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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/foim990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
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 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 820 WEST DIAMOND AVE NO 600 City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 208781419	
		D Employer identification number 52-1532556	
		E Telephone number (301) 315-3030	
		G Gross receipts \$ 979,026,559	
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)	
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		H(c) Group exemption number ▶ 1071	
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 HEALTH-CARE NETWORK, INCLUDING ACUTE-CARE HOSPITALS, AND BRINGING WELLNESS TO THE COMMUNITY		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	6,471
6 Total number of volunteers (estimate if necessary)	6	1,028	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,571,755	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-100,745	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	3,024,743	2,042,972
	9 Program service revenue (Part VIII, line 2g)	614,223,129	644,148,402
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,274,212	2,384,461
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-442,843	-702,453
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	621,079,241	647,873,382
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,860,645	1,493,041
	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)	287,740,317	305,097,904
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶1,176,863</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	300,433,013	304,458,191
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	590,033,975	611,049,136
	19 Revenue less expenses Subtract line 18 from line 12	31,045,266	36,824,246
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		823,448,643	843,819,661
21 Total liabilities (Part X, line 26)		478,053,129	464,677,785
22 Net assets or fund balances Subtract line 21 from line 20		345,395,514	379,141,876

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

Sign Here	Signature of officer			2016-11-15	
	Date				
Paid Preparer Use Only	JAMES G LEE EXE VICE PRESIDENT AND CFO				
	Type or print name and title				
	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	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL, AND SPIRITUAL HEALING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$	497,771,047	including grants of \$	1,493,041) (Revenue \$	600,836,950)
THE MISSION OF ADVENTIST HEALTHCARE IS TO "DEMONSTRATE GOD'S CARE BY IMPROVING THE HEALTH OF PEOPLE AND COMMUNITIES THROUGH A MINISTRY OF PHYSICAL, MENTAL AND SPIRITUAL HEALING " IN MEETING THIS MISSION AND IN COMPLIANCE WITH STATE AND FEDERAL LAWS, WE PROVIDE CARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY COMPASSION IS REFLECTED IN OUR MISSION AND OUR ORGANIZATION'S COMMITMENT TO PROVIDING CONSISTENTLY HIGH LEVELS OF CHARITY AND UNCOMPENSATED CARE TO MEET THE NEEDS OF OUR COMMUNITIES, ADVENTIST HEALTHCARE CONTINUES TO INNOVATE AND EXPAND THE RANGE OF OUR SERVICES TO BUILD ON THE STRONG FOUNDATION WE HAVE LAID FOR A HEALTHY, ENGAGED COMMUNITY WE RESPOND PROACTIVELY TO VARIOUS HEALTH CARE NEEDS WITH A CONTINUUM OF EXCELLENT PROGRAMS AND WIDE-RANGING SERVICES TO MEET DIVERSE POPULATIONS AS WE STRIVE TO 1. MAINTAIN AND GROW CURRENT SERVICES, 2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE, 3. PROMOTE HEALTH EQUITY AND WELLNESS 1. MAINTAIN AND GROW CURRENT SERVICES WE CONTINUE TO GROW PROGRAMS AND SERVICES IN THE AREAS OF ONCOLOGY, HEART/CARDIAC, REHABILITATION, BEHAVIORAL HEALTH AND OTHER HEALTH CARE SERVICES SUPPORTING COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR MISSION