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9bIf "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.

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 GERMANTOWN OUTPATIENT IMAGING LLC	OUTPATIENT IMAGING CENTER	50 000 %		50 000 %
2 2 MID-ATLANTIC PRIMARY CARE ACO LLC	MEDICARE SHARED SAVINGS PLAN ACO	25 000 %		75 000 %
3 3 PREMIER MEDICAL NETWORK INC	PHYSICAN HOSPITAL ORGANIZATION	50 000 %		50 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2014

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

6
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

SHADY GROVE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE URL ON SECTION C		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE URL ON SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

SHADY GROVE MEDICAL CENTER

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

SHADY GROVE MEDICAL CENTER		
Name of hospital facility or letter of facility reporting group		
	Yes	No
19	19	No
Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20		
Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care		
21	21	Yes
Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22		
Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used 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 its 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 checked="" type="checkbox"/> Other (describe in Section C)		
23	23	No
During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		
24	24	No
During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

WASHINGTON ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

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

2

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) SEE URL ON SECTION C		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) SEE URL ON SECTION C		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

WASHINGTON ADVENTIST HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

WASHINGTON ADVENTIST HOSPITAL		
Name of hospital facility or letter of facility reporting group		
	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	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 Section C)		
d <input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used 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 its 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 checked="" type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

HACKETTSTOWN COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

3

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

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

HACKETTSTOWN COMMUNITY HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

HACKETTSTOWN COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	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 Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used 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 its 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 Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

ADVENTIST REHABILITATION HOSPITAL OF MAR

Name of hospital facility or letter of facility reporting group

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

4

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) SEE URL ON SECTION C		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) SEE URL ON SECTION C		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

ADVENTIST REHABILITATION HOSPITAL OF MAR

Name of hospital facility or letter of facility reporting group		Yes	No
<div>19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a <input type="checkbox"/> Reporting to credit agency(ies)</div><div>b <input type="checkbox"/> Selling an individual's debt to another party</div><div>c <input type="checkbox"/> Actions that require a legal or judicial process</div><div>d <input type="checkbox"/> Other similar actions (describe in Section C)</div></div> <div>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission</div><div>b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge</div><div>c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div><div>d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div><div>e <input type="checkbox"/> Other (describe in Section C)</div><div>f <input type="checkbox"/> None of these efforts were made</div></div>		19	No
Policy Relating to Emergency Medical Care			
<div>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why</div> <div><div>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</div><div>b <input type="checkbox"/> The hospital facility's policy was not in writing</div><div>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div><div>d <input type="checkbox"/> Other (describe in Section C)</div></div>		21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
<div>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care</div> <div><div>a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div><div>b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div><div>c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div><div>d <input checked="" type="checkbox"/> Other (describe in Section C)</div></div> <div>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C</div>		23	No
<div>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C</div>		24	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

Name of hospital facility or letter of facility reporting group

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

5

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>SEE URL ON SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK			
Name of hospital facility or letter of facility reporting group			
		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 600 000000000000%			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?		14	Yes
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 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)		16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?		17	Yes
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

Name of hospital facility or letter of facility reporting group		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	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 Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used 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 its 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 checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		24	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE

Name of hospital facility or letter of facility reporting group

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

6

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE URL ON SECTION C		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 14		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE URL ON SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE

Name of hospital facility or letter of facility reporting group		Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		19	No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	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 Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used 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 its 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 checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		24	No

Part V

Facility Information (continued)

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 ADVENTIST BEHAVIORAL HEALTH AT ANNE ARUN 14 ROMIG DRIVE CROWNSVILLE, MD 21032	BEHAVIORAL TREATMENT FACILITY
2 REGINALD S LOURIE CENTER FOR INFANTS AN 12301 ACADEMY WAY ROCKVILLE, MD 20852	INFANT AND YOUNG CHILDREN DEVELOPMENT CARE CENTER
3 SHADY GROVE ADVENTIST RADIATION ONCOLOGY 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	OUTPATIENT CANCER TREATMENT CENTER
4 ADVENTIST GERMANTOWN EMERGENCY CENTER 19731 GERMANTOWN ROAD GERMANTOWN, MD 20874	FREE STANDING ER CENTER
5 ADVENTIST HOME HEALTH SERVICES 12041 BORNEFIELD WAY SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
6 ADVENTIST REHABILITATION INC 831 E UNIVERSITY BOULEVARD 14 SILVER SPRING, MD 20903	REHABILITATION
7 ADVENTIST HEALTHCARE URGENT CARE CENTERS 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	URGENT CARE CENTER
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	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 15 LEVELS OF FINANCIAL ASSISTANCE THEY ARE AS FOLLOW - ANNUAL INCOME <= 1 0X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 00X AND <= 1 25X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 25X AND <= 1 50X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 50X AND <= 1 75X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 75X AND <= 2 00X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 00X AND <= 2 25X OF FPL, 10% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 25X AND <= 2 50X OF FPL, 20% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 50X AND <= 2 75X OF FPL, 30% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 75X AND <= 3 00X OF FPL, 40% PATIENT RESPONSIBILITY- ANNUAL INCOME > 3 00X AND <= 3 50X OF FPL, 50% PATIENT RESPONSIBILITY- ANNUAL INCOME > 3 50X AND <= 4 00X OF FPL, 60% PATIENT RESPONSIBILITY- ANNUAL INCOME > 4 00X AND <= 4 50X OF FPL, 70% PATIENT RESPONSIBILITY- ANNUAL INCOME > 4 50X AND <= 5 00X OF FPL, 80% PATIENT RESPONSIBILITY- ANNUAL INCOME > 5 00X AND <= 5 50X OF FPL, 90% PATIENT RESPONSIBILITY- ANNUAL INCOME > 5 50X AND <= 6 00X OF FPL, 95% PATIENT RESPONSIBILITY

Form and Line Reference	Explanation
PART I, LINE 7	MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PROVIDER'S RATES FOR PURPOSES OF COMPLETING ADVENTIST HEALTHCARE'S FORM 990, ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED FOR 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 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

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

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>ADVENTIST HEALTHCARE, INC. CONTRIBUTED TO NUMEROUS COMMUNITY BUILDING ACTIVITIES AS PART OF FULFILLING ADVENTIST HEALTHCARE'S MISSION. ADVENTIST HEALTHCARE'S MISSION IS TO "DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING." ADVENTIST HEALTHCARE GOES BEYOND TRADITIONAL HOSPITAL CARE TO OFFER EXPERTISE AND RESOURCES THAT HELP STRENGTHEN THE COMMUNITY'S INFRASTRUCTURE IN A WAY THAT PROMOTES HEALTH AND WELL-BEING. IN 2014, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES CONSISTED OF PERFORMING DISASTER PREPAREDNESS ACTIVITIES, ASSISTING PHYSICIANS IN ESTABLISHING ELECTRONIC MEDICAL RECORDS (EMR) SYSTEMS, SUPPORTING COMMUNITY ORGANIZATIONS, CONTRIBUTING TO ENVIRONMENTAL IMPROVEMENTS, CREATING HEALTH PARTNERSHIPS WITHIN THE COMMUNITY, ADVOCATING ON COMMUNITY HEALTH IMPROVEMENTS, PROVIDING PHYSICAL IMPROVEMENTS TO COMMUNITY HOMES, AND PROMOTING WORKFORCE DEVELOPMENT DURING THE 2014 EBOLA OUTBREAK IN WEST AFRICA. ADVENTIST HEALTHCARE TOOK MANY MEASURES TO ENSURE OUR COMMUNITY HOSPITALS WERE READY AND PREPARED TO TREAT A PATIENT WITH EBOLA SYMPTOMS. WE FORMED AN EBOLA CORE RESPONSE TEAM, WHICH WERE INVOLVED IN EXTENSIVE AND SPECIALIZED TRAINING SESSIONS. THE RESPONSE TEAM MEMBERS INCLUDED NURSES, LAB STAFF, PHYSICIANS, ADMINISTRATIVE SUPERVISORS, ENVIRONMENTAL SERVICES STAFF AND RESPIRATORY THERAPISTS. ADVENTIST HEALTHCARE PURCHASED PERSONAL PROTECTIVE EQUIPMENT AND LABORATORY EQUIPMENT AND SUPPLIES TO ENABLE A RESPONSE TO AN INFECTIOUS DISEASE THREAT. IN ADDITION, LEADERS FROM OUR ORGANIZATION MET WITH COUNTY AND STATE HEALTH OFFICIALS AND FIRE AND RESCUE REPRESENTATIVES TO DISCUSS STATEWIDE PLANNING TO CARE FOR CONFIRMED EBOLA CASES. ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS IS A CORE STRATEGY IN ACHIEVING ADVENTIST HEALTHCARE'S MISSION. A PROGRAM THAT ADVENTIST HEALTHCARE OFFERS, WHICH IS AT THE CORE OF ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS, IS AMBULATORY CARE EMR SUPPORT (ACES). THE ACES PROGRAM ASSISTS COMMUNITY PHYSICIANS WITH THE ACQUISITION AND IMPLEMENTATION OF EMRS. EMRS ENHANCE PATIENTS' CARE AND MAKES PRACTICES MORE EFFICIENT. ADVENTIST HEALTHCARE HAS ALSO PARTNERED WITH MARYLAND PATIENT SAFETY CENTER (MPSC) AND WASHINGTON ADVENTIST UNIVERSITY (WAU) TO IMPROVE PATIENT CARE. MPSC'S GOAL, AS A NON-PROFIT ORGANIZATION, IS TO MAKE MARYLAND'S HEALTHCARE THE SAFEST IN THE NATION BY FOCUSING ON THE SYSTEMS OF CARE, REDUCING THE OCCURRENCE OF ADVERSE EVENTS, AND IMPROVING THE CULTURE OF PATIENT SAFETY IN MARYLAND'S HOSPITALS. WAU IS A CHRIST-CENTERED INSTITUTION OF HIGHER EDUCATION THAT SUPPORTS A CULTURE OF EXCELLENCE WHERE ALL FEEL VALUED AND WHICH HELPS EDUCATE FUTURE HEALTHCARE WORKERS. IN SUPPORT OF THE COMMUNITY, ADVENTIST HEALTHCARE HAS ADVOCATED FOR INTERFAITH WORKS, WHICH WORKS TO MEET THE NEEDS OF THE POOR AND HOMELESS IN MONTGOMERY COUNTY, BLACK ROCK CENTER FOR THE ARTS, WHICH ENGAGES THE COMMUNITIES OF UPPER MONTGOMERY COUNTY TO EXPLORE, EXPERIENCE AND CELEBRATE THE ARTS, AND STRATHMORE HALL FOUNDATION, WHICH IS COMMITTED TO MAINTAINING AFFORDABLE AND ACCESSIBLE ARTS PROGRAMS TO THE COMMUNITY. ADVENTIST HEALTHCARE HAS BUILT COMMUNITY SUPPORT DIRECTLY WITH LABQUEST, A COMMUNITY GROUP MADE UP OF EASTERN MONTGOMERY COUNTY RESIDENTS AND MEMBERS OF FEDERAL, COUNTY AND STATE AGENCIES THAT CAME TOGETHER WITH A COMMON VISION TO BUILD A VIBRANT COMMUNITY WITH SCIENCE AND HEALTH CARE AS AN INTEGRAL FOUNDATION. ADVENTIST HEALTHCARE ALSO SUPPORTS THE CITY OF TAKOMA PARK BY WORKING WITH THE MAYOR AND COUNCIL ON INITIATIVES AND BY FUNDING COMMUNITY EVENTS. PARTNERING WITHIN THE COMMUNITY IS IMPORTANT FOR ALL OF ADVENTIST HEALTHCARE BECAUSE IT FOSTERS COMMUNITY HEALTH IMPROVEMENTS AND STRENGTHENS ECONOMIC STABILITY IN THE COMMUNITY. ADVENTIST HEALTHCARE HAS PARTNERED WITH GREATER SILVER SPRING CHAMBER OF COMMERCE AND IMPACT SILVER SPRING, WHICH BOTH FOSTER COLLABORATIONS, PROMOTE HEALTHCARE CAREERS AND POLICY ADVOCACY, LEADERSHIP MONTGOMERY, WHICH ENGAGES AND EMERGES DIVERSE GROUPS OF LEADERS, AND THE MARYLAND HOSPITAL ASSOCIATION, WHICH ADVOCATES FOR MARYLAND'S HOSPITALS AND HEALTH SYSTEMS. ADVENTIST HEALTHCARE HAS PARTNERED WITH OTHER VALUABLE COMPANIES SUCH AS, BIOHEALTH INNOVATION (BHI) AND THE COLUMBIA UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS (COLUMBIA UNION). BHI'S VISION IS TO TRANSFORM THE CENTRAL MARYLAND REGION INTO A LEADING GLOBAL BIO-HEALTH ENTREPRENEURIAL AND COMMERCIALIZATION HUB. COLUMBIA UNION OVERSEES ADVENTIST ORGANIZATIONS IN MARYLAND, VIRGINIA, NEW JERSEY, DELAWARE, AND WASHINGTON D.C. TOGETHER WITH ADVENTIST HEALTHCARE, IT HELPS PROMOTE THE IMPORTANCE OF HEALTH AND WELLNESS THROUGHOUT ITS REGION IN TERMS OF PROVIDING PHYSICAL IMPROVEMENTS. ADVENTIST HEALTHCARE TEAMED UP WITH REBUILDING TOGETHER MONTGOMERY COUNTY TO PROVIDE PHYSICAL IMPROVEMENTS TO HOMES IN THE COMMUNITY. REBUILDING TOGETHER BRINGS VOLUNTEERS AND COMMUNITIES TOGETHER TO IMPROVE THE HOMES AND LIVES OF LOW-INCOME HOMES.</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	EOWNERS IN MONTGOMERY COUNTY ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNI TY BUILDING ACTIVITIES IN 2015 PROVIDING COMMUNITY BUILDING ACTIVITIES IS ESSENTIAL TO AC HIEVING AND MAINTAINING OUR MISSION

Form and Line Reference	Explanation
PART III, LINE 2	TO ESTIMATE THE COST OF BAD DEBT THAT WE HAVE REPORTED ON SCHEDULE H, WE MULTIPLIED THE ORGANIZATION'S COST TO CHARGE RATIO (CCR) TIMES THE BAD DEBT PROVISION THAT HAS BEEN REPORTED IN THE GENERAL LEDGER THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN TOTAL COST IS DIVIDED BY TOTAL CHARGES AS REFLECTED ON WORKSHEET C PART I OF THE 2014 MEDICARE COST REPORT THE BAD DEBT EXPENSE THAT IS RECORDED IN THE GENERAL LEDGER REFLECTS THE AMOUNT OF PROVISION MANAGEMENT DEEMS NECESSARY TO REPORT PATIENT ACCOUNTS RECEIVABLE AT THEIR NET REALIZABLE VALUE IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, WE ANALYZE PAST HISTORY AND TRENDS FOR EACH MAJOR PAYER AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL COLLECTIONS

Form and Line Reference	Explanation
PART III, LINE 4	PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL COLLECTIONS AND PROVISION FOR DOUBTFUL COLLECTIONS. FOR PATIENT ACCOUNTS RECEIVABLE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL COLLECTIONS AND PROVISION FOR DOUBTFUL COLLECTIONS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE CORPORATION RECORDS A PROVISION FOR DOUBTFUL COLLECTIONS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL COLLECTIONS.

Form and Line Reference	Explanation
PART III, LINE 8	ACUTE CARE HOSPITALS IN MARYLAND ARE EXEMPT FROM MEDICARE REIMBURSEMENT METHODOLOGY AND ALL PAYORS (INCLUDING MEDICARE AND MEDICAID) PAY HOSPITALS' CHARGES, WHICH ARE REGULATED BY THE STATE'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) SPECIFICALLY, MEDICARE ENJOYS A DISCOUNT OF 6% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS THERE SHOULD BE NO SHORTFALL AND THEREFORE NOTHING TO COUNT TOWARD COMMUNITY BENEFIT ADVENTIST HEALTHCARE USES SCHEDULE C OF THE MEDICARE COST REPORT TO COMPUTE A COST TO CHARGE RATIO USED TO ESTIMATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID BUDGET DEFICIT, THESE ASSESSMENTS ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS

Form and Line Reference	Explanation
PART III, LINE 9B	ADVENTIST HEALTHCARE PROVIDES QUALITY MEDICAL SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY, RACE, CREED, SEX, AGE, NATIONAL ORIGIN OR FINANCIAL STATUS. OUR FINANCIAL ASSISTANCE POLICY ENCOURAGES 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 ADVENTIST HEALTHCARE'S POLICY WITHOUT EXCEPTIONS. BAD DEBT, CHARITY AND ADMINISTRATIVE WRITE-OFF ARE CLEARLY DEFINED WITH PRE-DETERMINED AUTHORIZATION LEVELS DEPENDING ON THE MAGNITUDE GRANTED. ADVENTIST HEALTHCARE ALSO REVISES ITS FINANCIAL ASSISTANCE POLICY AS FEDERAL GOVERNMENT AND/OR STATE GOVERNMENT REVISE THEIR POVERTY GUIDELINES. OVERALL, ADVENTIST HEALTHCARE EXPECTS ITS STAFF TO TREAT ITS PATIENTS WITH DIGNITY AND RESPECT, AS THEY WOULD LIKE TO BE TREATED.

Form and Line Reference	Explanation
PART V, SECTION A, PRIMARY WEBSITE ADDRESSES	FACILITY 1 ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTERHTTP //WWWADVENTISTHEALTHCARE COM/LOCATIONS/SHADY-GROVE-MEDICAL-CENTER/FACILITY 2 ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITALHTTP //WWWADVENTISTHEALTHCARE COM/LOCATIONS/WASHINGTON-ADVENTIST-HOSPITAL/FACILITY 4 ADVENTIST REHABILITATION HOSPITAL OF MARYLANDHTTP //WWWADVENTISTHEALTHCARE COM/LOCATIONS/PHYSICAL-HEALTH-REHABILITATION/FACILITIES 5 & 6 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES ROCKVILLE & EASTERN SHOREHTTP //WWWADVENTISTHEALTHCARE COM/LOCATIONS/ADVENTIST-BEHAVIORAL-HEALTH/

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NEEDS ASSESSMENT ADVENTIST HEALTHCARE, INCLUDING ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, AND ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, FORMED A COMMUNITY BENEFIT COUNCIL (CBC) IN 2011 TO GUIDE AND LEAD ITS COMMUNITY BENEFIT ACTIVITIES, INCLUDING CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENTS. THE COMMUNITY BENEFIT COUNCIL HAS REPRESENTATION FROM VARIOUS DEPARTMENTS WITHIN ADVENTIST HEALTHCARE AND IS CURRENTLY LED BY MARCOS PESQUERA, EXECUTIVE DIRECTOR, A DVENTIST HEALTHCARE CENTER FOR HEALTH EQUITY AND WELLNESS. AS A STARTING POINT FOR ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, THE COMMUNITY BENEFIT COUNCIL DECIDED TO RESEARCH TOPICS IN ALIGNMENT WITH MONTGOMERY COUNTY'S "HEALTHY MONTGOMERY" FOCUS AREAS OF CANCER, CARDIOVASCULAR DISEASES, DIABETES, MATERNAL & INFANT HEALTH, BEHAVIORAL HEALTH, AND OBESITY. THE COMMUNITY BENEFIT COUNCIL ALSO DECIDED TO RESEARCH ADDITIONAL TOPICS OF INTEREST TO THE HOSPITALS AND THE COMMUNITIES SERVED, INCLUDING ASTHMA, INFLUENZA, HIV/AIDS, SENIOR HEALTH, INCOME AND POVERTY, ACCESS TO CARE/HEALTH INSURANCE COVERAGE, FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION. THE TOPICS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENTS WERE REVIEWED, DISCUSSED AND APPROVED BY THE COMMUNITY BENEFIT ADVISORY BOARD AND BY THE BOARDS OF EACH ENTITY SINCE 2006, ADVENTIST HEALTHCARE HAS REGULARLY CONVENED AN ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS. THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL (COMMUNITY) LEADERS. MEMBERS INCLUDE CLINICIANS, RESEARCHERS, ADMINISTRATORS AND OTHERS FROM OUR HOSPITALS, COMMUNITY-BASED ORGANIZATIONS, LOCAL AND STATE HEALTH DEPARTMENTS, UNIVERSITY OF MARYLAND, THE NATIONAL INSTITUTES OF HEALTH (SPECIFICALLY, THE NATIONAL INSTITUTE OF MINORITY HEALTH AND HEALTH DISPARITIES), AND OTHER PUBLIC HEALTH STAKEHOLDER ORGANIZATIONS. THE COMMUNITY HEALTH NEEDS ASSESSMENTS WERE REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AT EACH ENTITY, AS WELL AS BY THE ADVENTIST HEALTHCARE BOARD OF TRUSTEES. AFTER COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS, THE PRESIDENT'S COUNCIL OR EXECUTIVE COUNCIL AT EACH HOSPITAL MET TO DISCUSS AND VOTE UPON FOCUS AREAS FOR IMPLEMENTATION OF STRATEGIES TO ADDRESS IDENTIFIED HEALTH NEEDS. THE IMPLEMENTATION STRATEGIES DEVELOPED BY EACH ENTITY WERE ALSO REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AT EACH ENTITY, THE ADVENTIST HEALTHCARE BOARD OF TRUSTEES, AND THE COMMUNITY BENEFIT ADVISORY BOARD. IN ADDITION TO INPUT FROM VARIOUS BOARDS, THE COMMUNITY PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON ADVENTIST HEALTHCARE ENTITY FACEBOOK PAGES, NEWSLETTERS, EMAIL LISTSERVS, MEETINGS WITH COMMUNITY LEADERS, AND HEALTH FAIRS. ADDITIONALLY, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES HAS A COMMUNITY ADVISORY COUNCIL, WHICH INCORPORATES FEEDBACK FROM THE COMMUNITY IN THE PLANNING AND DELIVERY OF SERVICES TO OBTAIN SECONDARY DATA FOR THE COMMUNITY HEALTH NEEDS ASSESSMENTS. WE WORKED WITH MONTGOMERY COUNTY'S HEALTH AND HUMAN SERVICES, COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP), TO REVIEW THE STATE OF MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS' (SHIP) 39 HEALTH INDICATORS. ADVENTIST HEALTHCARE HAS REPRESENTATION ON THE HEALTHY MONTGOMERY STEERING COMMITTEE. THE GROUP'S COLLABORATIVE EFFORTS IN 2011 FOCUSED ON A SELECTION PROCESS FOR MONTGOMERY COUNTY'S HEALTH PRIORITIES. DATA WAS COLLECTED AND A VENDOR (HEALTHY COMMUNITY INSTITUTE) WAS SELECTED TO IMPLEMENT A COMMUNITY TRACKING TOOL THAT IS LINKED TO PUBLIC HEALTH INTERVENTIONS THAT IMPROVE HEALTH OUTCOMES. THIS ONGOING SURVEILLANCE IS POPULATION-BASED DATA THAT SHOWS HEALTH SERVICES UTILIZATION AND SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH, INCLUDING SOCIO-ECONOMIC STATUS, SOCIAL ISOLATION, HOUSING AND AIR QUALITY. IT IS AVAILABLE TO THE PUBLIC ON THE HEALTHY MONTGOMERY WEBSITE. ADVENTIST HEALTHCARE'S CENTER FOR HEALTH EQUITY AND WELLNESS (FORMERLY CENTER ON HEALTH DISPARITIES) DEVELOPS AND RELEASES ANNUAL PROGRESS REPORTS/HEALTH EQUITY REPORTS, AND THESE REPORTS HELPED TO INFORM THE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS. ALL PROGRESS REPORTS/HEALTH EQUITY REPORTS DEVELOPED BY THE CENTER FOR HEALTH EQUITY AND WELLNESS ("THE CENTER") ARE MADE AVAILABLE TO THE PUBLIC ON THE CENTER'S WEBSITE, AS WELL AS IN HARD COPY THROUGH CONFERENCES AND UPON REQUEST. THE CENTER'S 2011 PROGRESS REPORT, ENTITLED HEALTH DISPARITIES IN THE ERA OF REFORM IMPLEMENTATION, DETAILED DEMOGRAPHIC TRENDS AND ASSESSED DISPARITIES ACROSS A RANGE OF ISSUES WITHIN THREE BROAD HEALTH TOPICS AFFECTING OUR COMMUNITY: MATERNAL AND INFANT HEALTH, HEART DISEASE AND STROKE, AND CANCER. THE REPORT INCORPORATED DESCRIPTIVE FINDINGS FROM NATIONAL, STATE AND COUNTY-LEVEL DATABASES ON THE RACIAL AND ETHNIC</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>MAKEUP OF THE POPULATION, THE PREVALENCE OF DISEASE ACROSS THESE GROUPS, AND THE RATES OF RECEIVING APPROPRIATE TREATMENT TO CREATE THIS REPORT, THE CENTER ANALYZED THE U S CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY AND PROFILES OF GENERAL POPULATION AND HOUSING CHARACTERISTICS TO PRODUCE A BROAD DEMOGRAPHIC OVERVIEW BY COUNTY, RACE, AND ETHNICITY IN MARYLAND, THE CENTER PRODUCED DESCRIPTIVE TABULATIONS BASED ON DATA FROM THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE MARYLAND CANCER REGISTRY, THE MARYLAND VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH CARE COMMISSION, AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (MDHMH) OFFICE ON MINORITY HEALTH & HEALTH DISPARITIES. IN ADDITION TO THESE DATA SOURCES, THE CENTER ALSO SUMMARIZED FINDINGS FROM VARIOUS NATIONAL AND STATE-LEVEL REPORTS ON INSURANCE COVERAGE, DISEASE CONDITION, AND HEALTHY BEHAVIORS RELEASED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE KAISER FAMILY FOUNDATION, AND THE MDHMH'S FAMILY HEALTH ADMINISTRATION, OFFICE OF CHRONIC DISEASE PREVENTION. THE CENTER'S 2012 PROGRESS REPORT WAS A HEALTH EQUITY REPORT THAT INCLUDED INFORMATION ABOUT PATIENTS TREATED AT ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER AND ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL IN 2011, AND EXAMINED THE INTERSECTION OF QUALITY AND HEALTH EQUITY. THIS REPORT CONVEYED GENERAL INFORMATION ABOUT THE PATIENT POPULATION SERVED AT ADVENTIST HEALTHCARE HOSPITALS, WHERE THEY RECEIVED CARE WITHIN THE HOSPITALS, AND THE QUALITY OF CARE RECEIVED. THE 2012 REPORT INCLUDED HOSPITAL-SPECIFIC DATA ON CANCER, INPATIENT CLINICAL QUALITY INDICATORS, HOSPITAL READMISSION RATES, AND PATIENT EXPERIENCE. THE CENTER'S 2013 HEALTH EQUITY REPORT SHARED DEMOGRAPHIC, CLINICAL, AND QUALITY INFORMATION ABOUT ADVENTIST HEALTHCARE HOSPITALS AND OTHER ENTITIES, AND HIGHLIGHTED EFFORTS TO IMPROVE PATIENT EXPERIENCES AND OUTCOMES IN THE COMMUNITIES WE SERVE. SPECIAL HIGHLIGHTS IN THE 2013 REPORT INCLUDED INFORMATION ABOUT FEDERAL STANDARDS TO INCREASE CULTURALLY COMPETENT CARE AND REDUCE HEALTH DISPARITIES, THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT (ACA) IN THE STATE OF MARYLAND, EFFORTS TO REDUCE READMISSIONS AND IMPROVE PATIENT-CENTERED CARE ACROSS THE ADVENTIST HEALTHCARE SYSTEM, AND ADVENTIST HEALTHCARE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS AND NEXT STEPS.</p>

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY ADVENTIST HEALTHCARE EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS THEY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING (1)ADVENTIST HEALTHCARE HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' WEBSITE, (2) PATIENTS THAT ARE REGISTERED AS SELF PAY OR WITH NO INSURANCE, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND GIVEN A CHARITY APPLICATION, (3) WHEN GOING THROUGH THE MEDICAID ELIGIBILITY SCREENING, SELF PAY PATIENTS ARE GIVEN A CHARITY APPLICATION DURING THAT PROCESS JUST IN CASE THE PATIENT DOES NOT QUALIFY FOR MEDICAID, (4) WHEN PATIENTS WITH A BALANCE RECEIVES A STATEMENT, THE PATIENT STATEMENT INCLUDES NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE CONTACT INFORMATION TO SPEAK WITH A REPRESENTATIVE OR OBTAIN A FINANCIAL ASSISTANCE PACKAGE, (5) WHEN PATIENTS WITH A BALANCE CONTACT THE COLLECTION DEPARTMENT AND EXPRESS FINANCIAL HARDSHIP, CUSTOMER SERVICE REPS AND SELF PAY COLLECTORS WILL NOTIFY THE PATIENT OF THE AVAILABILITY OF ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE AND MAIL A CHARITY APPLICATION TO THE PATIENT AND (6) RESIDENTS THAT PARTICIPATE IN OUR COMMUNITY PROGRAMS, SUCH AS BREAST CANCER, MATERNITY, ETC , ARE INFORMED OF ADVENTIST HEALTHCARE'S CHARITY PROGRAM PRIOR TO RECEIVING SERVICES

Form and Line Reference	Explanation
PART VI, LINE 4	<p>COMMUNITY INFORMATION ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER PRIMARILY SERVES RES IDENTS OF MONTGOMERY COUNTY, MARYLAND APPROXIMATELY 80 PERCENT OF DISCHARGES COME FROM IT S TOTAL SERVICE AREA, WHICH IS CONSIDERED SHADY GROVE MEDICAL CENTER'S COMMUNITY BENEFIT S ERVICE AREA "CBSA " WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVIC E AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES GERMANTOWN (20874, 20876), GAITHERSBURG (2 0877, 20878, 20879), ROCKVILLE (20850, 20852), MONTGOMERY VILLAGE (20886) SHADY GROVE MEDI CAL CENTER DRAWS 20 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FO LLOWING ZIP CODES/CITIES ROCKVILLE (20851, 20853), POTOMAC (20854), CLARKSBURG (20871), DE RWOOD (20855), SILVER SPRING (20906), DAMASCUS (20872), BOYDS (20841), GAITHERSBURG (20882) ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL PRIMARILY SERVES RESIDENTS OF PRINCE GEORGE'S COUNTY AND MONTGOMERY COUNTY, MARYLAND APPROXIMATELY 80 PERCENT OF DISCHARGES C OME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED WASHINGTON ADVENTIST HOSPITAL'S COMMU NITY BENEFIT SERVICE AREA "CBSA" WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES BELTSVILLE (20705), COLLEGE PARK (20740), HYATTSVILLE (20783, 20782), RIVERDALE (20737), SILVER SPRING (20903, 20901, 20904, 20910, 20902, 20906), TAKOMA PARK (20912) WASHINGTON ADVENTIST HOSPITAL DRAWS 20 P ERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CIT IES BLADENSBURG (20710), BRENTWOOD (20722), CAPITOL HEIGHTS (20743), GAITHERSBURG (20877, 20878), GERMANTOWN (20874), GREENBELT (20770), HYATTSVILLE (20784, 20781, 20785), LANHAM (20706), LAUREL (20707, 20708), MOUNT RAINIER (20712), ROCKVILLE (20850), UPPER MARLBORO (2 0774), WASHINGTON (20011, 20012, 20002, 20019) ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WE LLNESS SERVICES - ROCKVILLE PRIMARILY SERVES RESIDENTS OF MONTGOMERY COUNTY, MARYLAND APP ROXIMATELY 80 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED ITS COMMUNITY BENEFIT SERVICE AREA "CBSA " WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES ROCKVILLE (20850, 2 0851, 20852, 20853), GERMANTOWN (20874, 20876), GAITHERSBURG (20877, 20878, 20879, 20882), MONTGOMERY VILLAGE (20886), SILVER SPRING (20902, 20904, 20906), POTOMAC (20854), CLARKSB URG (20871), DERWOOD (20855) ADVENTIST BEHAVIORAL HEALTH AND WELLNESS SERVICES - ROCKVILLE DRAWS 20 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZI P CODES/CITIES BELTSVILLE (20705), BETHESDA (20814, 20817), BOWIE (20721), BOYDS (20841), BURTONSVILLE (20866), CAPITOL HEIGHTS (20743), CAPITOL HEIGHTS (20743), CHEVY CHASE (20815), CLINTON (20735), COLLEGE PARK (20740), COLUMBIA (21045, 21044), DAMASCUS (20872), DISTR ICT HEIGHTS (20747), FREDERICK (21701, 21702), GREENBELT (20770), HAGERSTOWN (21740), HYAT TSVILLE (20785), KENSINGTON (20895), LANHAM (20706), LAUREL (20807), OLNEY (20832), POOLES VILLE (20837), SILVER SPRING (20910, 20910, 20905, 20903), TAKOMA PARK (20912), TEMPLE HIL LS (20748), UPPER MARLBORO (20772, 20774) ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNES S SERVICES - EASTERN SHORE PRIMARILY SERVES RESIDENTS OF WICOMICO COUNTY AND DORCHESTER CO UNTY, MARYLAND, WHICH TOGETHER ACCOUNT FOR 60 PERCENT OF PATIENT DISCHARGES APPROXIMATELY 80 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED ITS COMMUN ITY BENEFIT SERVICE AREA "CBSA " WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE P RIMARY SERVICE AREA, INCLUDING THE FOLLOWING ZIP CODES/CITIES CAMBRIDGE (21613), SALISBUR Y (21804, 21801), BERLIN (21811), PRINCESS ANNE (21853), WILLARDS (21874), ANNAPOLIS (2140 3), CROFTON (21114), DENTON (21629), EASTON (21601), FRUITLAND (21826) BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE DRAWS 20 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVI CE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES ELKTON (21921), ANNAPOLIS (21401, 21409) , EDGEWATER (21037), FEDERALSBURG (21632), BIVALVE (21814), ODENTON (21113), HEBRON (21830), LAUREL (19956), ARNOLD (21012), GLEN BURNIE (21061), BALTIMORE (21202), CROWNSVILLE (21 032), DAVIDSONVILLE (21035), GRASONVILLE (21638), HURLOCK (21643) ADVENTIST HEALTHCARE SER VES ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES IN THE UNITED STATES, NON-HISPANIC WHIT ES NOW COMPRISE ONLY 49% OF THE POPULATION OF MONTGOMERY COUNTY, MD , A DECREASE OF MORE T HAN 20% OVER THE LAST TWO DECADES FOR THE FIRST TIME, MINORITIES ACCOUNT FOR MORE THAN HA LF OF THE COUNTY'S POPULATION, MAKING IT ONE OF ONLY 336 "MAJORITY-MINORITY" COUNTIES IN T HE NATION ACCORDING TO THE U S BUREAU CENSUS BUREAU, THE PERCENTAGE OF HISPANICS OR LATI NOS 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-HIS PANIC WHITES THE U S CENSUS BUREAU HAS ALSO FOUN</p>

Form and Line Reference	Explanation
PART VI, LINE 4	D THAT MARYLAND IS ONE OF THE TOP 10 DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS, AND 41% OF THE FOREIGN-BORN IN MARYLAND RESIDE IN MONTGOMERY COUNTY MONTGOMERY COUNTY'S FOREIGN-BORN N POPULATION HAS GROWN FROM 12% IN 1980 TO CURRENTLY MORE THAN 30% PRINCE GEORGE'S COUNTY IS ONE OF THE STATE'S MOST POPULOUS JURISDICTIONS, WITH A POPULATION INCREASE OF 7 7 PERC ENT IN THE LAST DECADE TO A TOTAL OF MORE THAN 863,420 RESIDENTS, MAKING IT THE THIRD MOST POPULATED JURISDICTION IN THE WASHINGTON METROPOLITAN AREA SINCE 2000, IT HAS EXPERIENCE D THE SECOND-LARGEST POPULATION GROWTH IN MARYLAND, DUE LARGELY IN PART TO AN INCREASE IN HISPANIC RESIDENTS EVERY RACE OR ETHNICITY, INCLUDING BLACK OR AFRICAN AMERICAN, ASIAN AN D PACIFIC ISLANDER, HISPANIC OR LATINO, MULTIPLE RACES, AND OTHER RACES, HAS INCREASED ITS PRESENCE IN THE PAST DECADE, EXCEPT THE WHITE POPULATION, WHICH HAS DECREASED BY OVER 23 PERCENT PRINCE GEORGE'S COUNTY'S FOREIGN-BORN POPULATION HAS ALSO STEADILY INCREASED OVER THE LAST TWO DECADES, FROM 2000 - 2007 IT INCREASED AT THE HIGHEST RATE IN MARYLAND - 199 9 PERCENT COMPARED TO A STATE AVERAGE OF 70 7 PERCENT CURRENTLY, 24 PERCENT OF THE COUNT Y'S RESIDENTS ARE FOREIGN-BORN IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY AND OUR HOS PITAL PROVIDERS ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER OVER THE PAST DECADE, THE POPULATIONS OF WICOMICO COUNTY AND D ORCHESTER COUNTY HAVE ALSO CONTINUED TO RISE RACIAL AND ETHNIC DIVERSITY IS ALSO INCREASI NG IN BOTH COUNTIES THE MINORITY POPULATION IS 31 4 PERCENT IN WICOMICO COUNTY, AND 32 4 PERCENT IN DORCHESTER COUNTY, AN INCREASE OF MORE THAN 5 PERCENT OVER THE LAST DECADE