THE BENEFIT TO THE COMMUNITY WILL BE IN SUSTAINING AND GROWING QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY LIFESTYLES FOR SENIORS, FOSTER HEALTHY FAMILIES, AND IN A HOLISTIC WAY, BUILD HEALTHIER COMMUNITIES ENHANCEMENTS TO OUR COMPREHENSIVE INPATIENT AND OUTPATIENT CANCER CARE SERVICES AT ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL AND ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (FORMERLY KNOWN AS SHADY GROVE ADVENTIST HOSPITAL) ENSURE THAT WE CONTINUE TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES THAT ARE DELIVERED WITH COMPASSION AND A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER BOTH INPATIENT AND OUTPATIENT SERVICES ARE AVAILABLE TO ACCOMMODATE A RANGE OF PATIENT NEEDS AND PREFERENCES WE CARE FOR THE WHOLE PATIENT BY OFFERING EDUCATIONAL PROGRAMS AND SPECIAL SERVICES SUCH AS NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS, SUPPORT GROUPS AND SMOKING CESSATION PROGRAMS IN 2015, FOR THE THIRD CONSECUTIVE YEAR, THE JOINT COMMISSION NAMED BOTH HOSPITALS TOP PERFORMERS ON KEY QUALITY MEASURES SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITAL WERE TWO OF ONLY 17 MARYLAND HOSPITALS AND TWO OF THREE IN MONTGOMERY COUNTY TO MAKE THIS YEAR'S LIST SHADY GROVE MEDICAL CENTER WAS RECOGNIZED FOR EXCELLENCE IN PROCESSES TO IMPROVE CARE IN SIX AREAS HEART ATTACK, HEART FAILURE, PNEUMONIA, SURGICAL CARE, CHILDREN'S ASTHMA CARE AND PERINATAL CARE WASHINGTON ADVENTIST HOSPITAL WAS ALSO RECOGNIZED FOR EXCELLENCE IN PROCESSES TO IMPROVE CARE IN SIX AREAS HEART ATTACK, HEART FAILURE, PNEUMONIA, SURGICAL CARE, IMMUNIZATION AND PERINATAL CARE ALSO IN 2015, BOTH HOSPITALS RECEIVED THE 2015 PLATINUM PERFORMANCE ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION REGISTRY-GWTG THIS RECOGNIZES THE HOSPITALS' COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART ATTACK PATIENTS ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL AND ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER WERE AMONG ONLY 319 HOSPITALS NATIONWIDE TO RECEIVE THE PLATINUM HONOR IN ADDITION, THE HOSPITALS RECEIVED TWO AWARDS FROM THE AMERICAN HEART ASSOCIATION (AHA) FOR LIFE-SAVING, HIGH-QUALITY STROKE CARE BOTH HOSPITALS EARNED GOLD PLUS QUALITY ACHIEVEMENT, WHICH RECOGNIZES THEM FOR AGGRESSIVELY TREATING STROKE PATIENTS WITH 85 PERCENT OR HIGHER COMPLIANCE TO THE CORE STANDARD LEVELS OF CARE OUTLINED BY THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR 12 CONSECUTIVE MONTHS IN ADDITION, BOTH HOSPITALS DEMONSTRATED 75 PERCENT COMPLIANCE WITH SEVEN OUT OF 10 STROKE QUALITY MEASURES DURING THE 12-MONTH PERIOD FAST EVALUATION AND TREATMENT OF STROKE PATIENTS IS CRUCIAL TO PREVENT SERIOUS BRAIN DAMAGE AND ALLOWS FOR OPTIMAL OUTCOMES THE SHADY GROVE AREA FEATURES THE AQUILINO CANCER CENTER, MONTGOMERY COUNTY, MARYLAND'S FIRST FREE-STANDING, COMPREHENSIVE CANCER CENTER MULTIDISCIPLINARY CANCER CARE TEAM MEMBERS WORK TOGETHER IN ONE FACILITY, SO PATIENTS RECEIVE SEAMLESS, COORDINATED CARE OUR PHYSICIANS CAN ALSO COLLABORATE WITH SCIENTISTS AT THE NEARBY SHADY GROVE LIFE SCIENCES CENTER AND GREAT SENECA SCIENCE CORRIDOR, WHICH MEANS PATIENTS GET ACCESS TO CLINICAL TRIALS AND CARE BASED ON THE LATEST MEDICAL RESEARCH IN 2015, THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER (COC) RECOGNIZED SHADY GROVE AS A COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM IN THE EASTERN PART OF MONTGOMERY COUNTY, ADVENTIST HEALTHCARE OPENED THE WHITE OAK BREAST CENTER IN 2014 TO HELP MEET THE COMMUNITY'S NEEDS FROM STATE-OF-THE-ART IMAGING SERVICES, SUCH AS 3D MAMMOGRAPHY, TO ONE-ON-ONE CONSULTATIONS WITH A DEDICATED BREAST SURGEON OR BREAST CERTIFIED RADIOLOGIST, TO RESOURCE AND SUPPORT FOLLOWING A BREAST CANCER DIAGNOSIS, HEALTH CARE NEEDS ARE MET INSIDE