Form and Line Reference	Explanation
PART VI, LINE 5	<p>COMMUNITY HEALTH PROMOTION IN KEEPING WITH OUR MISSION, ADVENTIST HEALTHCARE CONTINUES TO PROMOTE GOOD HEALTH IN THE COMMUNITY THROUGH A WIDE VARIETY OF HEALTH AND WELLNESS SERVICES OFFERED THROUGHOUT MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN MARYLAND, AS WELL AS SOME AREAS IN WASHINGTON D C AND THE SURROUNDING REGION BELOW IS A BRIEF SUMMARY OF THE HEALTH PROMOTION ACTIVITIES IN 2014, INCLUDING HEALTH EDUCATION/ LECTURES, HEALTH SCREENINGS, SUPPORT GROUPS, AS WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND UNDERINSURED RESIDENTS WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND CULTURALLY COMPETENT SERVICES TO VULNERABLE POPULATIONS > A VARIETY OF HEALTH SCREENINGS WERE HELD IN COMMUNITY SETTINGS, SUCH AS SENIOR LIVING COMMUNITIES, LOW-INCOME APARTMENT COMPLEXES, COMMUNITY AND SENIOR CENTERS, SCHOOLS, SHOPPING CENTERS/MALLS, FARMER'S MARKETS, BARBER SHOPS/ BEAUTY SALONS AND OTHER BUSINESSES, AND RELIGIOUS CONGREGATIONS > MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED APPROXIMATELY 11,300 ENCOUNTERS IN 572 CLASSES, TOURS, AND SUPPORT GROUPS, INCLUDING CHILDBIRTH CLASSES, BREASTFEEDING CLASSES AND SUPPORT GROUPS, BABY CARE BASICS CLASSES, SIBLING CLASSES, GRANDPARENT CLASSES, NEW MOTHER AND NEW FATHER SUPPORT GROUPS, AND MATERNITY TOURS OF THE HOSPITALS > DIABETES PREVENTION EFFORTS INCLUDED FREE PRE-DIABETES CLASSES AS WELL AS INDIVIDUAL COUNSELING AND DIABETES SELF-MANAGEMENT CLASSES FOR THOSE WITH DIABETES FREE DIABETES EDUCATION WAS ADDITIONALLY PROVIDED AT PARTNER SAFETY NET CLINICS SERVING UNINSURED RESIDENTS > OTHER HEALTH EDUCATION CLASSES TO THE COMMUNITY INCLUDED CPR CLASSES (INFANT AND ADULT), FIRST AID/SAFETY CLASSES, BABYSITTING CLASSES, HOME ALONE CLASSES, HEALTHY EATING/NUTRITION CLASSES, COOKING DEMONSTRATIONS, ZUMBA CLASSES, AND A WIDE VARIETY OF HEALTH LECTURES > INFLUENZA AND PNEUMONIA VACCINATIONS WERE OFFERED FOR FREE OR REDUCED COST IN MANY COMMUNITY SETTINGS MANY OF THESE VACCINATIONS WERE OFFERED IN PARTNERSHIP WITH SAFETY NET CLINICS SERVING LOW-INCOME AND UNINSURED RESIDENTS IN MONTGOMERY COUNTY > CARDIOVASCULAR HEALTH PROMOTION HAS INCLUDED PROVIDING THOUSANDS OF FREE HEART HEALTH SCREENINGS AND EDUCATION THROUGH OUR LARGE "LOVE YOUR HEART" HEALTH EVENT, COMMUNITY HEALTH FAIRS, LOW-INCOME APARTMENT COMPLEXES AND SENIOR HOUSING FACILITIES, FAITH-BASED CONGREGATIONS, COMMUNITY CENTERS, SENIOR CENTERS, AND AT A VARIETY OF OTHER COMMUNITY LOCATIONS > CANCER IS ANOTHER FOCUS AREA FOR COMMUNITY HEALTH PROMOTION ADVENTIST HEALTHCARE PROVIDED FREE BREAST CANCER AND COLORECTAL CANCER SCREENINGS THROUGHOUT 2014 TO MORE THAN 1,700 LOW-INCOME AND UNINSURED PATIENTS IN ADDITION 183 PEOPLE, 65% OF WHOM WERE MINORITIES, PARTICIPATED IN THE SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITALS' CANCER SCREENING DAYS, RECEIVING A TOTAL OF 734 SCREENINGS FOR MULTIPLE TYPES OF CANCER (BREAST, COLORECTAL, SKIN, ORAL, PROSTATE, AND THYROID) ADDITIONAL SCREENINGS HAVE BEEN PROVIDED FOR LUNG CANCER THE CANCER PROGRAM ALSO PROVIDES FREE SUPPORT GROUPS AND NAVIGATION SERVICES FOR THE COMMUNITY > ADVENTIST HEALTHCARE HAS A HEALTH MINISTRY PROGRAM THAT SPECIFICALLY SUPPORTS FAITH COMMUNITY NURSES AND CONGREGATIONS TO ADDRESS HEALTH ISSUES IN FAITH-BASED COMMUNITIES MORE THAN 140 CONGREGATIONS OF VARIOUS FAITHS ARE INVOLVED IN OUR PROGRAM, RECEIVING ONGOING SUPPORT AND RESOURCES > PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING ON VARIOUS BOARDS, COALITIONS AND COMMITTEES TO HELP ADDRESS HEALTH IN THE COMMUNITY, PARTICULARLY THE HEALTH OF THE UNDERSERVED AND AT-RISK POPULATIONS > EACH OF THE HOSPITALS SUPPORTS ACCESS TO CARE BY PROVIDING FINANCIAL AND IN-KIND SUPPORT TO THE SAFETY NET CLINICS IN MONTGOMERY COUNTY THIS SUPPORT INCLUDES FINANCIAL CONTRIBUTIONS AND PROVISION OF LABORATORY AND RADIOLOGY SERVICES > TO MEET THE CONTINUING NEEDS OF OUR DIVERSE COMMUNITY, THE ADVENTIST HEALTHCARE CENTER FOR HEALTH EQUITY AND WELLNESS PROVIDES CULTURAL AND LINGUISTIC COMPETENCY TRAINING TO MEDICAL AND SUPPORT STAFF, BOTH INTERNALLY AND FOR OTHER HEALTH CARE ORGANIZATIONS ADVENTIST HEALTHCARE IS COMMITTED TO ENSURING THAT THE COMMUNITIES IT SERVES THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL WELLBEING</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p> AFFILIATED HEALTH CARE ADVENTIST HEALTHCARE, BASED IN GAITHERSBURG, MD , IS A FAITH-BASED, NOT-FOR-PROFIT ORGANIZATION OF DEDICATED PROFESSIONALS WHO WORK TOGETHER EACH DAY TO PROVIDE EXCELLENT WELLNESS, DISEASE MANAGEMENT AND HEALTH-CARE SERVICES TO THE COMMUNITY WE WERE FOUNDED UPON THE PRINCIPLE OF WELLNESS MORE THAN 100 YEARS AGO AND TODAY PROVIDE INNOVATIVE CARE TO HEART-ATTACK VICTIMS, CANCER PATIENTS 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 INCLUDES ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, ADVENTIST HEALTHCARE PHYSICAL HEALTH & REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS, HACKETTSTOWN REGIONAL MEDICAL CENTER IN NEW JERSEY, AND OTHER HEALTH SERVICES TOGETHER, WITH OUR CENTER FOR HEALTH EQUITY AND WELLNESS, AND MORE THAN 2,000 AFFILIATED PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY CARE DELIVERY COMPONENTS NEEDED TO DELIVER POPULATION-BASED CARE ACROSS THE CONTINUUM OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE MOST VULNERABLE AND UNDERSERVED IN 2014, APPROXIMATELY 781,000 RESIDENTS CAME TO ONE OF OUR FACILITIES OR ATTENDED A HEALTH CLASS OR PROGRAM WE ALSO PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFITS OF MORE THAN \$70.9 MILLION AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 6,200 EMPLOYEES AND ALMOST 1,330 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 UNDERSERVED 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 </p>

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

Additional Data

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

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 5 ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY MEMBERS WE PARTNER WITH CLINICS THAT SERVE THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MANY OF WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES WE ALSO PARTNER WITH MERCY HEALTH CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED PATIENTS ANOTHER KEY PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY WE EXPANDED OUR PRENATAL SERVICES IN 2006 BY PARTNERING WITH THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ITS MATERNAL PARTNERSHIPS PROGRAM, A REFERRAL PROGRAM THAT COLLABORATES WITH HOSPITALS TO PROVIDE OBSTETRIC AND GYNECOLOGIC SERVICES FOR UNINSURED WOMEN IN MONTGOMERY COUNTY WE ALSO PROVIDE HEALTH SERVICES FOR WOMEN IN THE COMMUNITY WITH BREAST CANCER THROUGH A PARTNERSHIP WITH THE KOMEN FOUNDATION IN ADDITION, ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH EQUITY AND WELLNESS HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE, THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY PUBLIC HEALTH EXPERTS FROM THESE VARIOUS PARTNER ORGANIZATIONS PROVIDE SGMC WITH IMPORTANT INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE SGMC'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS THAT ADDRESS THESE NEEDS SOME OF THE CONGREGATIONS HAVE TRAINED FAITH COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES THESE FCNS OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL NEED IN ADDITION, WE CONVENED AN ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/COMMUNITY LEADERS ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS > AISHA BIVENS, JD, BSN, ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST HOSPITAL,> PERRY CHAN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES, > STEVE GALEN, MS, PRESIDENT AND CEO, PRIMARY CARE COALITION OF MONTGOMERY COUNTY,> CAROL W GARVEY, MD, MPH, CHAIR, PRIMARY CARE COALITION, > CARLESSIA HUSSEIN, DRPH, RN, DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, > JUDY LICHTY, MPH, REGIONAL DIRECTOR, HEALTH AND WELLNESS, > SKIP MARGOT, RN, MS, CNE AND VP OF PATIENT CARE SERVICES, SHADY GROVE MEDICAL CENTER, > SONIA MORA, RN, MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > RICHARD "DICK" PAVLIN, MHCA, EXECUTIVE DIRECTOR, MERCY HEALTH CLINIC, > OLIVIA CARTER-POKRAS, PHD, ASSOCIATE PROFESSOR, UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH, > HOWARD ROSS, CHIEF LEARNING OFFICER, COOK ROSS, INC, > TERRENCE P SHEEHAN, MD, CHIEF MEDICAL OFFICER, ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, > TOM SWEENEY, RN, MBA, FACHE, VICE PRESIDENT - CHIEF NURSING OFFICER, WASHINGTON ADVENTIST HOSPITAL, > LOIS A WESSEL, RN CFNP, ASSOCIATE DIRECTOR FOR PROGRAMS, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED, IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF SGMC PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON THIS ORGANIZATION'S FACEBOOK PAGES, NEWSLETTERS, EMAIL LIST SERVES, AND MEETINGS WITH COMMUNITY LEADERS A 25-ITEM SURVEY, AVAILABLE ONLINE THROUGH SURVEYMONKEY COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS ALIKE TO IDENTIFY THEIR SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS, PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	<p>PART V, SECTION B, LINE 5 ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY MEMBERS WE PARTNER WITH CLINICS THAT IMPROVE ACCESS TO CARE BY SERVING THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, MANY OF WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES ONE OF WAH'S SAFETY NET CLINIC PARTNERS IS MARY'S CENTER FOR MATERNAL AND CHILD CARE ANOTHER PARTNER, MOBILE MEDICAL CARE, INC (MOBILEMED), OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY WE EXPANDED OUR PRENATAL SERVICES IN 2006 BY PARTNERING WITH THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ITS MATERNAL PARTNERSHIPS PROGRAM, A REFERRAL PROGRAM THAT COLLABORATES WITH HOSPITALS TO PROVIDE OBSTETRIC AND GYNECOLOGIC SERVICES FOR UNINSURED WOMEN IN MONTGOMERY COUNTY WE ALSO PROVIDE HEALTH SERVICES FOR WOMEN IN THE COMMUNITY WITH BREAST CANCER THROUGH A PARTNERSHIP WITH THE KOMEN FOUNDATION IN ADDITION, ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH EQUITY AND WELLNESS HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE, THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY PUBLIC HEALTH EXPERTS FROM THESE VARIOUS PARTNER ORGANIZATIONS PROVIDE WAH WITH IMPORTANT INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE WAH'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS THAT ADDRESS THESE NEEDS SOME OF THE CONGREGATIONS HAVE TRAINED FAITH COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES THESE FCNS OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL NEED IN ADDITION, WE CONVENED AN ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/COMMUNITY LEADERS ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS > AISHA BIVENS, JD, BSN, ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST HOSPITAL, > PERRY CHAN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES, > STEVE GALEN, MS, PRESIDENT AND CEO, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, > CAROL W GARVEY, MD, MPH, CHAIR, PRIMARY CARE COALITION, > CARLESSIA HUSSEIN, DRPH, RN, DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, > JUDY LICHTY, MPH, REGIONAL DIRECTOR, HEALTH AND WELLNESS, ADVENTIST HEALTHCARE, > SKIP MARGOT, RN, MS, CNE AND VP OF PATIENT CARE SERVICES, SHADY GROVE MEDICAL CENTER,> SONIA MORA, RN, MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > RICHARD "DICK" PAVLIN, MHCA, EXECUTIVE DIRECTOR, MERCY HEALTH CLINIC, > OLIVIA CARTER-POKRAS, PHD, ASSOCIATE PROFESSOR, UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH, > HOWARD ROSS, CHIEF LEARNING OFFICER, COOK ROSS, INC , > TERRENCE P SHEEHAN, MD, CHIEF MEDICAL OFFICER, ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, > TOM SWEENEY, RN, MBA, FACHE, VICE PRESIDENT - CHIEF NURSING OFFICER, WASHINGTON ADVENTIST HOSPITAL, > LOIS A WESSEL, RN CFNP, ASSOCIATE DIRECTOR FOR PROGRAMS, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED, IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF ADVENTIST HEALTHCARE AND WAH PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLIC THROUGH POSTINGS ON THIS ORGANIZATION'S FACEBOOK PAGES, NEWSLETTERS, EMAIL LIST SERVES, AND MEETINGS WITH COMMUNITY LEADERS A 25-ITEM SURVEY, AVAILABLE ONLINE THROUGH SURVEYMONKEY COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS ALIKE TO IDENTIFY THEIR SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS, PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY</p>

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

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Form and Line Reference	Explanation
HACKETTSTOWN COMMUNITY HOSPITAL	PART V, SECTION B, LINE 5 HACKETTSTOWN COMMUNITY HOSPITAL UNDERTOOK A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH CONCLUDED IN 2012 THE PURPOSE OF THE STUDY WAS TO GATHER CURRENT STATISTICS AND QUALITATIVE FEEDBACK ON THE KEY HEALTH ISSUES FACING OUR SERVICE MARKET RESIDENTS LOCAL RESIDENTS WERE ASKED TO PARTICIPATE IN A SURVEY AS WELL AS FOCUS GROUPS ADDRESSING THE ISSUES OF MEN, WOMEN AND DIABETICS AFTER COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, APPROXIMATELY 25 LEADERS FROM HACKETTSTOWN COMMUNITY HOSPITAL, COMMUNITY AGENCIES AND AREA HEALTHCARE AND SOCIAL SERVICES ORGANIZATIONS MET TO REVIEW AND PRIORITIZE THE FINDINGS AND TO DEVELOP AN IMPLEMENTATION PLAN THE FOLLOWING KEY STAKEHOLDERS PARTICIPATED IN THE PROCESS PRESIDENT, HACKETTSTOWN REGIONAL MEDICAL CENTER,CHIEF MEDICAL OFFICER, HRMC,EXECUTIVE DIRECTOR, HRMC,CHIEF NURSING OFFICER,ADMINISTRATIVE DIRECTOR, HRMC,MANAGER, MARKETING AND PUBLIC RELATIONS, HRMC,MANAGER, EDUCATION, HRMC,MANAGER, CARE MANAGEMENT, HRMC,MANAGER, CENTER FOR HEALTHIER LIVING, HRMC,COORDINATOR, HEALTHLINK, HRMC,FINANCIAL COUNSELOR, HRMC,WARREN COUNTY HEALTH DEPARTMENT,WARREN COUNTY AGENCY ON AGING AND DISABILITY,WARREN COUNTY DEPARTMENT OF HUMAN SERVICES,KAREN ANN QUINLAN HOME CARE,KAREN ANN QUINLAN HOSPICE,HACKETTSTOWN POLICE DEPARTMENT,SUPERINTENDENT, HACKETTSTOWN PUBLIC SCHOOLS,COLONIAL MANOR, SENIOR LIVING,DOMESTIC ABUSE AND SEXUAL ASSAULT,FAMILY GUIDANCE CENTER,UNITED WAY OF NORTHERN NJ,WRNJ RADIO ,ZUFALL, FEDERALLY QUALIFIED HEALTH CENTER

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>PART V, SECTION B, LINE 5 ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH EQUITY AND WELLNESS HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE, THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY PUBLIC HEALTH EXPERTS FROM THESE VARIOUS PARTNER ORGANIZATIONS PROVIDE ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION (APHR) WITH IMPORTANT INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE APHR'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS THAT ADDRESS THOSE NEEDS SOME OF THE CONGREGATIONS HAVE TRAINED FAITH COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT ALSO PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES THESE FCNS OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL NEED ADDITIONALLY, ADVENTIST HEALTHCARE CONVENED A COMMUNITY ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/COMMUNITY LEADERS ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS > AISHA BIVENS, JD, BSN, ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST HOSPITAL, > PERRY CHAN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES, > STEVE GALEN, MS, PRESIDENT AND CEO, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, > CAROL W GARVEY, MD, MPH, CHAIR, PRIMARY CARE COALITION, > CARLESSIA HUSSEIN, DRPH, RN, DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, > JUDY LICHTY, MPH, REGIONAL DIRECTOR, HEALTH AND WELLNESS, ADVENTIST HEALTHCARE, > SKIP MARGOT, RN, MS, CNE AND VP OF PATIENT CARE SERVICES, SHADY GROVE MEDICAL CENTER, > SONIA MORA, RN, MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > RICHARD "DICK" PAVLIN, MHCA, EXECUTIVE DIRECTOR, MERCY HEALTH CLINIC, > OLIVIA CARTER-POKRAS, PHD, ASSOCIATE PROFESSOR, UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH, > HOWARD ROSS, CHIEF LEARNING OFFICER, COOK ROSS, INC , > TERRENCE P SHEEHAN, MD, CHIEF MEDICAL OFFICER, ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, > TOM SWEENEY, RN, MBA, FACHE, VICE PRESIDENT - CHIEF NURSING OFFICER, WASHINGTON ADVENTIST HOSPITAL, > LOIS A WESSEL, RN CFNP, ASSOCIATE DIRECTOR FOR PROGRAMS, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED, IN ADDITION TO THE FORMAL ADVISORY BOARD, THE STAFF OF APHR PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY, CUSTOMER SATISFACTION SURVEYS, AND KEY INFORMANT INTERVIEWS THE CHNA SURVEY WAS OFFERED TO THE PUBLIC THROUGH POSTINGS ON ADVENTIST HEALTHCARE'S FACEBOOK PAGES, NEWSLETTERS, EMAIL LIST SERVES, AND MEETINGS WITH COMMUNITY LEADERS A 25-ITEM SURVEY, AVAILABLE ONLINE THROUGH SURVEYMONKEY COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS ALIKE TO IDENTIFY THEIR SOCIO-DEMOGRAPHIC INFORMATION, HEALTH NEEDS, PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY</p>