ONE CONVENIENT AND COMPREHENSIVE CENTER THIS CENTER WILL BE NEAR THE LOCATION OF THE RELOCATED WASHINGTON ADVENTIST HOSPITAL, WHICH IS CURRENTLY AWAITING STATE APPROVAL AT ITS CURRENT LOCATION IN TAKOMA PARK, MARYLAND, WASHINGTON ADVENTIST HOSPITAL HAS BEEN PROVIDING FULL-SERVICE MEDICAL AND SURGICAL CARE TO THE RESIDENTS OF EASTERN MONTGOMERY COUNTY, WESTERN PRINCE GEORGE'S COUNTY AND WASHINGTON, D.C. FOR MORE THAN 100 YEARS WHILE WASHINGTON ADVENTIST'S HISTORY REFLECTS THE SPECIAL CARE IT HAS PROVIDED FOR GENERATIONS OF FAMILIES, OF SPECIAL NOTE IS THE HOSPITAL'S CARDIAC SERVICES THE HOSPITAL WAS THE FIRST IN THE GREATER D.C. AREA TO PERFORM NUMEROUS CARDIAC PROCEDURES DATING FROM ITS FIRST HEART PROCEDURE IN 1962, INCLUDING MITRAL VALVULOPLASTY AND A NUMBER OF SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY NOT ONLY DOES WASHINGTON ADVENTIST PROVIDE SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, BUT IT ALSO IS THE BACKUP FOR MULTIPLE HOSPITALS WITH PRIMARY AND NONPRIMARY, ELECTIVE PCI PROGRAMS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM IN 2015, THE SOCIETY OF THORACIC SURGEONS (STS) AWARDED ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL A THREE-STAR RATING - THE HIGHEST POSSIBLE QUALITY RATING - FOR CORONARY ARTERY BYPASS GRAFT SURGERY (CABG) AND AORTIC VALVE REPLACEMENT SURGERY (AVR) THE STS HAS DEVELOPED A COMPREHENSIVE RATING SYSTEM FOR THE QUALITY OF CARDIAC SURGERY AMONG HOSPITALS ACROSS THE COUNTRY APPROXIMATELY 12-15% OF HOSPITALS NATIONWIDE RECEIVED A THREE-STAR RATING FOR HEART SURGERY THE RATING INCLUDES NOT ONLY OUTCOME MEASURES, BUT ALSO PROCESS MEASURES AND ADHERENCE TO EVIDENCE-BASED CARE THROUGHOUT A PATIENT'S ADMISSION THE HOSPITAL WAS ALSO GRANTED A THREE-YEAR APPROVAL WITH COMMENDATION IN FOUR AREAS BY THE AMERICAN COLLEGE OF SURGEONS (ACOS) COMMISSION ON CANCER (COC) THIS PRESTIGIOUS DESIGNATION EXEMPLIFIES THE CONTINUED HIGH-QUALITY CARE PROVIDED THROUGH THE CANCER PROGRAM THIS IS THE THIRD TIME THAT THE HOSPITAL HAS OBTAINED THIS COMMENDATION IN ADDITION TO PROVIDING THE COMMUNITY WITH HIGHLY REGARDED ACUTE-CARE SERVICES, ADVENTIST HEALTHCARE ESTABLISHED THE FIRST BEHAVIORAL HEALTH UNIT IN MONTGOMERY COUNTY IN 1949, AND REMAINS ONE OF THE LEADING PROVIDERS OF MENTAL HEALTHCARE IN THE WASHINGTON, DC METROPOLITAN AREA SINCE ITS INCEPTION, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES (FORMERLY KNOWN AS ADVENTIST BEHAVIORAL HEALTH) HAS EXPANDED TO INCLUDE SEVERAL TREATMENT CENTERS ACROSS MONTGOMERY COUNTY AS WELL AS THE EASTERN SHORE OF MARYLAND IT PROVIDES A WIDE-RANGING SPECTRUM OF SERVICES AND TREATMENT OPTIONS FOR CHILDREN, ADOLESCENTS, ADULTS AND SENIORS SERVICES ARE PROVIDED IN A VARIETY OF SETTINGS INCLUDING HOSPITAL-BASED PROGRAMS, RESIDENTIAL TREATMENT CENTERS, SCHOOL PROGRAMS, RESIDENTIAL GROUP HOMES, OUTPATIENT SERVICES AND COMMUNITY-BASED SERVICES OUR FACILITIES OFFER A HIGHLY-SKILLED, MULTIDISCIPLINARY TEAM OF PSYCHIATRISTS, SOCIAL WORKERS, CASE MANAGERS, PSYCHIATRIC NURSES, EXPRESSIVE THERAPISTS AND CHAPLAINS WHO PROVIDE COMPASSIONATE BEHAVIORAL HEALTH CARE HERE IS A SNAPSHOT OF OUR ORGANIZATION IN 2015 > 2 ACCOUNTABLE CARE ORGANIZATION, THE MID-ATLANTIC PRIMARY CARE ACO, MANAGED BY ADVENTIST HEALTHCARE, > 5 HOSPITALS, THREE ACUTE CARE AND TWO SPECIALTY, > 2,250 PHYSICIANS/MEDICAL STAFF MEMBERS, > 6,200 EMPLOYEES IN MARYLAND (APPROXIMATE), > 6,059 COVERED LIVES/PATIENT CENTERED MEDICAL HOME, > 6,743 NEWBORNS, > 25,956 SURGERIES, > 43,051 ACUTE AND SPECIALTY ADMISSIONS, > 87,061 HOME HEALTH VISITS, > 100,000 HEALTH AND WELLNESS ENCOUNTERS, > 103,285 VOLUNTEER HOURS, > 159,764 EMERGENCY VISITS, > 414,799 OUTPATIENT VISITS, > 843,600 OVERALL ENCOUNTERS (APPROX),> \$77.8 MILLION COMMUNITY BENEFIT					




















4b	(Code) (Expenses \$ 12,546,383 including grants of \$)	(Revenue \$ 43,311,452)
	<p>ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES (BH&WS), FORMERLY KNOWN AS ADVENTIST BEHAVIORAL HEALTH, IS A COMPREHENSIVE NETWORK OF MENTAL HEALTH FACILITIES PROVIDING CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES WITH LOCATIONS IN MARYLAND'S MONTGOMERY, DORCHESTER AND WICOMICO COUNTIES. BH&WS OFFERS A BROAD RANGE OF SERVICES SUCH AS ACUTE CARE, RESIDENTIAL TREATMENT, SPECIAL EDUCATION AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES, AND COMMUNITY-BASED RESIDENTIAL SERVICES IN 2015, BH&WS PROVIDED \$1,862,510 IN UNCOMPENSATED MENTAL HEALTH CARE ACROSS ITS TWO MAIN CAMPUSES. BH&WS FACILITIES OFFER A TOTAL OF 161 ACUTE CARE BEDS, 81 RESIDENTIAL TREATMENT CENTER BEDS, 32 GROUP HOME BEDS AND A FULL CONTINUUM OF OUTPATIENT SERVICES. BH&WS CARED FOR APPROXIMATELY 6,800 PATIENTS, CLIENTS AND RESIDENTS ACROSS ITS ENTITIES IN 2015. BH&WS ROCKVILLE CAMPUS THE BH&WS ROCKVILLE CAMPUS IS A NOT-FOR-PROFIT, JOINT COMMISSION ACCREDITED, 107-BED ACUTE PSYCHIATRIC TREATMENT FACILITY LOCATED IN MONTGOMERY COUNTY. COUPLED WITH AN ADDITIONAL 64-BED RESIDENTIAL TREATMENT CENTER (RTC) FOR ADOLESCENTS, BH&WS IS THE LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES IN MONTGOMERY COUNTY. THE ROCKVILLE CAMPUS ALSO PROVIDES OUTPATIENT CHEMICAL DEPENDENCY SERVICES FOR ADOLESCENTS AND ADULTS, OPERATES A PARTIAL HOSPITALIZATION PROGRAM FOR ADOLESCENTS, AND AN OUTPATIENT WELLNESS CLINIC. BH&WS' ACUTE SERVICES INCLUDE THE SPECIALIZED MAGNOLIA UNIT, A 10-BED ACUTE INPATIENT UNIT DEDICATED TO SERVING GERIATRIC ADULTS. THE UNIT PROVIDES CRITICAL STABILIZATION AND SHORT-TERM INPATIENT TREATMENT FOR OLDER ADULTS WHO EXPERIENCE SUDDEN LIFE CHANGES AND STRESSORS THAT TRIGGER DEPRESSION, ANXIETY AND OTHER CHALLENGES THAT IMPACT THEIR DAILY ACTIVITIES. THE MAGNOLIA UNIT IS THE ONLY ONE OF ITS KIND IN MONTGOMERY COUNTY. THE RIDGE SCHOOL OF MONTGOMERY COUNTY, A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION, IS LOCATED AT THE BH&WS ROCKVILLE CAMPUS AND SERVES ADOLESCENTS FROM MARYLAND AND WASHINGTON, D.C. BH&WS EASTERN SHORE CAMPUS THE BH&WS EASTERN SHORE CAMPUS IS THE REGION'S ONLY ACUTE CARE AND RESIDENTIAL MENTAL HEALTH RESOURCE FOR CHILDREN AND ADOLESCENTS. THE FACILITY OFFERS 15 ACUTE CARE BEDS AND 59 RTC BEDS. THE RIDGE SCHOOL OF THE EASTERN SHORE IS A SPECIAL AND GENERAL EDUCATION SCHOOL FOR STUDENTS IN GRADES THREE TO 12. THE SCHOOL SERVES RESIDENTS OF THE EASTERN SHORE RESIDENTIAL TREATMENT CENTER AS WELL AS DAY STUDENTS WHO LIVE IN THE LOCAL COMMUNITY. BH&WS AND PENINSULA REGIONAL MEDICAL CENTER BH&WS ENTERED INTO A PARTNERSHIP WITH PENINSULA REGIONAL MEDICAL CENTER (PRMC) IN 2015 TO MANAGE PRMC'S BEHAVIORAL HEALTH SERVICES IN THE EASTERN SHORE REGION. PRMC'S BEHAVIORAL HEALTH SERVICES INCLUDE ADULT INPATIENT AND PARTIAL HOSPITALIZATION PROGRAMS AS WELL AS OUTPATIENT SERVICES FOR CHILDREN AND ADOLESCENTS AT THE OUTPATIENT WELLNESS CLINIC IN SALISBURY. THE BEHAVIORAL HEALTH UNIT AT WASHINGTON ADVENTIST HOSPITAL THE BEHAVIORAL HEALTH UNIT OFFERS 39 ADULT INPATIENT BEDS IN ADDITION TO PARTIAL HOSPITALIZATION, AND INTENSIVE OUTPATIENT PROGRAMS AT ITS TAKOMA PARK, MARYLAND LOCATION. COMMUNITY-BASED RESIDENTIAL SERVICES BH&WS' COMMUNITY-BASED RESIDENTIAL SERVICES INCLUDES TWO HOMES FOR ADOLESCENTS AND ONE FOR ADULTS. THE ADOLESCENT HOMES, OR COTTAGES, OFFER ADOLESCENTS 13 TO 17 YEARS OF AGE A SAFE AND THERAPEUTIC RESIDENTIAL ENVIRONMENT IN WHICH TO SUPPORT THEIR TRANSITION BACK TO THEIR FAMILIES, THE COMMUNITY, AND, IN SOME CASES, INDEPENDENT LIVING. THE GROUP HOMES ARE LOCATED IN MONTGOMERY COUNTY COMMUNITIES. THE MANOR IS AN ASSISTED LIVING FACILITY IN TAKOMA PARK FOR INDIVIDUALS WITH CHRONIC AND SEVERE MENTAL ILLNESS WHO ARE UNABLE TO LIVE INDEPENDENTLY. THE FACILITY PROVIDES A SAFE AND SUPPORTIVE RESIDENTIAL ENVIRONMENT AS AN ALTERNATIVE TO LONG-TERM PSYCHIATRIC HOSPITALIZATION. COMMUNITY SERVICE BH&WS IS COMMITTED TO SERVING AS A MENTAL HEALTH RESOURCE TO FAMILIES AND BEHAVIORAL HEALTH SPECIALISTS IN THE COMMUNITIES IT SERVES. THE ORGANIZATION HAS DEDICATED SIGNIFICANT RESOURCES TO PROVIDING CONTINUING EDUCATION SYMPOSIUMS FOR CLINICIANS AS WELL AS FREE EDUCATIONAL WORKSHOPS FOR CONSUMERS. BH&WS AND ITS EMPLOYEES ALSO SPONSOR AND SUPPORT COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS.</p>	