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	<p>PART V, SECTION B, LINE 5 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES RO CKVILLE (BHWS -R) BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES THE COMMUNITY ADVISORY COUNCIL (CAC) WAS FORMED FOR THE PURPOSE OF INCORPORATING FEEDBACK FROM THE COMMUNITY IN THE PLAN NING AND DELIVERY OF OUR SERVICES THROUGH REGULAR AND PRODUCTIVE DIALOGUE WITH OUR CAC, B HWS-R AIMS TO STRENGTHEN ITS EXISTING PROGRAMS AND BETTER ADDRESS GAPS IN MENTAL HEALTH CA RE THE CAC CONSISTS OF 17 MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN THE MENTAL HEALTH CONCERNS OF THE COMMUNITY THROUGH THEIR PROFESSION OR VOLUNTEER SERVICE THIS INCLUDES, BU T IS NOT LIMITED TO, FORMER PATIENTS AND/OR THEIR FAMILY MEMBERS, MENTAL HEALTH ADVOCACY GROUPS, COUNTY AND STATE LEADERS, MONTGOMERY COUNTY PUBLIC SCHOOLS, AND MONTGOMERY COUNTY P OLICE DEPARTMENT THE COMMUNITY ADVISORY COUNCIL MEETS BIMONTHLY AT ADVENTIST BEHAVIORAL H EALTH IN ROCKVILLE MEMBERS OF BHWS - ROCKVILLE'S COMMUNITY ADVISORY COUNCIL INCLUDED > CLI NICAL DIRECTOR OF MONTGOMERY COUNTY COALITION FOR THE HOMELESS/HOMEBUILDERS CARE ASSESSMEN T CENTER,> MONTGOMERY COUNTY POLICE DEPARTMENT CRISIS INTERVENTION TEAM COORDINATOR,> EXEC UTIVE DIRECTOR OF THE MONTGOMERY COUNTY FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALT H, INC ,> NAMI MONTGOMERY COUNTY DIRECTOR OF CHILDREN AND ADOLESCENT PROGRAM AND FAMILY-TO -FAMILY COORDINATOR,> FORMER PATIENTS AND/OR FAMILY MEMBERS OF ADVENTIST BEHAVIORAL HEALTH ,> ABHW VICE PRESIDENT OF OPERATIONS,> ABHW INTERIM CHIEF NURSING OFFICER AND STAFF EDUCAT OR,> ABHW COMMUNICATIONS DIRECTOR,> ABHW ASSOCIATE VICE PRESIDENT, BUSINESS DEVELOPMENT,> ABHW MEDICAL DIRECTOR,> ABHW PSYCHIATRIST,> ABHW DIRECTOR OF COMMUNITY BASED RESIDENTIAL S ERVICES,> ABHW DIRECTOR OF ADULT CLINICAL SERVICES,> ABHW CHAPLAIN,> ABHW ASSOCIATE VICE P RESIDENT, QUALITY AND PATIENT SAFETY AND LOCAL INTEGRITY/CHIEF PRIVACY OFFICER,BHWS-R HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE CLINICS TH AT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY MEMBERS WE PARTNER WITH CLINIC S THAT SERVE THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MANY OF WHOM ARE LIMITED ENGLI SH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES ONE OF ADVENTIST HEALTHCARE'S SAFETY NE T CLINIC PARTNERS IS MERCY HEALTH CLINIC, WHICH PROVIDES PRIMARY CARE TO UNINSURED, LOW-IN COME ADULT RESIDENTS OF MONTGOMERY COUNTY ADVENTIST HEALTHCARE ALSO PARTNERS WITH MERCY H EALTH CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED PATIENTS A NOTHER KEY PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH OPERATES THREE MOBILE HEALTH CARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOM E, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY IN ADDITION, ADVENTIST HEALTHCARE CONVE NED A COMMUNITY ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DI SPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOS E NEEDS THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/COMMUNITY LEADERS A DVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS > AISHA BIVENS, JD, BSN, ASS OCiate VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST HOSPITAL, > PERRY CH AN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTGOMERY COUNTY DEPART MENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRECTOR, OFFICE OF INN OVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARI TIES, > STEVE GALEN, MS, PRESIDENT AND CEO, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, > CAROL W GARVEY, MD, MPH, CHAIR, PRIMARY CARE COALITION, > CARLESSIA HUSSEIN, DRPH, RN, D IRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, MARYLAND DEPARTMENT OF HEALTH A ND MENTAL HYGIENE, > JUDY LICHTY, MPH, REGIONAL DIRECTOR, HEALTH AND WELLNESS, ADVENTIST H EALTHCARE, > SKIP MARGOT, RN, MS, CNE AND VP OF PATIENT CARE SERVICES, SHADY GROVE MEDICAL CENTER, > SONIA MORA, RN, MANAGER, PUBLIC HEALTH SERVICES/LATINO HEALTH COORDINATION, MONTG OMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > RICHARD "DICK" PAVLIN, MHCA, EXECU TIVE DIRECTOR, MERCY HEALTH CLINIC, > OLIVIA CARTER-POKRAS, PHD, ASSOCIATE PROFESSOR, UNIV ERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH, > HOWARD ROSS, CHIEF LEARNING OF FICER, COOK ROSS, INC , > TERENCE P SHEEHAN, MD, CHIEF MEDICAL OFFICER, ADVENTIST REHABI LITATION HOSPITAL OF MARYLAND, > TOM SWEENEY, RN, MBA, FACHE, VICE PRESIDENT - CHIEF NURSI NG OFFICER, WASHINGTON ADVENTIST HOSPITAL, > LOIS A WESSEL, RN CFNP, ASSOCIATE DIRECTOR F OR PROGRAMS, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED,FINALLY, THE COMMUNITY'S PERSPE CTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED TO THE PUBLI C THROUGH POSTINGS ON ADVENTIST HEALTHCARE ENTITY FACEBOOK PAGES, NEWSLETTERS, E-MAIL LIST SERVES, AND MEETINGS WITH COMMUNITY LEADERS A 25</p>

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	-ITEM SURVEY, AVAILABLE ONLINE THROUGH SURVEYMONKEY COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS ALIKE TO PROVIDE SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS, PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	<p>PART V, SECTION B, LINE 5 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE (BHWS-ES) BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES THE LOCAL COMMUNITY ADVISORY BOARD (CAB) OF BHWS-ES WAS FORMED FOR THE PURPOSE OF PROVIDING BETTER SERVICES FOR OUR RESIDENTS AND THEIR FAMILIES, THROUGH INTERACTIVE AND PARTICIPATORY INPUT WITHIN THE GROUP AND TO TREAT "SHORE KIDS" ON THE SHORE THROUGH REGULAR AND PRODUCTIVE DIALOGUE WITH ITS COMMUNITY ADVISORY BOARD, BHWS-ES AIMS TO STRENGTHEN ITS EXISTING PROGRAMS AND ADDRESS GAPS IN MENTAL HEALTH CARE THE COMMUNITY ADVISORY BOARD CONSISTS OF MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN THE MENTAL HEALTH CONCERNS OF THE COMMUNITY THROUGH THEIR WORK OR VOLUNTEER SERVICES THIS INCLUDES, BUT IS NOT LIMITED TO PARENT/FAMILY NAVIGATORS, MID-SHORE MENTAL HEALTH CORE SERVICE AGENCY REPRESENTATIVE, PARENTS OF PATIENTS, DORCHESTER COUNTY DEPARTMENT OF JUVENILE SERVICES PROGRAM SUPERVISOR, WICOMICO SOMERSET REGIONAL CORE SERVICE AGENCY REPRESENTATIVE, DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES REPRESENTATIVE, EASTERN SHORE MOBILE CRISIS REPRESENTATIVE, AND DORCHESTER COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION NON-PUBLIC COORDINATOR THE COMMUNITY ADVISORY BOARD WAS BEING LED BY KEVIN DRUMHELLER, EXECUTIVE DIRECTOR OF ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE, AND BARBARA COLEMAN, SCRIBE THE COMMUNITY ADVISORY BOARD FOR BHWS-ES HELD ITS FIRST MEETING IN NOVEMBER 2012 AND MEETS QUARTERLY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE COMMUNITY ADVISORY BOARD MEMBERS > AUDRA CHERBONNIER, FAMILY NAVIGATOR, PARENT, MARYLAND COALITION OF FAMILIES, > ADELAIDE (ADDIE) ECKARDT, DELEGATE, HOUSE OF DELEGATES,> REBECCA HUTCHISON, CHILD AND ADOLESCENT COORDINATOR, MID SHORE MENTAL HEALTH SYSTEMS, > DIANE LANE, EXECUTIVE DIRECTOR AND PARENT, CHESAPEAKE VOYAGERS, INC , > KENNETH MALIK, CHIEF, CAMBRIDGE POLICE DEPARTMENT, > CAROL MASDEN, DIRECTOR AND PARENT, EASTERN SHORE MOBILE CRISIS, > CHRISTOPHER MIELE, PROGRAM SUPERVISOR, DEPARTMENT OF JUVENILE SERVICES, > HEIDI ROCHON, DIRECTOR AND PARENT, MARYLAND COALITION OF FAMILIES, > DARLENE SAMPSON, ASSISTANT DIRECTOR OF SERVICES, DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES,> CHALARRA SESSOMS, CHILD AND ADOLESCENT DIRECTOR, WICOMICO/SOMERSET BEHAVIORAL HEALTH AUTHORITY, > BERNADETT TOWNSEND, FAMILY NAVIGATOR AND PARENT, MARYLAND COALITION OF FAMILIES, > DEBBIE USAB, DIRECTOR, DORCHESTER COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION,IN ADDITION TO THE ADVISORY BOARD,THE STAFF OF ADVENTIST HEALTHCARE AND BHWS-ES PARTICIPATES IN VARIOUS WAYS IN THE COMMUNITY WE ACTIVELY PARTICIPATE IN NUMEROUS COMMITTEES, COALITIONS, AND PARTNERSHIPS THAT PROVIDE INFORMATION ON THE HEALTH NEEDS IN THE COMMUNITY THE HEALTH PROFESSIONALS THAT PROVIDE PROGRAMS IN THE COMMUNITY ALSO PROVIDE VALUABLE INFORMATION AND KNOWLEDGE OF COMMUNITY NEEDS</p>

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878,PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3166/2013-CHNA-SGAH PDF,OR,HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENTPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3339/2013-CHNA-SGAH- IMPLEMENTATIONSTRATEGY PDF

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

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3167/2013-CHNA-WAH PDF,OR,HTTP //WWWADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENTPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3338/2013-CHNA-WAH- IMPLEMENTATIONSTRATEGY PDF

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

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3275/2013-CHNA-ARHM PDF,OR,HTTP //WWWADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENTPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3446/2013-CHNA-ARHM- IMPLEMENTATIONSTRATEGY PDF

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3274/2013-CHNA-ABH-RV PDF,OR,HTTP //WWWADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENTPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3447/2013-CHNA-ABH-RV-IMPLEMENTATIONSTRATEGY PDF

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3273/2013-CHNA-ABH-ES PDF,OR,HTTP //WWWADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENTPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWWADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3448/2013-CHNA-ABH-ES-IMPLEMENTATIONSTRATEGY PDF

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2013, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON (1) THE EARLY SCREENING AND DETECTION OF LUNG CANCER AMONG THE ASIAN POPULATION, AND (2) DIABETES MANAGEMENT AMONG THE UNINSURED LUNG CANCER ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) HAS IMPLEMENTED A PROGRAM TO IMPROVE EARLY SCREENING AND DETECTION OF LUNG CANCER AMONG THE ASIAN POPULATION IT SERVES THROUGH THIS INITIATIVE, SGMC OFFERS LOW-DOSE CT LUNG CANCER SCREENINGS FOR HIGH-RISK ASIAN PACIFIC ISLANDER COMMUNITIES STRATEGIES FOR THIS INITIATIVE INCLUDE > AN EARLY DETECTION LUNG CANCER SCREENING PROGRAM TARGETED TO THE ASIAN POPULATION SCREENING EVENTS TAKE PLACE ON A QUARTERLY BASIS, INTERPRETER SERVICES ARE MADE AVAILABLE AT EACH SCREENING EVENT AND DURING PHONE REGISTRATION PRIOR TO EACH EVENT, > ROUTINE FOLLOW-UP PROCESSES FOR IDENTIFIED LUNG NODULES ALL SUSPICIOUS LUNG NODULES ARE REVIEWED BY A MULTIDISCIPLINARY PHYSICIAN GROUP, PARTICIPANTS ARE PROVIDED WITH A CD OF THEIR SCANS AT THE TIME OF THE SCREENING, SCREENING RESULTS LETTERS ARE SENT TO EACH PARTICIPANT AS WELL AS TO THEIR PRIMARY CARE PHYSICIAN, PARTICIPANTS RECOMMENDED FOR FOLLOW-UP ARE SENT REMINDERS VIA LETTERS AND PHONE CALLS AT APPROPRIATE TIMES, > TOBACCO CESSATION COUNSELING TOBACCO CESSATION COUNSELORS ATTEND EACH SCREENING AND PROVIDE PARTICIPANTS WITH COUNSELING AND LITERATURE (AVAILABLE IN TOP ASIAN LANGUAGES IN THE AREA), IN ADDITION, PARTICIPANTS ARE PROVIDED THE OPPORTUNITY TO ENROLL IN ADVENTIST HEALTHCARE'S FREE TOBACCO CESSATION PROGRAM WHICH INCLUDES 1 YEAR OF FOLLOW-UP COUNSELING AND NICOTINE REPLACEMENT THERAPY AS NEEDED, > COMMUNITY OUTREACH TO THE ASIAN POPULATION TARGETED OUTREACH TAKES PLACE FOR EACH SCREENING INCLUDING REACHING OUT TO LOCAL CHINESE AND KOREAN PHYSICIANS AND PHYSICIANS SERVING THE ASIAN COMMUNITY IN THE HOSPITAL'S SERVICE AREA, DISTRIBUTING TRANSLATED FLYERS AT LOCAL EVENTS, PARTNERING WITH LOCAL COMMUNITY-BASED ORGANIZATIONS SERVING THE ASIAN COMMUNITY TO SPREAD THE WORD ABOUT THE SCREENINGS, AND RELEASING ADVERTISEMENTS IN LOCAL CHINESE AND KOREAN LANGUAGE NEWSPAPERS DIABETES SGMC HAS IMPLEMENTED A PROGRAM TO IMPROVE DIABETES CONTROL AND MANAGEMENT AMONG UNINSURED INDIVIDUALS, PARTICULARLY THOSE IN THE MONTGOMERY CARES PROGRAM THROUGH THIS INITIATIVE, SGMC HAS PARTNERED WITH PRIMARY CARE COALITION AND SEVERAL SAFETY NET CLINICS TO MONITOR AND IMPROVE HEMOGLOBIN A1C SCREENING FREQUENCY, AND WITH SGMC FOUNDATION TO PROVIDE FREE DIABETES EDUCATION CLASSES STRATEGIES FOR THIS INITIATIVE INCLUDE THROUGH AMBULATORY CARE EMR SUPPORT (ACES), IMPLEMENTING THE ECLINICALWORKS EMR SYSTEM AT 8 SAFETY NET CLINICS, CONNECTING THE 8 SAFETY NET CLINICS TO ADVENTIST HEALTHCARE'S HEALTH INFORMATION EXCHANGE (HIE), PROVIDING TRAINING, SUPPORT, DATA EXTRACTION, AND PATIENT RECONCILIATION SERVICES TO THE 8 CLINICS FOR ECLINICALWORKS AND THE HIE, PARTNERING WITH PRIMARY CARE COALITION TO CONDUCT QUARTERLY REVIEWS OF HEMOGLOBIN A1C SCREENING FREQUENCY DATA AMONG THE 8 CLINICS, PARTNERING WITH THE 8 CLINICS AND THE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER FOUNDATION TO OFFER DIABETES EDUCATION CLASSES FREE OF CHARGE TO THE UNINSURED, OFFERING PRE-DIABETES CLASSES FREE OF CHARGE CLASSES FOLLOW AN EVIDENCE-BASED CURRICULUM DEVELOPED BY THE NATIONAL DIABETES EDUCATION PROGRAM AND CONSIST OF TWO 2-HOUR SESSIONS TAKING PLACE EVERY OTHER MONTH AT SGMC, OFFERING A FREE 1-HOUR NUTRITION AND COOKING CLASS ON A MONTHLY BASIS AT SGMC ADDITIONAL AREAS OF NEED ADDRESSED BY SGMC BREAST CANCER-PROVIDE FREE MAMMOGRAM SCREENINGS, NAVIGATION, BIOPSIES, ULTRASOUNDS, SURGERIES, AND TREATMENT FOR THE UNINSURED ENCOURAGE PREVENTION AND EARLY DETECTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS SERVING VULNERABLE POPULATIONS, COLORECTAL CANCER-PROVIDE COLONOSCOPIES FOR TARGET POPULATION AND REFER PATIENTS WITH ABNORMAL FINDINGS TO MONTGOMERY CANCER CRUSADES FOR FURTHER TREATMENT ENCOURAGE PREVENTION AND EARLY DETECTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS SERVING VULNERABLE POPULATIONS, CANCER (OTHER)-PARTNER WITH PHYSICIANS TO PROVIDE FREE ANNUAL CANCER SCREENINGS TO THE COMMUNITY, TARGETING BREAST, PROSTATE, COLORECTAL, ORAL, SKIN AND THYROID CANCER ADDITIONALLY, BILINGUAL CANCER OUTREACH COORDINATORS ENCOURAGE PREVENTION AND EARLY DETECTION BY PROVIDING EDUCATIONAL PRESENTATIONS AND MATERIALS TO UNDERSERVED AND AT-RISK POPULATIONS AT COMMUNITY LOCATIONS, HEART DISEASE AND STROKE-HOLD ANNUAL "LOVE YOUR HEART" SCREENING EVENTS TO PROVIDE FREE SCREENINGS TO COMMUNITY MEMBERS FOR BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, WAIST CIRCUMFERENCE, BMI, BODY COMPOSITION, AND SLEEP APNEA, AS WELL AS 1:1 COUNSELING WITH A CLINICIAN OFFER LIPID PROFILE, VERTICAL AUTO PROFILE, HOMOCYSTEINE, HSCRP, BLOOD PRESSURE, GLUCOSE AND A1C SCREENINGS, AND PROVIDE FREE EDUCATIONAL LECTURES TO THE COMMUNITY PROVIDE "HEALTHY CHOICES PROGRAM" IN DAMASCUS TO PROVIDE</p>