[illegible]

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

4e	Total program service expenses ▶	510,317,430
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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		No
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.	806	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	6,471
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	1a 16		
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	1b 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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES G LEE 820 WEST DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 (301) 315-3030

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

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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,605,926	0	1,806,935

		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	No
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

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.

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 ▶ 177	
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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	967,153			
	e	Government grants (contributions)	1e	360,145			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	715,674			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			2,042,972		
Program Service Revenue	2a	ACUTE CARE	Business Code 900099	593,657,118	593,657,118		
	b	BEHAVIORAL HEALTH	900099	43,311,452	43,311,452		
	c						
	d						
	e						
	f	All other program service revenue		7,179,832	4,625,879	2,553,953	
	g	Total. Add lines 2a-2f			644,148,402		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,031,560		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real 6,494,282	(ii) Personal			
b		Less rental expenses	7,457,311				
c		Rental income or (loss)	-963,029				
d		Net rental income or (loss)		-963,029		17,802	-980,831
7a		Gross amount from sales of assets other than inventory	(i) Securities 319,838,724	(ii) Other			
b		Less cost or other basis and sales expenses	323,485,823				
c		Gain or (loss)	-3,647,099				
d		Net gain or (loss)		-3,647,099			-3,647,099
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	470,619			
b		Less cost of goods sold	b	210,043			
c		Net income or (loss) from sales of inventory . . .			260,576		260,576
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			647,873,382	641,594,449	2,571,755	1,664,206

Part IX Statement of Functional Expenses

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

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



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.	1,493,041	1,493,041		
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.	9,165,077		9,165,077	
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.	243,321,531	212,271,153	30,419,856	630,522
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,137,527	5,736,179	378,581	22,767
9	Other employee benefits.	28,102,324	21,084,898	6,950,392	67,034
10	Payroll taxes.	18,371,445	14,976,888	3,352,767	41,790
11	Fees for services (non-employees):				
a	Management.	6,777,460	4,852,834	1,924,626	
b	Legal.	1,362,843		1,362,843	
c	Accounting.	479,847		479,847	
d	Lobbying.	154,291	154,291		
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	547,625		547,625	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	83,698,914	74,544,510	8,899,189	255,215
12	Advertising and promotion.	2,032,586	243,906	1,788,680	
13	Office expenses.	43,344,026	37,807,484	5,504,916	31,626
14	Information technology.	18,626,309	13,969,732	4,656,577	
15	Royalties.				
16	Occupancy.	33,690,225	27,267,295	6,319,831	103,099
17	Travel.	1,672,871	843,899	804,330	24,642
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	765,060	415,832	349,060	168
20	Interest.	9,121,418	1,456	9,119,962	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	33,508,793	33,213,030	295,763	
23	Insurance.	5,003,159		5,003,159	
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	61,441,002	61,441,002		
b	RECRUITING	2,231,762		2,231,762	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	611,049,136	510,317,430	99,554,843	1,176,863
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		155,733	1	1,063,528	
	2	Savings and temporary cash investments		76,122,691	2	82,854,531	
	3	Pledges and grants receivable, net		809,086	3	916,244	
	4	Accounts receivable, net		87,987,045	4	80,607,982	
	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		9,810,869	7	12,843,184	
	8	Inventories for sale or use		9,145,365	8	8,829,816	
	9	Prepaid expenses and deferred charges		6,682,729	9	7,327,206	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	811,031,572			
	b	Less: accumulated depreciation	10b	422,949,905	373,762,415	10c	388,081,667
	11	Investments—publicly traded securities		137,889,131	11	142,337,123	
	12	Investments—other securities. See Part IV, line 11		10,553,133	12	8,297,298	
	13	Investments—program-related. See Part IV, line 11		67,604,975	13	61,285,501	
	14	Intangible assets		3,196,195	14	8,256,409	
	15	Other assets. See Part IV, line 11		39,729,276	15	41,119,172	
16	Total assets. Add lines 1 through 15 (must equal line 34)		823,448,643	16	843,819,661		
Liabilities	17	Accounts payable and accrued expenses		93,985,161	17	101,340,105	
	18	Grants payable			18		
	19	Deferred revenue		666,728	19	345,211	
	20	Tax-exempt bond liabilities		246,345,919	20	235,469,029	
	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		94,718,964	23	82,239,259	
	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		42,336,357	25	45,284,181	
	26	Total liabilities. Add lines 17 through 25		478,053,129	26	464,677,785	
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		344,389,003	27	378,268,670	
	28	Temporarily restricted net assets		1,006,511	28	873,206	
	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		345,395,514	33	379,141,876	
	34	Total liabilities and net assets/fund balances		823,448,643	34	843,819,661	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	647,873,382
2	Total expenses (must equal Part IX, column (A), line 25)	2	611,049,136
3	Revenue less expenses Subtract line 2 from line 1	3	36,824,246
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	345,395,514
5	Net unrealized gains (losses) on investments	5	-3,973,325
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	895,441
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	379,141,876

Part XII **Financial Statements and Reporting**

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

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

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			
DAVID E WEIGLEY CHAIRMAN	1 00	X						0	0	0
SETH BARDU CHAIR OF AUDIT & FINANCE COMMITTEES	1 00	X						0	0	0
ROBERT T VANDEMAN VICE CHAIRMAN	1 00	X						0	0	0
RENEE BATTLE-BROOKS ESQ GOVERNANCE EFFECTIVENESS COMMITTEE CHAIR	1 00	X						0	0	0
AVIS E BUCHANAN ESQ TRUSTEE	1 00	X						0	0	0
WALTER F FENNELL TRUSTEE	1 00	X						0	0	0
NANCY E HARDWICK STRATEGIC PLANNING COMMITTEE CHAIR	1 00	X						0	0	0
PATRICK J HOGAN TRUSTEE	1 00	X						0	0	0
ROSEMARIE MELENDEZ TRUSTEE	1 00	X						0	0	0
DONALD MELNICK MD TRUSTEE	1 00	X						0	0	0

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			
RICK REMMERS TRUSTEE	1 00	X						0	0	0
BRUCE C ROBERTSON PHD TRUSTEE	1 00	X						0	0	0
JAMES ROST MD TRUSTEE	1 00	X						0	0	0
WEYMOUTH SPENCE EDD TRUSTEE	1 00	X						0	0	0
DREWRY J WHITE MD QUALITY&PATIENT SAFETY COMMITTEE CHAIR	1 00	X						0	0	0
THOMAS WERNER TRUSTEE	1 00	X						0	0	0
TERRY FORDE PRESIDENT & CEO, AHC	42 00 20 00	X		X				1,225,363	0	219,138
JAMES G LEE EVP & CFO, AHC	42 00 20 00			X				662,822	0	135,961
JOHN SACKETT EVP & COO OF AHC, PRESIDENT OF SGMC	43 00 12 00			X				727,400	0	151,257
ERIK WANGSNESS PRESIDENT, WAH	44 00 6 00			X				422,561	0	114,374