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	<p>IDE WOMEN OF LOW SOCIO-ECONOMIC STATUS INFORMATION AND SUPPORT TO ASSIST THEM IN MAKING HE ALTHIER CHOICES FOR THEMSELVES AND THEIR CHILDREN, OBESITY-PROVIDE 1 1 HEALTH EDUCATION AN D GROUP PRESENTATIONS ABOUT HEALTHY NUTRITION AND THE IMPORTANCE OF EXERCISE AT HEALTH FAI RS, SENIOR AND COMMUNITY CENTERS, AND FAITH-BASED ORGANIZATIONS CONTINUE IMPLEMENTING THE "HEALTHY CHOICES PROGRAM" FOR LOW-INCOME WOMEN PROVIDE AFFORDABLE INDIVIDUAL NUTRITION C OUNSELING TO THE COMMUNITY IMPLEMENTED NUTRITION AND FITNESS CHALLENGE PROGRAM IN COLLABO RATION WITH DAWSON'S MARKET (LOCAL NATURAL FOODS MARKET), INFLUENZA-PROVIDE LOW COST FLU S HOT CLINICS THROUGHOUT MONTGOMERY COUNTY TO CHILDREN, ADULTS AND SENIORS AT COMMUNITY CENT ERS, SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, THE HOSPITAL, AND SUBSIDIZED APARTMENT COM PLEXES PARTNER WITH WTOP RADIO TO PROVIDE HUNDREDS OF FREE FLU SHOTS TO THE COMMUNITY AT LARGE, MATERNAL & INFANT HEALTH-IN ADDITION TO CHILDBIRTH, BREASTFEEDING, AND PARENTING CL ASSES, SGMC OFFERS FREE PROGRAMS TO ITS PATIENTS, SUCH AS BEST (BREASTFEEDING, EDUCATION, SUPPORT AND TOGETHERNESS) TO PROMOTE AND SUPPORT BREASTFEEDING, AND DISCOVERING MOTHERHOOD SUPPORT GROUP FOR NEW MOTHERS IN PARTNERSHIP WITH MONTGOMERY COUNTY HEALTH DEPARTMENT, A DVENTIST HEALTHCARE SHADYOUT GROVE MEDICAL CENTER ALSO PROVIDES PRENATAL SERVICES TO LOW-INCO ME AND UNINSURED RESIDENTS, INCLUDING PRENATAL CARE, ROUTINE LAB TESTS, CLASSES AND DENTA L SCREENINGS, SENIOR HEALTH-SGMC OFFERS COMMUNITY HEALTH PROGRAMS FOR SENIORS AT DAMASCUS SENIOR CENTER, GAITHERSBURG UP-COUNTY SENIOR CENTER, ROCKVILLE SENIOR CENTER, REVITZ HOUS E, AS WELL AS NUMEROUS SUBSIDIZED SENIOR APARTMENT COMPLEXES PROGRAMS INCLUDE BUT ARE NOT LIMITED TO CLINICAL HEART HEALTH SCREENINGS, MONTHLY BLOOD PRESSURE SCREENINGS, WALKING C LUBS, CARDIOVASCULAR SUPPORT AND ACTIVITY GROUPS, AND EDUCATIONAL LECTURES AND HEALTH FAIR S AREAS OF NEED NOT DIRECTLY ADDRESSED BY SGMC AND THE RATIONALE ASTHMA-SGMC DOES NOT CUR RENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFICALLY FOR ASTHMA BECAUSE ASTHMA PREVALENCE AND RATES OF ED VISITS IN MONTGOMERY COUNTY ARE BELOW RATES STATEWIDE, AND BECAUSE THERE ARE OTHER ASTHMA RESOURCES AVAILABLE IN THE COUNTY SGMC WILL CONTINUE T O MONITOR TRENDS IN ASTHMA TO DETERMINE WHETHER FUTURE REALLOCATION OF RESOURCES IS NEEDED TO PROVIDE ASTHMA- RELATED COMMUNITY PROGRAMS, HIV/AIDS-SGMC DOES NOT CURRENTLY PROVIDE CO MMUNITY OUTREACH AND EDUCATIONAL PROGRAMS FOR HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES ADVENTIST HEALTHCARE'S CENTER FOR HEALTH EQUITY AND WELLNESS LED AN INITIATIVE CALLED PRO JECT BEAT IT! (BECOMING EMPOWERED AFRICANS THROUGH IMPROVED TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEPATITIS B), WHICH WAS A GRANT-FUNDED INITIATIVE FROM U S DHHS OFFICE OF M INORITY HEALTH THAT PROVIDED CULTURALLY APPROPRIATE HEALTH EDUCATION CLASSES TO HEALTH CA R E PROVIDERS AND THE AFRICAN IMMIGRANT COMMUNITY TO IMPROVE HEALTH OUTCOMES RELATED TO THES E CHRONIC AND INFECTIOUS DISEASES THE 20-MONTH GRANT FUNDED PROJECT ENDED IN SEPTEMBER 20 13, BEHAVIORAL HEALTH-SGMC DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES BECAUSE THESE SERVI CES ARE ALREADY PROVIDED BY THE NEIGHBORING SPECIALTY CARE HOSPITAL WITHIN ITS HOSPITAL SY STEM, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES IN ADDITION TO ADVENTI ST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES, THERE ARE MANY ORGANIZATIONS THAT P ROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE SGMC SERVICE AREA, SOCIAL DETERMINANTS OF HEA LTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORT)-SGMC DOES NOT DIRECTLY ADDRESS MA NY OF THE SOCIAL DETERMINANTS OF HEALTH BECAUSE THOSE ARE NOT SPECIALTY AREAS OF THE HOSPI TAL AND SGMC DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET MANY OF THESE NEEDS INSTEAD , SGMC PARTNERS WITH AND SUPPORTS OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION, AND O THER SOCIAL DETERMINANTS OF HEALTH</p>

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2013, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON (1) FLU PREVENTION, AND (2) BEHAVIORAL HEALTH FLU ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IMPLEMENTED STRATEGIES TO ADDRESS HIGH INFLUENZA-RELATED EMERGENCY ROOM RATES IN TARGETED AREAS STRATEGIES FOR THIS INITIATIVE INCLUDE > PARTNERING WITH COMMUNITY ORGANIZATIONS, PLACES OF WORSHIP, SENIOR CENTERS, COMMUNITY CENTERS, LOW-INCOME HOUSING COMPLEXES, AND COUNTY HEALTH DEPARTMENTS IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES TO PROVIDE FREE OR LOW COST VACCINATIONS TO RESIDENTS WITH THE GREATEST NEED > PARTNERING WITH A MICRO-PRACTICE LOCATED IN ZIP CODE 20904 CALLED "CARE FOR YOUR HEALTH" TO PROVIDE VACCINE TO UNDERSERVED PATIENTS THE PATIENT POPULATION SERVED BY THE CARE FOR YOUR HEALTH MICROPRACTICE IS 75% HISPANIC, 12% BLACK, 5% WHITE, 4% ASIAN, AND 4% OTHER THE MAJORITY OF PATIENTS ARE SPANISH-SPEAKING > PARTNERING WITH LOCAL SAFETY NET CLINICS, COMMUNITY CLINIC, INC (FQHC) AND MOBILE MEDICAL CARE, INC , TO PROVIDE FREE FLU VACCINE TO LOW-INCOME, UNINSURED RESIDENTS IN ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL'S PRIMARY SERVICE AREA BEHAVIORAL HEALTH ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL HAS IMPLEMENTED STRATEGIES TO ADDRESS BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) NEEDS IN THE POPULATION IT SERVES THE STRATEGIES INCLUDE > REFERRING ADMITTED PATIENTS WITH IDENTIFIED CONDITIONS OF SUBSTANCE ABUSE AND/OR CHEMICAL DEPENDENCY TO APPROPRIATE RESOURCES FOR INTERVENTION AND FOLLOW-UP AS NEEDED (E G , OUTPATIENT REHABILITATION PROGRAMS AND SUPPORT GROUPS),> ESTABLISHING A TRANSITIONAL CARE PLAN FOR DISCHARGED PATIENTS WITH BIPOLAR DISORDER TO CONNECT THEM TO AN FQHC OR PRIMARY CARE PRACTICE FOR CARE THAT INCLUDES INTEGRATED BEHAVIORAL HEALTH AND HOME BASED CARE, > STRENGTHENING A PARTNERSHIP WITH VICTORY TOWER (LOW-INCOME SENIOR HOUSING LOCATED IN ZIP CODE 20912) TO PROVIDE COUSSELING RESOURCES AND MATERIALS TO RESIDENTS REGARDING ALCOHOL AND SUBSTANCE ABUSE THROU GH THIS PARTNERSHIP, WAH HAS PROVIDED VICTORY TOWER WITH SEVERAL SERVICES ON-SITE INCLUDIN G MONTHLY BLOOD PRESSURE AND OTHER HEALTH SCREENINGS, HEALTH FAIRS, EDUCATIONAL LECTURES AND DEMONSTRATIONS, AND A BIWEEKLY WELLNESS CIRCLE/SUPPORT GROUP FOR ALCOHOL AND SUBSTANCE ABUSE LED BY A CERTIFIED CHEMICAL DEPENDENCE COUNSELOR ADDITIONAL AREAS OF NEED ADDRESSED BY WAH > BREAST CANCER PROVIDE FREE MAMMOGRAM SCREENINGS, NAVIGATION, BIOPSIES, ULTRASOUNDS, SURGERIES, AND TREATMENT FOR THE UNINSURED ENCOURAGE PREVENTION & EARLY DETECTION TH ROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS SERVING VULNERABLE POPU LATIONS > COLORECTAL CANCER PROVIDE FREE COLONOSCOPIES FOR TARGET POPULATION AND REFER PA TIENTS WITH ABNORMAL FINDINGS TO MONTGOMERY CANCER CRUSADES FOR FURTHER TREATMENT ENCOURA GE PREVENTION & EARLY DETECTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS SERVING VULNERABLE POPULATIONS > CANCER (OTHER) WAH PARTNERS WITH PHYSICIANS T O PROVIDE FREE ANNUAL CANCER SCREENINGS TO THE COMMUNITY, TARGETING BREAST, PROSTATE, COL ORECTAL, ORAL, SKIN AND THYROID CANCER ADDITIONALLY, BILINGUAL CANCER OUTREACH COORDINATO RS ENCOURAGE PREVENTION AND EARLY DETECTION BY PROVIDING EDUCATIONAL PRESENTATIONS AND MAT ERIALS TO UNDERSERVED AND AT-RISK POPULATIONS AT COMMUNITY LOCATIONS WAH ALSO PROVIDES TO BACCO CESSATION EDUCATION AND COUNSELING AS WELL AS NICOTINE REPLACEMENT THERAPY (NRT) AT NO COST TO ELIGIBLE PATIENTS > DIABETES PROVIDE INPATIENT AND OUTPATIENT SERVICES AND EDU CATION FOR DIABETES, AND ITS CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE TREATS WOUNDS DUE TO COMPLICATIONS OF DIABETES PROVIDE DIABETIC EDUCATION CLASSES INCLUDING FREE PRE-DIABETES CLASSES AND COOKING/NUTRITION CLASSES ENCOURAGE DIABETES PREVENTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS AND COMMUNITY LOCATIONS > HEART DISEASE AND STROKE H OLD ANNUAL "LOVE YOUR HEART" SCREENING EVENTS TO PROVIDE FREE SCREENINGS TO COMMUNITY MEMBERS FOR BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, WAIST CIRCUMFERENCE, BMI, BODY COMPOSITION, AND SLEEP APNEA, AS WELL AS 1 1 COUNSELING WITH A CLINICIAN OFFER LIPID PROFILE, VERTICA L AUTO PROFILE, HOMOCYSTEINE, HSCRIP, BLOOD PRESSURE, GLUCOSE AND A1C SCREENINGS, AS WELL A S FREE EDUCATIONAL LECTURES TO THE COMMUNITY WAH ALSO OFFERS THE COMPLETE HEALTH IMPROVEM ENT PROGRAM (CHIP), WHICH COUNSELS PARTICIPANTS ON HEALTHY CHOICES REGARDING DIET AND WEIG HT MANAGEMENT > OBESITY PROVIDE 1 1 HEALTH EDUCATION AND GROUP PRESENTATIONS ABOUT HEALTH Y NUTRITION AND THE IMPORTANCE OF EXERCISE AT HEALTH FAIRS, SENIOR AND COMMUNITY CENTERS, AND FAITH-BASED ORGANIZATIONS PROVIDE AFFORDABLE INDIVIDUAL NUTRITION COUNSELING TO THE C OMMUNITY WAH ALSO OFFERS THE COMPLETE HEALTH IMPROVEMENT PROGRAM (CHIP), WHICH COUNSELS P ARTICIPANTS ON HEALTHY CHOICES REGARDING DIET AND WEIGHT MANAGEMENT > MATERNAL AND INFANT HEALTH IN ADDITION TO CHILDBIRTH, BREASTFEEDING,</p>

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	<p>AND PARENTING CLASSES, WAH OFFERS FREE PROGRAMS TO ITS PATIENTS, SUCH AS BEST (BREASTFEEDING, EDUCATION, SUPPORT & TOGETHERNESS) TO PROMOTE AND SUPPORT BREASTFEEDING IN PARTNERSHIP WITH THE MONTGOMERY COUNTY MATERNITY PARTNERSHIP PROGRAM, WAH PROVIDES PRENATAL SERVICES TO LOW-INCOME AND UNINSURED RESIDENTS, INCLUDING PRENATAL CARE, ROUTINE LAB TESTS, EDUCATION/CLASSES AND DENTAL SCREENINGS. WAH ALSO SUPPORTS MARY'S CENTER FOR MATERNAL AND CHILD CARE, WHICH PROVIDES CULTURALLY AND LINGUISTICALLY COMPETENT CARE TO LOW-INCOME, UNINSURED INDIVIDUALS AND FAMILIES.</p> <p>> SENIOR HEALTH: WAH OFFERS COMMUNITY HEALTH PROGRAMS FOR SENIORS AT LONG BRANCH COMMUNITY CENTER, TAKOMA PARK COMMUNITY CENTER, MID-COUNTY COMMUNITY CENTER, BOWIE SENIOR CENTER, VICTORY TOWERS, GREEN RIDGE HOUSE, SPRINGVALE TERRACE, AS WELL AS NUMEROUS OTHER SUBSIDIZED SENIOR APARTMENT COMPLEXES. PROGRAMS INCLUDE BUT ARE NOT LIMITED TO CLINICAL HEART HEALTH SCREENINGS, MONTHLY BLOOD PRESSURE SCREENINGS, WALKING CLUBS, CARDIOVASCULAR SUPPORT AND ACTIVITY GROUPS, AND EDUCATIONAL LECTURES AND HEALTH FAIRS. AS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE.</p> <p>WASHINGTON ADVENTIST HOSPITAL AND THE RATIONALE</p> <p>> ASTHMA: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFICALLY FOR ASTHMA BECAUSE ASTHMA PREVALENCE AND RATES OF ER VISITS IN MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY ARE BELOW RATES STATEWIDE, AND BECAUSE THERE ARE OTHER ASTHMA RESOURCES AVAILABLE IN THE COUNTY. WAH WILL CONTINUE TO MONITOR TRENDS IN ASTHMA TO DETERMINE WHETHER FUTURE REALLOCATION OF RESOURCES IS NEEDED TO PROVIDE ASTHMA-RELATED COMMUNITY PROGRAMS.</p> <p>> HIV/AIDS: WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS FOR HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES, AND BECAUSE MANY HIV/AIDS SERVICES ARE PROVIDED BY OTHER LOCAL ORGANIZATIONS.</p> <p>ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES LED AN INITIATIVE CALLED PROJECT BEAT IT! (BECOMING EMPOWERED AFRICANS THROUGH IMPROVED TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEPATITIS B), WHICH WAS A GRANT-FUNDED INITIATIVE FROM U.S. DHHS OFFICE OF MINORITY HEALTH THAT PROVIDED CULTURALLY APPROPRIATE HEALTH EDUCATION CLASSES TO HEALTH CARE PROVIDERS AND THE AFRICAN IMMIGRANT COMMUNITY TO IMPROVE HEALTH OUTCOMES RELATED TO THESE CHRONIC AND INFECTIOUS DISEASES. THE 20-MONTH GRANT-FUNDED PROJECT ENDED IN SEPTEMBER 2013.</p> <p>> SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION): WAH DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH BECAUSE THOSE ARE NOT SPECIALTY AREAS OF THE HOSPITAL AND WAH DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET MANY OF THESE NEEDS. INSTEAD, WAH PARTNERS WITH AND SUPPORTS OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION, AND OTHER SOCIAL DETERMINANTS OF HEALTH.</p> <p>FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES, PLEASE SEE WASHINGTON ADVENTIST HOSPITAL'S IMPLEMENTATION STRATEGY, WHICH CAN BE FOUND HERE: HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3338/2013-CHNA-WAH-IMPLEMENTATIONSTRATEGY.PDF</p>

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

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

Form and Line Reference	Explanation
HACKETTSTOWN COMMUNITY HOSPITAL	PART V, SECTION B, LINE 11 OBJECTIVE INCREASE THE NUMBERS OF ADULTS WITH DIABETES RECEIVING EDUCATION FOR SELF-MANAGEMENT FROM 43.6% TO 48% ACTION STEPS A DEVELOP DIABETES MANAGEMENT BROCHURE TO BE DISTRIBUTED TO THE FOLLOWING 1 ALL PRIMARY CARE PHYSICIAN OFFICES TO BE GIVEN TO ALL NEWLY DIAGNOSED ADULTS WITH TYPE 2 DIABETES 2 TO THOSE ADULTS WHO NEVER HAD DIABETES EDUCATION 3 IN-PATIENTS WITH TYPE 2 DIABETES REQUIRING ADDITIONAL SUPPORT TO MANAGE THEIR ILLNESS PREVENTING READMISSION B CONTINUE TO PROMOTE DIABETES MANAGEMENT CLASSES, DIABETES SUPPORT GROUPS AND INDIVIDUAL COUNSELING IN QUARTERLY NEWSLETTER "HEALTHIER LIVING "C INTRODUCE "KNOW YOUR DIABETES ABC'S (A1C'S, BLOOD PRESSURE AND CHOLESTEROL)" EDUCATION CAMPAIGN THROUGH HEALTHIER LIVING NEWSLETTER D HRMC WILL REFER UNINSURED AND UNDERINSURED ADULTS, NOT UNDER THE CARE OF A PRIMARY PHYSICIAN, TO THE ZUFALL FEDERALLY QUALIFIED HEALTH CENTER, ZUFALL WILL REFER THEIR PATIENTS IN NEED OF ADDITIONAL DIABETES EDUCATION OBJECTIVE PROVIDE PRE-DIABETES EDUCATION QUARTERLY ACTION STEPS THE CENTER FOR HEALTHIER LIVING AND EDUCATION DEPARTMENT WILL PROVIDE PRE-DIABETES EDUCATION PROGRAMS FOR ALL INDIVIDUALS WHO HAVE BEEN IDENTIFIED HAVING BLOOD SUGAR LEVELS IN THE PRE-DIABETES RANGE FOLLOWING COMMUNITY DIABETES SCREENINGS A COMMUNITY SEMINAR ON THE TOPIC OF METABOLIC SYNDROME WILL BE HELD AT THE CENTER FOR HEALTHIER LIVING DEVELOP A MARKETING PLAN TO EDUCATE STAFF AND VISITORS ON THE DIABETES RESOURCES AVAILABLE AT HRMC OBJECTIVE REDUCE 30 DAY RE-ADMISSION RATE FOR PATIENTS WITH CONGESTIVE HEATH FAILURE (CHF) BY 5% ACTION STEPS CHF TASK FORCE TO DEVELOP A PROGRAM IMPLEMENTED BY A TEAM TO IMPROVE THEIR PATIENTS' ACTIVITY LEVEL AND DIETARY CHOICES TO PREVENT READMISSION AND IMPROVE THEIR QUALITY OF LIFE TASK FORCE WILL DEVELOP CLINICAL PROTOCOLS FOR ALL CHF PATIENTS WHO ARE ADMITTED WITH PRIMARY AND/OR SECONDARY DIAGNOSIS OF CHF DEVELOP A CARE COORDINATION SYSTEM TO MONITOR AND COMMUNICATE WITH EACH PATIENT FOLLOWING DISCHARGE PATIENTS WITHOUT A HOME SCALE WILL BE DISCHARGED WITH AN EASY TO READ SCALE DEVELOP NEW PATIENT SERVICE WITH AN AREA PHARMACY TO DELIVER PRESCRIPTIONS TO PATIENTS PRIOR TO DISCHARGE AND PROVIDE ANOTHER OPPORTUNITY FOR PATIENTS TO RECEIVE EDUCATION ON THEIR NEW MEDICATION NOT BEING ADDRESSED AND WHY 1 TRANSPORTATION BARRIERS,2 ELDER ABUSE,3 LIMITED SUBSTANCE ABUSE TREATMENT AND RESOURCES (ALSO NOTING COMORBIDITY WITH MENTAL HEALTH ISSUES),4 PROMINENT MENTAL HEALTH ISSUES (NOTING CONNECTION BETWEEN PHYSICAL AND MENTAL WELL-BEING,5 UNCOORDINATED CARE ACROSS PROVIDERS (FOR NON-CHRONIC CONDITIONS),NUMBERS 1-5 ARE NOT BEING ADDRESSED AT THIS TIME DUE TO LACK OF RESOURCES AND/OR EXPERTISE