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			
JASON C COE PRESIDENT, HRMC	5 00 55 00			X				393,566	0	82,998
PATRICK GARRETT SVP & PHYSICIAN INTEGRATION, AHC	20 00 40 00				X			533,450	0	116,149
SUSAN L GLOVER SVP & SYSTEM QUALITY, AHC	50 00 10 00				X			393,640	0	86,254
MARTA BRITO PEREZ SVP & CHIEF HR OFFICER, AHC	40 00				X			440,162	0	102,083
KEVIN YOUNG PRESIDENT, BHWS	38 00 12 00				X			355,784	0	88,063
BRENT REITZ VP & ADMINISTRATOR, ARHM	15 00 40 00				X			267,531	0	80,099
KEITH BALLENGER VP, HOME HEALTH	10 00 40 00				X			247,808	0	54,098
AMY CARRIER VP, BUS DEV & STRATEGIC PLANNING, AHC	40 00 5 00				X			283,069	0	21,807
THOMAS GRANT VP, PUBLIC RELATIONS & MARKETING, AHC	40 00				X			265,963	0	59,459
CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	40 00				X			351,495	0	66,979

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			
JAMES DAMRON VP & CHIEF DEVELOPMENT OFFICER, AHC	10 00 35 00				X			226,395	0	28,243
EUNMEE SHIM VP OF BUSINESS DEVELOPMENT & STRATEGIC PLANNING, A	40 00				X			325,288	0	78,908
KENNETH B DESTEFANO VP & GENERAL COUNSEL, AHC	40 00				X			478,322	0	78,593
DANIEL L COCHRAN VP & CFO, SGMC	59 00 1 00					X		373,506	0	86,298
JOAN VINCENT CHIEF NURSING OFFICER, SGMC	40 00					X		313,391	0	8,172
KEVIN SMOTHERS VP & CHIEF MEDICAL OFFICER, SGMC	40 00					X		527,724	0	120,702
RANDALL WAGNER VP & CHIEF MEDICAL OFFICER, WAH	40 00					X		494,611	0	21,829
CHERIE PARDUE DEPUTY CHIEF INFORMATION OFFICER, AHC	40 00					X		296,075	0	5,471

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V

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

1

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

☐

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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

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.

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities 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-
2				
3				
4				
5				
6				

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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		No	
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		154,291
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			154,291
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 2015, ADVENTIST HEALTHCARE, INC. WAS ENGAGED IN LOBBYING ACTIVITIES AT THE LOCAL, STATE AND FEDERAL LEVEL. ACTIVITIES INCLUDED DISCUSSIONS WITH MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY OFFICIALS ABOUT VARIOUS REGIONAL HEALTH CARE MATTERS, PARTICULARLY INVOLVING THE LOCAL HEALTH CARE SAFETY NET AND ISSUES OF ACCESS TO CARE. CONTACT WITH 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

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

☐ 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" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1
► \$

(ii)

Assets included in Form 990, Part X
► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

Part III

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

(continued)

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

2

b

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

c

Beginning balance

1c

d

Additions during the year

1d

e

Distributions during the year

1e

f

Ending balance

1f

2a

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

☐

Yes

☐

No

3

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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

☐

Yes

☐

No

(ii) related organizations

3a(ii)

☐

Yes

☐

No

b

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

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 2015 OR 2014 THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES THE CORPORATION'S FEDERAL EXEMPT ORGANIZATION RETURNS OF INCOME TAX AND ITS BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED PRIOR TO DECEMBER 31, 2012 NO LONGER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization ADVENTIST HEALTHCARE INC	Employer identification number 52-1532556
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	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 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 type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
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 type="checkbox"/> Other _____ 60000 0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	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)			18,866,483		18,866,483	3 090 %
b Medicaid (from Worksheet 3, column a)			15,561,858	13,307,334	2,254,524	0 370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			34,428,341	13,307,334	21,121,007	3 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,975,729	345,474	10,630,255	1 740 %
f Health professions education (from Worksheet 5)			1,771,073	138,474	1,632,599	0 270 %
g Subsidized health services (from Worksheet 6)			35,441,417	744,397	34,697,020	5 680 %
h Research (from Worksheet 7)			1,273,191	392,325	880,866	0 140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,063,516		1,063,516	0 170 %
j Total. Other Benefits			50,524,926	1,620,670	48,904,256	8 000 %
k Total. Add lines 7d and 7j			84,953,267	14,928,004	70,025,263	11 460 %