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2013, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON CONCUSSION CARE ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION (APHR) HAS IMPLEMENTED AN INITIATIVE TO BUILD A COMPREHENSIVE CONCUSSION SCREENING AND TREATMENT PROGRAM SERVING COMMUNITY MEMBERS AND STUDENT ATHLETES STRATEGIES FOR THIS INITIATIVE INCLUDE > INCREASING KNOWLEDGE AND AWARENESS OF CONCUSSION RISKS, CONCUSSION IDENTIFICATION, CARE, AND MANAGEMENT IN THE COMMUNITY AND THE MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM,> IMPLEMENTING IMPACTTM BASELINE TESTING FOR STUDENT ATHLETES IN 14 MONTGOMERY COUNTY HIGH SCHOOLS (WITH EACH STUDENT BASELINE TESTED EVERY 2 YEARS),> MAINTAINING AND MAKING AVAILABLE BASELINE TEST RESULTS TO STUDENTS, PARENTS, AND STUDENTS' HEALTH CARE PROVIDERS AT NO COST,> PROVIDING FOLLOW-UP TESTING AND ANALYSIS FOR STUDENTS AS NEEDED AT A REASONABLE RATE,> PROVIDING RETESTS AND ANALYSES AT A REDUCED RATE OR FREE OF CHARGE FOR STUDENTS WITH ECONOMIC DIFFICULTIES,> SERVING AS A RESOURCE ON CONCUSSION EDUCATION FOR STUDENTS, PARENTS, AND COACHES,> TRAINING AND PLACING FULL-TIME ATHLETIC TRAINERS IN 13 MONTGOMERY COUNTY HIGH SCHOOLS - TRAINERS ATTEND ALL 'HOME' ATHLETIC EVENTS AS WELL AS 'AWAY' VARSITY FOOTBALL GAMES, - TRAINERS PERFORM FUNCTIONS WITHIN THE SIX DOMAINS OF ATHLETIC TRAINERS AS ESTABLISHED BY THE NATIONAL ATHLETIC TRAINERS ASSOCIATION PREVENTION, CLINICAL EVALUATION AND DIAGNOSIS, IMMEDIATE CARE, TREATMENT, REHABILITATION, AND RECONDITIONING, ORGANIZATION AND ADMINISTRATION, AND PROFESSIONAL RESPONSIBILITIES - IN ADDITION, TRAINERS ASSIST IN IMPLEMENTING SCHOOL AND SYSTEM WIDE RESPONSIBILITIES RELATED TO THE HEALTH AND SAFETY OF STUDENT ATHLETES > PROVIDING AMERICAN HEART ASSOCIATION CPR/AED RECERTIFICATION FOR ATHLETIC STAFF AT 14 MONTGOMERY COUNTY HIGH SCHOOLSAREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION AND THE RATIONALE > ASTHMA APHR DOES NOT CURRENTLY DIRECTLY ADDRESS ASTHMA BECAUSE IT IS NOT A SPECIALTY AREA OF THE HOSPITAL SUFFICIENT RESOURCES AND EXPERTISE ARE NOT AVAILABLE TO MEET THESE NEEDS ADDITIONAL RESOURCES ARE AVAILABLE IN THE COMMUNITY > INFLUENZA APHR DOES NOT DIRECTLY PROVIDE INFLUENZA SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER INFLUENZA SERVICES ARE ALREADY PROVIDED BY THE ACUTE CARE HOSPITALS IN THE ADVENTIST HEALTHCARE SYSTEM, SGMC AND WAH, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN APHR'S SERVICE AREA > HIV/AIDS APHR DOES NOT PROVIDE HIV/AIDS SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER HIV/AIDS SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN APHR'S SERVICE AREA > MATERNAL AND INFANT HEALTH APHR DOES NOT PROVIDE MATERNAL AND INFANT SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER A FULL SPECTRUM OF MATERNAL AND INFANT SERVICES IS ALREADY PROVIDED BY SGMC, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN APHR'S SERVICE AREA > BEHAVIORAL HEALTH APHR DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES BECAUSE THESE SERVICES ARE ALREADY PROVIDED BY A NEIGHBORING SPECIALTY CARE HOSPITAL WITHIN ITS HOSPITAL SYSTEM, ADVENTIST BEHAVIORAL HEALTH IN ADDITION TO ADVENTIST BEHAVIORAL HEALTH, THERE ARE MANY ORGANIZATIONS THAT PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE APHR SERVICE AREA > SENIOR HEALTH APHR DOES NOT DIRECTLY PROVIDE SENIOR CARE COMMUNITY OUTREACH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER MANY OLDER ADULTS AND SENIORS ARE SERVED BY VARIOUS PROGRAMS AT APHR, ALTHOUGH THESE NOT SPECIFICALLY/EXCLUSIVELY OFFERED TO SENIORS SENIOR HEALTH SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN APHR'S SERVICE AREA > SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION) APHR DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF THE HOSPITAL AND APHR DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET THOSE NEEDS INSTEAD APHR SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST REHABILITATION HOSPITAL OF MARYLAND'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3446/2013-CHNA-ARHM-IMPLEMENTATIONSTRATEGY PDF</p>

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2013, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON CHEMICAL DEPENDENCE/SUBSTANCE ABUSE IN ADOLESCENTS AND ADULTS ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES - ROCKVILLE (ABHW-R) HAS IMPLEMENTED A PROGRAM TO IMPROVE CONTINUITY OF CARE FOR PATIENTS SEEKING TREATMENT FOR CHEMICAL DEPENDENCE AND SUBSTANCE ABUSE IN ADDITION ABHW-R IS WORKING TO IMPROVE CHEMICAL DEPENDENCE AND SUBSTANCE ABUSE EDUCATION IN THE COMMUNITY, AMONG BOTH ADOLESCENT AND ADULT POPULATIONS STRATEGIES FOR THIS INITIATIVE INCLUDE > OFFERING TRANSPORTATION ASSISTANCE FOR INDIVIDUALS RECEIVING TREATMENT VIA THE INTENSIVE OUTPATIENT PROGRAMS (BEGINNING IN 2015), > OFFERING CHILDCARE ASSISTANCE FOR INDIVIDUALS RECEIVING TREATMENT VIA THE INTENSIVE OUTPATIENT PROGRAMS THROUGH PARTNERSHIPS WITH LOCAL CHILDCARE FACILITIES, > OFFERING 2 LEVELS OF OUTPATIENT CHEMICAL DEPENDENCE SERVICES FOR ADULTS AND ADOLESCENTS -INTENSIVE OUTPATIENT PROGRAM 3 NIGHTS PER WEEK (9 HOURS), 1 HOUR EVERY 2 WEEKS FOR INDIVIDUAL THERAPY, -STRUCTURED OUTPATIENT PROGRAM 2 NIGHTS PER WEEK (6 HOURS), > BUILDING COMMUNITY RELATIONSHIPS IN ORDER TO IMPROVE REFERRAL PROCESSES AND CARE TRANSITIONS FOR ABHW-R PATIENTS NEEDING ADDITIONAL TREATMENT SERVICES, > INCREASING KNOWLEDGE AND AWARENESS AROUND ALCOHOL DEPENDENCE AND SUBSTANCE ABUSE IN THE COMMUNITY THROUGH EDUCATION SESSIONS, > PARTNERING WITH MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL TO HOST A FREE SUBSTANCE ABUSE SYMPOSIUM, AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES ROCKVILLE AND THE RATIONALE > CANCER ABHW ROCKVILLE DOES NOT PROVIDE DIRECT SERVICES AROUND CANCER AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER CANCER SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > HEART DISEASE & STROKE ABHW ROCKVILLE DOES NOT PROVIDE HEART DISEASE AND STROKE SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER HEART DISEASE AND STROKE SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > DIABETES ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE DIABETES SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER DIABETES SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > OBESITY ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE OBESITY SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER OBESITY SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > ASTHMA ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE ASTHMA SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER ASTHMA SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > INFLUENZA ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE INFLUENZA SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER INFLUENZA SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > HIV/AIDS ABHW ROCKVILLE DOES NOT PROVIDE HIV/AIDS SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER HIV/AIDS SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > MATERNAL AND INFANT HEALTH ABHW ROCKVILLE DOES NOT PROVIDE MATERNAL AND INFANT SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER A FULL SPECTRUM OF MATERNAL AND INFANT SERVICES IS ALREADY PROVIDED BY SGMC, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > SENIOR HEALTH ABHW ROCKVILLE DOES NOT DIRECTLY PROVIDE SENIOR CARE COMMUNITY OUTREACH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER SENIOR HEALTH SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN ABHW ROCKVILLE'S SERVICE AREA > SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION) ABHW ROCKVILLE DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF THE HOSPITAL ABHW ROCKVILLE DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET THOSE NEEDS INSTEAD ABHW ROCKVILLE SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO</p>

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST BEHAVIORAL HEALTH ROCKVILLE'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3447/2013-CHNA-ABH-RV- IMPLEMENTATIONSTRATEGY PD F

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2013, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON CHEMICAL DEPENDENCE/SUBSTANCE ABUSE AMONG ADOLESCENTS ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, EASTERN SHORE (ABHW-ES) IMPLEMENTED AN INITIATIVE TO INCREASE CHEMICAL DEPENDENCE/SUBSTANCE ABUSE AWARENESS AND EDUCATION FOR COMMUNITY MEMBERS IN THEIR SERVICE AREA STRATEGIES INCLUDE > ADAPTING THEIR FREE ACTIVE PARENTING WORKSHOPS TO INCLUDE CHEMICAL DEPENDENCE AND SUBSTANCE ABUSE EDUCATION, INCLUDING RECOGNIZING WARNING SIGNS AND SYMPTOMS FOR PARENTS,> OFFERING TRANSPORTATION SERVICES FOR ACTIVE PARENTING WORKSHOPS,> EDUCATING PARENTS, COMMUNITY MEMBERS, AND MEDICAL PROFESSIONALS ABOUT LOCALLY AVAILABLE PREVENTION AND TREATMENT RESOURCES,> PARTNERING WITH LOCAL ENTITIES SUCH AS SCHOOLS, FAITH-BASED ORGANIZATIONS, AND ADVOCACY GROUPS TO EXPAND COMMUNITY OUTREACH AND EDUCATION AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE AND THE RATIONALE > CANCER ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND CANCER AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER CANCER SERVICES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE SERVICE AREA > HEART DISEASE & STROKE ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND HEART DISEASE AND STROKE AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER HEART DISEASE AND STROKE SERVICES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE SERVICE AREA > DIABETES ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND DIABETES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER SERVICES FOR THOSE AFFECTED BY DIABETES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE SERVICE AREA > OBESITY ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND OBESITY AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER SERVICES FOR THOSE WHO ARE OVERWEIGHT OR OBESE ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE SERVICE AREA > ASTHMA ABHW EASTERN SHORE DOES NOT CURRENTLY DIRECTLY ADDRESS ASTHMA BECAUSE IT IS NOT A SPECIALTY AREA OF THE HOSPITAL SUFFICIENT RESOURCES AND EXPERTISE ARE NOT AVAILABLE TO MEET THESE NEEDS ADDITIONAL RESOURCES ARE AVAILABLE IN THE COMMUNITY > INFLUENZA ABHW EASTERN SHORE DOES NOT PROVIDE INFLUENZA SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER INFLUENZA SERVICES ARE ALREADY AVAILABLE THROUGH MULTIPLE PROVIDERS IN THE ABHW EASTERN SHORE SERVICE AREA > HIV/AIDS ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND HIV/AIDS AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER SERVICES AROUND HIV/AIDS ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE SERVICE AREA > POPULATION HEALTH (MATERNAL AND INFANT HEALTH, SENIOR HEALTH) ABHW EASTERN SHORE DOES NOT DIRECTLY PROVIDE MATERNAL AND INFANT SERVICES OR SENIOR HEALTH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER SEVERAL RESOURCES FOR MATERNAL, INFANT AND SENIOR HEALTH ARE AVAILABLE THROUGH COMMUNITY AND GOVERNMENT ORGANIZATIONS IN THE ABHW EASTERN SHORE SERVICE AREA > SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION) ABHW EASTERN SHORE DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF THE HOSPITAL AND SUFFICIENT RESOURCES AND EXPERTISE ARE NOT AVAILABLE INSTEAD ABHW EASTERN SHORE SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION AND TRANSPORTATION FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3448/2013-CHNA-ABH-ES-IMPLEMENTATIONSTRATEGY.PDF</p>

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 16I THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENTS FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTP //WWW ADVENTISTHEALTHCARE COM/LOCATIONS/SHADY-GROVE-MEDICAL-CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/# VZ1MJF9VHHW PART V, SECTION B, LINE 16B SAME URL AS LISTED ON LINE 16A PART V, SECTION B, LINE 16C SAME URL AS LISTED ON LINE 16A AND HTTP //WWW ADVENTISTHEALTHCARE COM/INFO/#BILL-PAY, VZ1ZYF9VHHW

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

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	PART V, SECTION B, LINE 16I THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENTS FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTP //WWW ADVENTISTHEALTHCARE COM/LOCATIONS/WASHINGTON-ADVENTIST-HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/# VZ1L_19VHHW PART V, SECTION B, LINE 16B SAME URL AS LISTED ON LINE 16A PART V, SECTION B, LINE 16C SAME URL AS LISTED ON LINE 16A AND HTTP //WWW ADVENTISTHEALTHCARE COM/INFO/#BILL-PAY, VZ1ZYF9VHHW

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

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 16I THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENTS FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTP //WWWADVENTISTHEALTHCARE COM/LOCATIONS/WASHINGTON-ADVENTIST-HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/# VZ1L_19VHHWHTTP //WWWADVENTISTHEALTHCARE COM/LOCATIONS/SHADY-GROVE-MEDICAL- CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/# VZ1MJF9VHHWPART V, SECTION B, LINE 16B SAME URLS AS LISTED ON LINE 16APART V, SECTION B, LINE 16C SAME URLS AS LISTED ON LINE 16A ANDHTTP //WWWADVENTISTHEALTHCARE COM/LOCATIONS/PHYSICAL-HEALTH-REHABILITATION/INFO/PATIENTS/BILLING/# VZ1UHL9VHHWHTTP //WWWADVENTISTHEALTHCARE COM/INFO/#BILL-PAY,VZ1ZYF9VHHW

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	PART V, SECTION B, LINE 16I THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENTS FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTP //WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/WASHINGTON-ADVENTIST-HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/#VZ1L_19VHHWHTTP //WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/SHADY-GROVE-MEDICAL-CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/#VZ1MJF9VHHWPART V, SECTION B, LINE 16B SAME URLS AS LISTED ON LINE 16APART V, SECTION B, LINE 16C SAME URLS AS LISTED ON LINE 16A ANDHTTP //WWW.ADVENTISTHEALTHCARE.COM/INFO/#BILL-PAY,VZ1ZYF9VHHW

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	PART V, SECTION B, LINE 16I THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENTS FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTP //WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/WASHINGTON-ADVENTIST-HOSPITAL/INFO/PATIENTS/BILLING/CHARITY-CARE/#VZ1L_19VHHWHTTP //WWW.ADVENTISTHEALTHCARE.COM/LOCATIONS/SHADY-GROVE-MEDICAL-CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/#VZ1MJF9VHHWPART V, SECTION B, LINE 16B SAME URLS AS LISTED ON LINE 16APART V, SECTION B, LINE 16C SAME URLS AS LISTED ON LINE 16A ANDHTTP //WWW.ADVENTISTHEALTHCARE.COM/INFO/#BILL-PAY,VZ1ZYF9VHHW

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 22D BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

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

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	PART V, SECTION B, LINE 22D BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

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

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 22D BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	PART V, SECTION B, LINE 22D BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	PART V, SECTION B, LINE 22D BECAUSE MARYLAND IS AN ALL-PAYOR RATE REGULATED STATE, ALL INDIVIDUALS, REGARDLESS OF THEIR PAYER TYPE, ARE CHARGED THE RATES ESTABLISHED BY THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC RATE SYSTEM IS USED TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER PART V, SECTION B, LINE 16A WEBSITE	SEE URL ON SECTION C

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER PART V, SECTION B, LINE 16B WEBSITE	SEE URL ON SECTION C

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER PART V, SECTION B, LINE 16C WEBSITE	SEE URL ON SECTION C

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

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	SEE URL ON SECTION C

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

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	SEE URL ON SECTION C

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

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

Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	SEE URL ON SECTION C

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

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MAR PART V, SECTION B, LINE 16A WEBSITE	SEE URLS ON SECTION C

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

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MAR PART V, SECTION B, LINE 16B WEBSITE	SEE URLS ON SECTION C

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

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

Form and Line Reference	Explanation
ADVENTIST REHABILITATION HOSPITAL OF MAR PART V, SECTION B, LINE 16C WEBSITE	SEE URLS ON SECTION C

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

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Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK PART V, SECTION B, LINE 16A WEBSITE	SEE URLS ON SECTION C

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK PART V, SECTION B, LINE 16B WEBSITE	SEE URLS ON SECTION C

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK PART V, SECTION B, LINE 16C WEBSITE	SEE URLS ON SECTION C

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE PART V, SECTION B, LINE 16A WEBSITE	SEE URLS ON SECTION C

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE PART V, SECTION B, LINE 16B WEBSITE	SEE URLS ON SECTION C

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

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

Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE PART V, SECTION B, LINE 16C WEBSITE	SEE URLS ON SECTION C

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.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

25

3

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

5

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2	THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROGRAM OPERATES IN SUPPORT OF OUR ORGANIZATION'S MISSION "WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING " 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, CARDIOVASCULAR SERVICES, AND MATERNAL AND CHILD HEALTH, -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, -SEVENTH DAY ADVENTIST PARTNERSHIPS

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ADVENTIST HEALTH SYSTEM WEST2100 DOUGLAS BLVD ROSEVILLE,CA 95661	95-3484589	501-(C)-(3)	13,000				\$12,000 TO THE FOREVER FAITHFUL INTERNATIONAL PATHFINDER CAMPOREE THE PURPOSE OF THE INTERNATIONAL CAMPOREES IS TO CELEBRATE THE IMPORTANCE OF AND SPIRITUAL INFLUENCE OF PATHFINDER MINISTRY THESE EVENTS HAVE BECOME A LEADERSHIP AND SPIRITUAL RITE OF PASSAGE FOR YOUTH AND ADULTS THEY HAVE ALSO BECOME A GATHERING PLACE FOR WORLD LEADERS WHO UNDERSTAND THE IMPORTANCE OF THIS GENERATION AND THEIR VALUE TO THE MISSION OF THE SEVENTH-DAY ADVENTIST CHURCH, \$1,000 DONATION FOR THE CARMEN LEADERSHIP INSTITUTE, WHICH THE INSTITUTE'S PURPOSE OF SUPPORTING FUTURE LEADERS IN THE HEALTH FIELD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 ASSOCIATION4301 N FAIRFAX DR SUITE 530 ARLINGTON,VA 22203	13-5613797	501-(C)-(3)	5,000				GREATER WASHINGTON REGION HEART WALK - MESSAGE BOARD SPONSOR - PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF CANCER, CARDIOVASCULAR SERVICES, AND MATERNAL AND CHILD HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIOHEALTH INNOVATION INC22 BALTIMORE RD 100 ROCKVILLE,MD 20850	45-3824067	501-(C)-(3)	128,000				3RD YEAR CHARITABLE CONTRIBUTION / INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CASA DE MARYLAND INC 310 TULIP AVENUE TAKOMA PARK,MD 20917	52-1372972	501-(C)-(3)	110,000				CASA/ADVENTIST HEALTHCARE 2014 PARTNERSHIP PAYMENT - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CENTRE POINTE COUNCELINGPO BOX 339 ASHTON,MD 20861	52-1288655	501-(C)-(3)	10,000				NON-PROFIT BEHAVIORAL HEALTH CENTER EMP/E-CLINICAL WORKS IMPLEMENTATION - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CITY OF GAITHERSBURG31 SOUTH SUMMIT AVENUE GAITHERSBURG, MD 20877	52-6000792	CITY OF GAITHERSBURG	5,000				SNOWFLAKE SPONSOR FOR THE CITY OF GAITHERSBURG WINTER LIGHTS 2014

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COLUMBIA UNION CONFERENCE5427 TWIN KNOLLS RD COLUMBIA,MD 21045	52-0664576	501-(C)-(3)	187,500				FUNDING FOR PURPOSE OF MISSION WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH - SEVENTH-DAY ADVENTSIT PARTNERSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMITTEE FOR MONTGOMERY622 DENHAM ROAD ROCKVILLE,MD 20851	90-6437327	501-(C)-(4)	5,000				\$5,000 FOR DIAMOND SPONSOR LEVEL AT 2014 ANNUAL LEGISLATIVE BREAKFAST - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMONHEALTH ACTION 1301 CONNECTICUT AVENUE NW WASHINGTON,DC 20036	83-0398572	501-(C)-(3)	50,000				\$25,000 AS FIRST INSTALLMENT TO SUPPORT MONTGOMERY COUNTY DHHS CONTINUED ENGAGEMENT OF THE INSTITUTE FOR PUBLIC HEALTH INNOVATION, \$25,000 AS SECOND INSTALLMENT - (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, CARDIOVASCULAR SERVICES, AND MATERNAL AND CHILD HEALTH/PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS/INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COMMUNITY CLINIC INC 8630 FENTON STREET SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	175,000				2ND YEARS CONTRIBUTION TO CCI EXPANSION TO GREENBELT - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY SERVICING THE UNDERSERVED AND UNINSURED AREAS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GREATER SILVER SPRING CHAMBER OF COMMERCE 8601 GEORGIA AVE 203 SILVER SPRING, MD 20910	52-1813227	501-(C)-(6)	8,584				BOARD SPONSORSHIP - CORPORATE PARTNER - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION INC651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	22-2333410	501-(C)-(3)	10,000				HACKETTSTOWN GOLF CLASSIC/GALA/CANCER WALK - AN ANNUAL CONTRIBUTION THROUGH ADVENTIST HEALTHCARE'S ANNUAL PARTNERSHIP TO AID IN THE DEVELOPMENT OF HACKETTSTOWN'S CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	10,000				VISIONARY SPONSOR (\$10,000) AT THE IMPACT NOW! 2014 EVENT - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP MONTGOMERY EDUCATION FOUNDATION INC5910 EXECUTIVE BLVD 200 ROCKVILLE,MD 20852	52-1627257	501-(C)-(3)	23,000				\$3,000 FOR EL SESSION SPONSOR OF EMERGING LEADER PROGRAM, \$5,000 FOR CELEBRATION-ADVENTIST HEALTHCARE INC , \$15,000 FOR CLASS PROGRAM -CORE PROGRAM SPONSOR - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MANSFIELD KASEMAN HEALTH CLINIC114 WEST MONTGOMERY AVENUE ROCKVILLE,MD 20850	27-2529951	501-(C)-(3)	5,000				\$5,000 FOR MONTE CARLO NIGHT - DIAMOND SPONSOR - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MARYLAND HEALTHCARE EDUCATION & RESEARCH FOUNDATION INC6820 DEERPATH ROAD ELKRIDGE, MD 210756234	52-0901664	501-(C)-(3)	300,000				NINTH SEMI-ANNUAL PAYMENT OF \$150,000, TENTH SEMI-ANNUAL PAYMENT OF \$150,000 - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MARYLAND PATIENT SAFETY CENTER6820 DEERPATH ROAD ELKRIDGE,MD 21075	35-2200200	501-(C)-(3)	7,000				10TH ANNUAL MARYLAND PATIENT SAFETY CENTER CONFERENCE - GOLD SPONSOR THE CENTER EXTENDS ACROSS MARYLAND INTO THE DISTRICT OF COLUMBIA, DELAWARE, AND NORTHERN VIRGINIA, AND IS DEDICATED TO CONTINUALLY ENHANCING THE QUALITY AND SAFETY OF PATIENT CARE IN ALL HEALTHCARE SETTINGS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501-(C)-(3)	10,000				HEART OF MERCY GALA - HEART OF GOLD SPONSORSHIP (\$7,500) AND GOLF CLASSIC SPONSORSHIP (\$2,500) - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 208141620	23-7022588	501-(C)-(3)	345,000				\$100,000 AS FIRST INSTALLMENT FOR THE \$200,000 PLEDGE OF SUPPORT FOR SAFETY NET HEALTHCARE, \$75,000 AS FIRST INSTALLMENT OF 5 YEAR PLEDGE TO SUPPORT RENT AT UPGOUNTY, \$100,000 AS SECOND INSTALLMENT OF THE \$200,000 BY 2014 PLEDGE, \$70,000 FOR MEDICAL SERVICES FOR LOW-INCOME, UNINSURED RESIDENTS IN WAH SERVICE AREA JULY 2014-JUNE 2015 - (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, CARDIOVASCULAR SERVICES, AND MATERNAL AND CHILD HEALTH/PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MONTGOMERY COUNTY BUSINESS ROUNDTABLE FOR EDUCATION INC451 HUNGERFORD DRIVE SUITE 508 ROCKVILLE,MD 20850	41-2047342	501-(C)-(3)	12,000				MEMBERSHIP CONTRIBUTION - MONTGOMERY COUNTY BUSINESS ROUNDTABLE COLLABORATES WITH MONTGOMERY COUNTY PUBLIC SCHOOLS AND INDUSTRY LEADERS TO CONNECT REAL WORLD LEARNING TO THE CLASSROOM WITH A GOAL OF PREPARING AND INSPIRING STUDENTS FOR SUCCESS IN COLLEGE, CAREERS AND THE COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MONTGOMERY COUNTY CHAMBER OF COMMERCE 451 HUNGERFORD DR 515 ROCKVILLE, MD 20850	52-0735621	501-(C)-(6)	6,000				40TH ANNUAL PUBLIC SAFETY AWARDS LUNCHEON GOLD SPONSOR + 2 TABLES - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MONTGOMERY HOSPICE 1450 RESEARCH BLVD SUITE 310 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	5,000				CORPORATE PARTNERS IN THE YEAR OF 2014 - (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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 INC DBA TELEMUNDO WZDC2775 SOUTH QUINCY STREET STE 100 ARLINGTON,VA 22206	54-1695248	N/A	5,000				TELEMUNDO EXPO SPONSOR, FIESTA DE LAS MADRES - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC 12301 ACADEMY WAY ROCKVILLE,MD 20852	52-1255870	501-(C)-(3)	6,000				\$1,000 DONATION TO THE LOURIE CENTER AS A GIFT AND \$5,000 FOR THE BENEFIT AND AWARDS EVENT HELPING 4,000 CHILDREN AND FAMILIES EACH YEAR REGARDLESS OF ABILITY TO PAY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 FOUNDATION INC820 W DIAMOND AVENUE GAITHERSBURG,MD 20878	52-1216429	501-(C)-(3)	16,000				DONATIONS MADE TO A GOLF TOURNAMENT , WITH ALL THE PROCEEDS OF THIS EVENT GOING TOWARDS CRITICAL NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 FOUNDATION INC820 W DIAMOND AVENUE GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	132,140				FACILITY RENT FOR SPACE AT THE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
STATE OF MARYLAND4201 PATTERSON AVE BALTIMORE, MD 21215	52-6002033	STATE OF MARYLAND	25,000				\$10,000 FOR PARTIALLY COVER EXPENSES RELATED TO THE RESPIRATORY THERAPY PROGRAM THE COOPERATIVE PROGRAM BETWEEN SALISBURY UNIVERSITY AND THE UNIVERSITY SYSTEM OF MARYLAND'S REGIONAL CENTER, THE UNIVERSITIES AT SHADY GROVE, IN ORDER TO SUPPORT ENROLLMENT AND GRADUATION OF STUDENTS FROM THIS PROGRAM AND BETTER THEIR EXPERIENCE IN CLINICAL ROTATIONS \$15,000 WAS TOWARDS THE FUND, "SHADY GROVE ADVENTIST HOSPITAL OPERATING SCHOLARSHIP FOR THE HEALTH PROFESSIONS", AND THE PURPOSE OF THE FUND IS TO PROVIDE SCHOLARSHIPS FOR STUDENTS ATTENDING THE UNIVERSITIES AT SHADY GROVE AND STUDYING PROGRAMS RELATED TO ALLIED HEALTH PROFESSIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 INC5301 TUKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	10,000				ANNUAL SPRING GALA "NOCHE DE PASION" TABLE SPONSOR - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TECHNOLOGY COUNCIL OF MARYLAND9210 CORPORATE BLVD STE 470 ROCKVILLE,MD 20850	20-4950778	501-(C)-(6)	12,000				PLATINUM SPONSOR OF THE TCM INDUSTRY AWARD, WHICH HONORS THE BEST IN THE MID-ATLANTIC AREA'S LIFE SCIENCE AND TECHNOLOGY COMMUNITIES TCM RECOGNIZES EXECUTIVES, BUSINESSES AND INNOVATIVE TECHNOLOGY DEVELOPED IN MARYLAND AND THE SURROUNDING REGIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 HOSPITAL FOUNDATION INC7600 CARROLL AVENUE TAKOMA PARK,MD 20912	52-1692158	501-(C)-(3)	10,000				DONATIONS MADE TO TWO SPECIAL FUNDRAISING EVENTS, A BLACK TIE GALA AND A GOLF TOURNAMENT, WITH ALL THE PROCEEDS OF THESE EVENTS GOING TOWARDS CRITICAL NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 HOSPITAL FOUNDATION INC7600 CARROLL AVENUE TAKOMA PARK,MD 20912	52-1692158	501-(C)-(3)	158,966				CONSULTING SERVICES PROVIDED TO WAH-RELATES TO LAUNCHING AN ONLINE FUNDRAISING SERVICE & MAJOR GIFT FUNDRAISING SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 AVENUE TAKOMA PARK,MD 20912	52-0643528	501-(C)-(3)	9,000				POTTY AND SANITARY STATIONS SPONSOR AT 2014 FAMILY FUN FESTIVAL (\$2,500), \$5,000 TO SUPPORT WAU VISIONARIES GALA AT THE BRONZE LEVEL , \$1,500 FOR JARRETT SMITH'S PROGRAM FOR THE CITY OF TAKOMA PARK - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY/SEVENTH-DAY ADVENTIST PARTNERSHIPS)

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Questions Regarding Compensation

	Yes	No
<div><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 checked="" 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>		
<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 of the expenses described above? If "No," complete Part III to explain</div></div>		No
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><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>		
<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>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></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>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<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>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><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>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><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></div>		No
<div><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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><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></div>		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ADVENTIST HEALTHCARE DOES NOT HAVE A WRITTEN POLICY REGARDING REIMBURSEMENT OR PROVISION OF A CLUB EXPENSES. HOWEVER, ADVENTIST HEALTHCARE OWNS A CORPORATE MEMBERSHIP AT A LOCAL GOLF CLUB, IN WHICH THREE ADVENTIST HEALTHCARE EMPLOYEES CAN BE DESIGNATED TO USE THE FACILITIES. CLUB EXPENSES ARE PAID BY ADVENTIST HEALTHCARE, BUT ARE TREATED AS TAXABLE INCOME TO THE RESPECTIVE ADVENTIST HEALTHCARE EMPLOYEES, SUBJECT TO FEDERAL AND STATE TAX WITHHOLDINGS. THE CLUB EXPENDITURES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, IN ACCORDANCE WITH IRS INTERMEDIATE SANCTION GUIDELINES.
PART I, LINE 3	COMPENSATION DEFINED. THE COMPENSATION REPORTED FOR THE EMPLOYEES SET FORTH ON SCHEDULE J IS COMPRISED OF THE FOLLOWING: BASE COMPENSATION INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN ADVANCE, CONTINGENT ONLY UPON THE 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, TAXABLE PAYABLE PAY, AND SEVERANCE, AS APPLICABLE. NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT PREMIUM), AND 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, QUALIFIED NON-TAXABLE EMPLOYEE MOVING REIMBURSEMENTS, ETC. PAY PRACTICE. ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL OF ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE. AS APPLICABLE, THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES RETURNS. INDEPENDENT GUIDELINES. WHEN SETTING COMPENSATION FOR THE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES, ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFEGUARDS EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND BENEFITS FOR COMPARABLE SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN) OF THE MARKET. PAY PHILOSOPHY. FOR ALL ADVENTIST HEALTHCARE EMPLOYEES INCLUDING THOSE LISTED ON SCHEDULE J, THE GOAL OF ADVENTIST HEALTHCARE IS TO OFFER COMPETITIVE SALARIES IN ORDER TO ATTRACT, HIRE AND RETAIN QUALIFIED AND TALENTED INDIVIDUALS MAINTAINING A QUALITY AND STABLE WORKFORCE HAS A POSITIVE IMPACT ON THE WORKPLACE AND ON THE CARE PROVIDED TO OUR PATIENTS/RESIDENTS AND THEIR FAMILIES. IN GENERAL, NON-EXECUTIVE EMPLOYEES ARE COMPENSATED UTILIZING THE FULL WAGE SCALE FOR THEIR RESPECTIVE POSITIONS, COMPARED TO THE MARKET. HOWEVER, EXECUTIVES ARE GENERALLY LIMITED TO THE MEDIAN OF THE MARKET FOR THEIR RESPECTIVE POSITIONS.
PART I, LINES 4A-B	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: TERRY FORDE \$170,890; JAMES G. LEE \$114,984; JOHN SACKETT \$99,987; ERIK WANGSNESS \$15,399; JASON C. COE \$37,716; PATRICK GARRETT \$82,821; SUSAN L. GLOVER \$43,040; MARTA BRITO PEREZ \$61,838; KEVIN YOUNG \$51,598; BRENT REITZ \$35,895; KEITH BALLENGER \$21,399; AMY CARRIER \$43,495; THOMAS GRANT \$20,059; KEVIN SMOTHERS \$80,264; KENNETH B. DESTEFANO \$41,865; RANDALL WAGNER, MD \$72,981; EUNMEE SHIM \$33,704; DANIEL L. COCHRAN \$49,258. ALSO, IN 2014, SEVERANCE PAYMENTS WERE MADE TO DENNIS DUANE HANSEN \$345,341.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM G ROBERTSON, SEPARATED PRESIDENT & CEO	(i) (ii)	314,088 0	120,960 0	22,969 0	9,523 0	6,690 0	474,230 0	0 0
1 TERRY FORDE, PRESIDENT & CEO	(i) (ii)	723,723 0	67,320 0	195,559 0	12,850 0	19,770 0	1,019,222 0	0 0
2 JAMES G LEE, EVP & CFO	(i) (ii)	479,315 0	61,073 0	119,864 0	13,000 0	6,661 0	679,913 0	0 0
3 JOHN SACKETT, EVP & COO OF AHC & PRESIDENT OF SGMC	(i) (ii)	483,015 0	92,219 0	105,011 0	13,000 0	25,192 0	718,437 0	0 0
4 ERIK WANGSNESS, PRESIDENT, WAH	(i) (ii)	86,621 0	0 0	175,840 0	2,631 0	3,513 0	268,605 0	0 0
5 JOYCE L NEWMYER, SEPARATED PRESIDENT, WAH	(i) (ii)	170,304 0	42,075 0	37,637 0	8,631 0	9,082 0	267,729 0	0 0
6 JASON C COE, PRESIDENT, HRMC	(i) (ii)	271,520 0	35,114 0	41,224 0	13,000 0	29,867 0	390,725 0	0 0
7 PATRICK GARRETT, SVP & PHYSICIAN INTEGRATION	(i) (ii)	365,490 0	29,855 0	88,410 0	8,677 0	20,324 0	512,756 0	0 0
8 SUSAN L GLOVER, SVP & SYSTEM QUALITY	(i) (ii)	267,226 0	33,915 0	47,323 0	13,000 0	19,550 0	381,014 0	0 0
9 MARTA BRITO PEREZ, SVP & CHIEF HR OFFICER	(i) (ii)	307,944 0	32,865 0	67,506 0	13,000 0	15,301 0	436,616 0	0 0
10 KEVIN YOUNG, PRESIDENT, BHWS	(i) (ii)	278,838 0	64,868 0	55,495 0	10,496 0	19,565 0	429,262 0	0 0
11 BRENT REITZ, PRESIDENT, ARHM	(i) (ii)	226,361 0	19,814 0	38,928 0	11,287 0	22,615 0	319,005 0	0 0
12 KEITH BALLENGER, VP, HOME HEALTH	(i) (ii)	164,870 0	23,808 0	29,366 0	8,256 0	19,429 0	245,729 0	0 0
13 AMY CARRIER, VP, BUS DEVELOPMENT & STRATEGIC PLA	(i) (ii)	220,162 0	18,361 0	45,189 0	6,511 0	12,366 0	302,589 0	0 0
14 THOMAS GRANT, VP, PUBLIC RELATIONS & MARKETING	(i) (ii)	172,599 0	25,707 0	23,086 0	8,880 0	19,435 0	249,707 0	0 0
15 KEVIN SMOTHERS, VP & CMO	(i) (ii)	393,787 0	75,784 0	86,230 0	12,850 0	17,637 0	586,288 0	0 0
16 KENNETH B DESTEFANO, VP & GENERAL COUNSEL	(i) (ii)	334,278 0	34,476 0	68,389 0	13,000 0	19,470 0	469,613 0	0 0
17 RANDALL WAGNER, VP & CMO, WAH	(i) (ii)	332,306 0	29,699 0	77,640 0	8,523 0	395 0	448,563 0	0 0
18 EUNMEE SHIM, VP, OPERATIONS	(i) (ii)	211,736 0	42,844 0	36,899 0	7,674 0	21,983 0	321,136 0	0 0
19 DANIEL L COCHRAN, VP & CFO, SGMC	(i) (ii)	265,419 0	54,060 0	53,012 0	13,000 0	13,639 0	399,130 0	0 0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 DENNIS DUANE HANSEN, FORMER PRESIDENT, SGMC	(i)	0	0	0	15,533	356,829	0
	(ii)	0	341,2960	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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 (2005 A)	52-0936091	574217VS1	12-20-2005	78,000,000	SEE PART VI		X		X		X
B	MHHEFA (2011 A)	52-0936091	574218CH4	09-01-2011	57,508,761	SEE PART VI		X		X		X
C	MHHEFA (2011 B)	52-0936091	NONEAVAIL	09-01-2011	59,980,000	SEE PART VI		X		X		X
D	MHHEFA (2013)	52-0936091	NONEAVAIL	06-12-2013	15,623,500	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	79,853,550		57,508,761		59,980,000		15,623,500	
4	Gross proceeds in reserve funds			5,858,203					
5	Capitalized interest from proceeds	4,537,581							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	691,085		909,734		550,992			
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			53,581,715		59,429,008		15,623,500	
12	Other unspent proceeds								
13	Year of substantial completion	2007		2005		2005		1982	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 910 %		3 010 %		2 870 %	
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 %		0 %	
6	Total of lines 4 and 5	0 %		0 910 %		3 010 %		2 870 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X	X		X			X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	DEUTSCHE BANK							
c	Term of hedge	30 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
ENTITY 1 - PART I BOND ISSUES	A (A) ISSUER NAME MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) (F) DESCRIPTION OF PURPOSE SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT - SHADY GROVE (SG) TOWER, RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT, POWER PLANT, ROAD AND ENTRANCEWAY, SIGNAGE AND PARKING, OTHER ROUTINE CAPITAL PROJECTS, B (A) ISSUER NAME MHHEFA (F) DESCRIPTION OF PURPOSE REFUNDING SERIES 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05 CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SG, ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER EQUIPMENT AT WAH, SG, ABH, AND SG NURSING AND REHABILITATION CENTER, REFINANCE A LINE OF CREDIT, FINANCE AND REFINANCE, A PORTION OF THE EXISTING FACILITIES OF ADVENTIST REHABILITATION HOSPITAL OF MARYLAND (ARHM), ACQUISITION OF LIFE SCIENCES LAND, CONSTRUCTION, RENOVATIONS, PARKING LOTS, FENCES, WALKWAYS, AND LANDSCAPING FOR THE INSTITUTION, ARHM, AND SG NURSING, EQUIPMENT FOR ARHM AND SG NURSING, PLANNING AND DESIGN COSTS RELATED TO SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM, C (A) ISSUE NAME MHHEFA (F) DESCRIPTION OF PURPOSE REFUNDING OF 2004 A AND 2005 B FINANCE AND REFINANCE EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCE OR REFINANCE CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM, ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF ARHM AND WAH, RENOVATION TO WAH AND SG D (A) ISSUE NAME MHHEFA (F) DESCRIPTION OF PURPOSE REFUND OF 2003 A BONDS REFUND 1991 A FOR THE "1991 A-1 PROJECT" - PROJECTS FINANCED OR REFINANCED WITH THE PROCEEDS OF THE 1983 BONDS, INCLUDING CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT WAH, PART II, COLUMN A THE 2005 A BOND ISSUE WAS OFFERED AT \$78,000,000 00, BUT AS THIS ISSUE WAS FOR A CONSTRUCTION PROJECT, THE PROCEEDS EARNED INTEREST IN A CONSTRUCTION FUND THE PROCEEDS, THEREFORE, WERE MORE THAN THE ISSUING PRICE PART II, COLUMN B 2011 A HAS A RESERVE FUND VALUED AT \$5,858,203 09 AS OF 12/31/2014 THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUND OF THE 2003A BONDS WHICH WAS COMBINED WITH THE 2011 A RESERVE FUND ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE

Return Reference	Explanation
ENTITY 2 - PART I BOND ISSUES	A (A)ISSUER NAME MHHEFA (F) DESCRIPTION OF PURPOSE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) F/K/A SHADY GROVE ADVENTIST HOSPITAL - CAF AND KITCHEN SANITARY PIPING CHANGES, PIXUS EXPANSION, INTERIOR WAY/EXTERIOR WAY FINDING, SGMCM BASED IT PROJECTS (GE VIEWPOINT, I-HEAL, AEROScout), BUILD OUT OF EXISTING SHELL, RENOVATION IN PLACE OF EXISTING PHARMACY AND IV PREP ROOMS, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (AHC-WAH) F/K/A WASHINGTON ADVENTIST HOSPITAL - ULTRASOUND EQUIPMENT, AHC-WAH CERTIFICATE OF NEED EXPENSES

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE INC

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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 MHFEFA (2014 A)	52-0936091	NONEAVAIL	02-26-2014	25,000,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	25,000,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	168,000							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	24,832,000							
12	Other unspent proceeds								
13	Year of substantial completion	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 030 %							
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 %							
6	Total of lines 4 and 5	0 030 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization ADVENTIST HEALTHCARE INC	Employer identification number 52-1532556
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶ \$	

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total	▶ \$			
-------	------	--	--	--

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY PARGAMENT ESQ	TRUSTEE	355,023	LEGAL SERVICES		No
(2) DREWRY J WHITE MD	TRUSTEE	661,753	EMERGENCY DEPARTMENT SERVICES		No

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization ADVENTIST HEALTHCARE INC	Employer identification number 52-1532556
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Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	<p>IN 2014, WASHINGTON ADVENTIST HOSPITAL AND COMMUNITY CLINIC, INC FORGED AN INNOVATIVE PARTNERSHIP AND OPENED A NEW CLINIC ON THE HOSPITAL'S CAMPUS INTENDED TO IMPROVE ACCESS TO PRIMARY AND PREVENTIVE CARE FOR UNINSURED AND UNDER-INSURED PATIENTS. THE PARTNERSHIP MAKES IT POSSIBLE TO SPECIFICALLY HELP, THROUGH DISCHARGE AND TRANSITION PLANNING, UNDERSERVED PATIENTS AT HIGH RISK OF HOSPITAL READMISSION. IN ADDITION TO PROVIDING SERVICES TO THOSE MOST IN NEED, ADVENTIST HEALTHCARE ALSO PROVIDES SPECIALIZED SERVICES SUCH AS THE SHADY GROVE MEDICAL CENTER FORENSIC MEDICAL UNIT. THIS UNIT, WHICH IS THE ONLY ONE IN MONTGOMERY COUNTY, PROVIDES FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT AND ABUSE. SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITAL ARE ALSO ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN. FOR THE PAST EIGHT YEARS, THE ADVENTIST HEALTHCARE GERMANTOWN EMERGENCY CENTER IN GERMANTOWN, MARYLAND, HAS BROUGHT VITAL EMERGENCY SERVICES TO A FAST-GROWING COMMUNITY 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. SINCE IT HAS OPENED, THE CENTER HAS TREATED AN AVERAGE OF 35,000 EMERGENCY PATIENTS EACH YEAR. OUR GERMANTOWN SERVICES ALSO FEATURE THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER (LEGALLY KNOWN AS ADVENTIST CANCER CARE, LLC) AT GERMANTOWN ON SENECA MEADOWS PARKWAY. RADIATION ONCOLOGY IS AN INTEGRAL CONTRIBUTOR TO THE OVERALL CARE OF 60-65% OF PATIENTS WITH CANCER THROUGHOUT THEIR CONTINUUM OF CARE. EVALUATIONS OF PATIENTS' CONDITION ARE OFFERED AT LEAST WEEKLY, WITH HIGHLY TRAINED STAFF AVAILABLE 24/7. THE AMERICAN COLLEGE OF RADIOLOGY (ACR) HAS AWARDED RADIATION ONCOLOGY ACCREDITATION TO THE CENTER. PATIENTS WON'T FIND THIS LEVEL OF CARE IN RADIATION THERAPY AT MOST FACILITIES, ONLY 15 PERCENT OF CENTERS ARE ACR ACCREDITED.</p> <p>3. PROMOTE HEALTH EQUITY AND WELLNESS. COMMUNITIES SERVED BY ADVENTIST HEALTHCARE THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY, EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL WELLBEING. TO REALIZE OUR VISION, THE CENTER FOR HEALTH EQUITY & WELLNESS ENSURES THE DELIVERY OF POPULATION-BASED CARE AND PROMOTION OF HEALTH CARE EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. WE ACCOMPLISH OUR MISSION BY PARTNERING WITH COMMUNITY MEMBERS AND ORGANIZATIONS TO IMPLEMENT HEALTH EQUITY AND COMMUNITY WELLNESS APPROACHES THAT IMPROVE POPULATION HEALTH. IN 2014, WE PROVIDED MORE THAN 130,000 ENCOUNTERS IN THE PROMOTION OF COMMUNITY HEALTH AND WELLNESS.</p> <p>CENTER FOR HEALTH EQUITY AND WELLNESS - A REAS OF EXPERTISE INCLUDE:</p> <ul style="list-style-type: none">> CULTURAL COMPETENCE TRAINING FOR HEALTH PROFESSIONALS,> COMMUNITY OUTREACH THROUGH HEALTH SCREENINGS AND EDUCATION,> INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF,> ORGANIZATIONAL HEALTH EQUITY ASSESSMENT AND STRATEGIC PLANNING,> DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY HEALTH NEEDS ASSESSMENTS,> COMMUNITY BENEFIT REPORTING,> PROGRAM DEVELOPMENT AND RESEARCH, <p>ALIGNING THESE AREAS ALLOWS ADVENTIST HEALTHCARE TO ENHANCE ITS POSITION IN THE REGION AND NATIONALLY AS THE LEADER IN PROVIDING POPULATION-BASED AND EQUITABLE CARE THROUGHOUT THE CARE CONTINUUM, FROM BIRTH TO DEATH, FROM INPATIENT TO OUTPATIENT. IN ADDITION, THE CENTER FOR HEALTH EQUITY & WELLNESS IS A CATALYST FOR CONNECTING OUR HOSPITALS, URGENT CARE SERVICES, HOME CARE, MEDICAID HEALTH PLAN, PHYSICIAN PRACTICES AND OTHER SERVICES TO ALL OUR COMMUNITIES. OUR PROGRAMS ARE DESIGNED TO NOT ONLY PROMOTE ADVENTIST HEALTHCARE AS A HIGH-QUALITY, HEALTH CARE PROVIDER TO THOSE WE SERVE, BUT TO HELP ADVENTIST HEALTHCARE BECOME A PROVIDER OF CHOICE FOR RESIDENTS IN THE REGION. THE CENTER FOR HEALTH EQUITY & WELLNESS BRINGS TOGETHER THE ADVENTIST HEALTHCARE CENTER ON HEALTH DISPARITIES AND THE ADVENTIST HEALTHCARE HEALTH AND WELLNESS DEPARTMENT. THE CENTER ON HEALTH DISPARITIES WAS ESTABLISHED IN 2007 TO HELP ACHIEVE HEALTH EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. BY RAISING COMMUNITY AWARENESS, IMPROVING CAPACITY, AND DEVELOPING SOLUTIONS TO ELIMINATE LOCAL DISPARITIES IN HEALTH CARE, THE CENTER ON HEALTH DISPARITIES HAS WORKED TO IMPROVE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR MINORITIES, WOMEN, AND PEOPLE WHO HAVE LANGUAGE BARRIERS OR OTHER COMMUNICATION NEEDS. THE HEALTH AND WELLNESS DEPARTMENT HAS LONG WORKED WITH AHC HEALTH PROGRAMS, SUCH AS CARDIOVASCULAR, DIABETES, CANCER, AND MATERNAL AND CHILD HEALTH, TO RAISE AWARENESS OF HEALTH ISSUES, TO SCREEN FOR VARIOUS CONDITIONS, AND TO OFFER EDUCATIONAL AND SUPPORT PROGRAMS TO COMMUNITY MEMBERS. THE CENTER FOR HEALTH EQUITY & WELLNE</p>

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2	3) COMMUNITY HEALTH AND OUTREACH - COLLABORATES WITH ADVENTIST HEALTHCARE'S HOSPITAL LEADERSHIP TO PROVIDE COMMUNITY OUTREACH AND HEALTH EDUCATION FOR SENIORS, ADULTS, TEENS AND FAMILIES DEVELOPS AND IMPLEMENTS RECOMMENDATIONS FROM COMMUNITY HEALTH NEEDS ASSESSMENT TO IMPROVE HEALTH OUTCOMES PARTNERS WITH ACADEMIC INSTITUTIONS TO PROVIDE MEANINGFUL INTERNSHIP EXPERIENCES TO HELP RECRUIT AND DEVELOP FUTURE HEALTH CARE PROFESSIONALS COORDINATES LANGUAGE ACCESS POLICIES, PROGRAMS AND SERVICES TO MEET THE COMMUNICATION NEEDS OF DEAF AND HARD-OF-HEARING PATIENTS AND PATIENTS WITH LIMITED ENGLISH PROFICIENCY COORDINATES COMMUNITY DONATIONS AND SPONSORSHIPS THROUGH THE ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND > OVERSEE LANGUAGE ACCESS SERVICES FOR ADVENTIST HEALTHCARE (E G , QUALIFIED BILINGUAL STAFF, INTERPRETATION AND TRANSLATION VENDORS), > DEVELOP HOSPITAL AND ORGANIZATIONAL POLICIES AND PROCEDURES RELATED TO PROVISION OF CULTURALLY AND LINGUISTICALLY COMPETENT CARE, AND TRAIN PROVIDERS/STAFF ACCORDINGLY, > RESEARCH, ANALYZE AND WRITE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) FOR EACH HOSPITAL AND FACILITATE THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF CORRESPONDING STRATEGIC PLANS, > PROVIDE HEALTH EDUCATION ON VARIOUS TOPICS INCLUDING NUTRITION, EXERCISE, MATERNAL/CHILD HEALTH, SAFETY, AND COLD/FLU PREVENTION, > CONDUCT CPR CLASSES (INFANT AND ADULT), BABY SITTING CLASSES AND SIBLING CLASSES, > PROVIDE TOBACCO CESSATION COUNSELING, > PROVIDE A VARIETY OF HEALTH SCREENINGS (E G , BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, ETC), > COORDINATE FLU SHOT CLINICS IN A VARIETY OF COMMUNITY LOCATIONS, > ADMINISTER COMMUNITY PARTNERSHIP FUND DONATIONS, > BUILD RELATIONSHIPS WITH A WIDE RANGE OF COMMUNITY ORGANIZATIONS (E G , SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, LOW-INCOME HOUSING COMPLEXES, ETC)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SEE BY LAWS, ARTICLE II MEMBERSHIP THERE SHALL BE A SINGLE CLASS OF CONSTITUENT MEMBERS OF THE CORPORATION (INDIVIDUAL, "MEMBER", COLLECTIVELY, THE MEMBERSHIP') WHICH SHALL CONSIST OF THE DULY ELECTED MEMBERS OF THE BOARD OF DIRECTORS OF MID-ATLANTIC ADVENTIST HEALTHCARE, INC , AS THAT BOARD OF DIRECTORS MAY BE CONSTITUTED

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

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 SHALL BE RESERVED TO THE MEMBERSHIP: A THE ADOPTION, ALTERING, AMENDING OR REPLACING OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION, B THE LIQUIDATION, DISSOLUTION, WINDING UP, ABANDONMENT OF THE CORPORATION, C APPOINTMENT OF MEMBERS OF THE BOARD OF TRUSTEES FROM NOMINEES SUBMITTED BY THE BOARD OF TRUSTEES, D REMOVAL OF MEMBERS OF THE BOARD OF TRUSTEES E APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER ("CEO") OF THE CORPORATION, IN CONSULTATION WITH THE BOARD OF TRUSTEES ALL MEMBERS HAVE RIGHTS TO VOTE

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 ORGANIZATION'S FINANCE DEPARTMENT WITH THE ORGANIZATION'S OUTSIDE TAX ADVISORS. PRIOR TO FILING, ALL MEMBERS OF THE BOARD ARE PROVIDED A COPY OF THIS FORM 990 THROUGH EMAIL, WHICH LINKED TO THE COMPANY'S INTRANET WEBSITE.

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.

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.

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ORGANIZATION TRANSFER 249,155 OTHER UNRESTRICTED NET ASSETS ACTIVITY 247,284 CHANGE IN VALUE OF REMAINDER TRUST -121,207

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADVENTIST CANCER CARE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 26-2515407	OUTPATIENT CANCER CARE	MD	1,874,613	4,342,976	N/A
(2) AHC HOLDINGS 1 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	MD		5,400,000	N/A
(3) AHC HOLDINGS 2 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	DE		5,570,774	N/A
(4) ONE HEALTH QUALITY ALLIANCE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	INTEGRATED PHYSICIAN GROUP	MD		-346,571	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 entity?	
						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) Disproprtionate 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 LLC 20410 OBSERVATION DR STE 104 GERMANTOWN, MD 20876 20-4395818	OUTPATIENT IMAGING	MD	N/A	RELATED	426,795	1,230,674		No			No	50 000 %
(2) SHADY GROVE MEDICAL BUILDING LLC 1650 TYSONS BOULEVARD STE 820 MCLEAN, VA 22102 27-4599411	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	169,959	791,377		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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PREMIER MEDICAL NETWORK INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1952469	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE INC	C	125	19,737	50 000 %		No
(2) CLARKSBURG COMMUNITY HOSPITAL INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 27-2330124	HOLDS PROPERTY FOR FUTURE NON-PROFIT HOSPITAL	MD	ADVENTIST HEALTHCARE INC	C			100 000 %		No
(3) WASHINGTON ADVENTIST HOSPITAL INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 27-2330170	HOLDS PROPERTY FOR FUTURE NON-PROFIT HOSPITAL	MD	ADVENTIST HEALTHCARE INC	C			100 000 %		No

Part V

Transactions With Related Organizations

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

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

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

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

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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

No

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ADVENTIST HEALTHCARE URGENT CARE CENTERS INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 46-1577511	CLINIC - EMERGENCY CARE	MD	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
(1) ADVENTIST HOME HEALTH SERVICES INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-0986808	HOME CARE SERVICES	MD	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC	Yes	
(2) ADVENTIST PHYSICIAN SERVICES INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-4600646	PHYSICIAN SERVICES	MD	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC	Yes	
(3) ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-1486678	REHABILITATION HOSPITAL	MD	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
(4) ADVENTIST REHABILITATION INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 30-0780513	REHABILITATION SERVICES	MD	501(C)(3)	LINE 9	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Yes	
(5) HACKETTSTOWN COMMUNITY HOSPITAL INC 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 22-6106281	HOSPITAL	NJ	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
(6) HACKETTSTOWN REGIONAL MEDICAL CENTER EMERGENCY SERVICES INC 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 27-0820164	AMBULANCE SERVICE	NJ	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL INC	Yes	
(7) HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION INC 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 22-2333410	FUNDRAISING	NJ	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL INC	Yes	
(8) MEDICAL CENTER PARTNERS INC 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 45-4789273	PHYSICIAN SERVICES	NJ	501(C)(3)	LINE 11A, I	HACKETTSTOWN COMMUNITY HOSPITAL INC	Yes	
(9) MID-ATLANTIC ADVENTIST HEALTHCARE CORPORATION 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1884153	HOLDING COMPANY	MD	501(C)(3)	LINE 9	N/A		No
(10) ADVENTIST BEHAVIORAL HEALTH FOUNDATION INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-5479860	FUNDRAISING	MD	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE INC	Yes	
(11) REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1255870	BEHAVIORAL CARE	MD	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC	Yes	
(12) SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1216429	FUNDRAISING	MD	501(C)(3)	LINE 11A, I	N/A	Yes	
(13) WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1692158	FUNDRAISING	MD	501(C)(3)	LINE 11A, I	ADVENTIST HEALTHCARE INC	Yes	
(14) WASHINGTON ADVENTIST FITNESS CENTER 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 27-4758462	WELLNESS	MD	501(C)(3)	LINE 9	ADVENTIST HEALTHCARE INC	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ADVENTIST BEHAVIORAL HEALTH FOUNDATION INC	C	40,471	FMV
ADVENTIST HOME HEALTH SERVICES INC	L	674,704	FMV
ADVENTIST HOME HEALTH SERVICES INC	Q	612,209	FMV
ADVENTIST PHYSICIAN SERVICES INC	L	265,857	FMV
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	L	1,113,477	FMV
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Q	2,091,171	FMV
HACKETTSTOWN COMMUNITY HOSPITAL INC	L	2,253,111	FMV
HACKETTSTOWN COMMUNITY HOSPITAL INC	Q	4,790,163	FMV
HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION INC	B	10,000	FMV
REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC	L	158,982	FMV
REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC	B	6,000	FMV
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	C	1,283,718	FMV
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	132,140	FMV
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	16,000	FMV
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	C	759,659	FMV
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	158,966	FMV
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	10,000	FMV