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
1	Physical improvements and housing		4,752		4,752	0 %
2	Economic development					
3	Community support		304,771	118,437	186,334	0 030 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		165,409	14,485	150,924	0 020 %
7	Community health improvement advocacy		2,544,087		2,544,087	0 420 %
8	Workforce development					
9	Other					
10	Total		3,019,019	132,922	2,886,097	0 470 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

2

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

2

23,899,429

3

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

3

4

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

Section B. Medicare

5

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

5

208,333,206

6

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

6

190,190,441

7

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

7

18,142,765

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system☐ Cost to charge ratio☐ Other

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

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				

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)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in 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	3 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	5 Yes	
6b 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	6a	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) a <input 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 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 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? 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?	6b	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)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	7 Yes	
	8 Yes	
	10 Yes	
	10b	No
	12a	No
	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

SHADY GROVE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No	
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 <div><div>a</div><div><input 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 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div>e</div><div><input type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
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) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
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) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url) SEE URL ON SECTION C</div><div>b</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URL ON SECTION C</div><div>c</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URL ON SECTION C</div><div>d</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input 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)</div><div>g</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

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 <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div>e</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div>			

Part V

Facility Information (continued)

SHADY GROVE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? 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 19 (check all that apply)			
a	<input 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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input 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 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)

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 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in 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	3 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	5	Yes
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	6a	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) a <input 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 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 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? 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?	6b	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)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	7	Yes
	8	Yes
	10	Yes
	10b	No
	12a	No
	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

WASHINGTON ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
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 a <input 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)	13	Yes	
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) a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input 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)	15	Yes	
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) a <input type="checkbox"/> The FAP was widely available on a website (list url) SEE URL ON SECTION C b <input type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URL ON SECTION C c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URL ON SECTION C d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input 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 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 type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input 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)	16	Yes	

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 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 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 19 (check all that apply)			
a	<input 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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input 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 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) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	3	Yes
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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) a <input type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW HRMCNJ ORG</u> b <input type="checkbox"/> Other website (list url) _____ c <input 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)	7	Yes
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>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>HTTP //WWW HRMCNJ ORG</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

HACKETTSTOWN COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
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 <div><div>a</div><div><input 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 300 000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div>e</div><div><input type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
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) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
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) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url) HTTP //WWW HRMCNJ ORG/FINANCIAL-ASSISTANCE ASP</div><div>b</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url) SAME AS LINE 16A</div><div>c</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SAME AS LINE 16A</div><div>d</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input 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)</div><div>g</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

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 <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div>e</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div>			

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 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)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input 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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input 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 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)	21	Yes
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 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) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	3	Yes
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
6 a 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) a <input 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 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)	7	Yes
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

ADVENTIST REHABILITATION HOSPITAL OF MAR

Name of hospital facility or letter of facility reporting group		Yes	No
<div>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</div>		13	Yes
<div><div>a</div><div><input 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 %</div></div>			
<div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div></div>			
<div><div>c</div><div><input type="checkbox"/> Asset level</div></div>			
<div><div>d</div><div><input type="checkbox"/> Medical indigency</div></div>			
<div><div>e</div><div><input type="checkbox"/> Insurance status</div></div>			
<div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div></div>			
<div><div>g</div><div><input type="checkbox"/> Residency</div></div>			
<div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>			
<div>14</div> <div>Explained the basis for calculating amounts charged to patients?</div>		14	Yes
<div>15</div> <div>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)</div>		15	Yes
<div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div></div>			
<div><div>b</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div></div>			
<div><div>c</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div></div>			
<div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div></div>			
<div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>			
<div>16</div> <div>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)</div>		16	Yes
<div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url)</div></div>			
<div>SEE URLS ON SECTION C</div>			
<div><div>b</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url)</div></div>			
<div>SEE URLS ON SECTION C</div>			
<div><div>c</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)</div></div>			
<div>SEE URLS ON SECTION C</div>			
<div><div>d</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div></div>			
<div><div>e</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div></div>			
<div><div>f</div><div><input 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)</div></div>			
<div><div>g</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div></div>			
<div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div></div>			
<div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>			
Billing and Collections			
<div>17</div> <div>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?</div>		17	Yes
<div>18</div> <div>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</div>			
<div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div></div>			
<div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div></div>			
<div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div></div>			
<div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div></div>			
<div><div>e</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div>			

Part V

Facility Information (continued)

ADVENTIST REHABILITATION HOSPITAL OF MAR

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? 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 19 (check all that apply)			
a	<input 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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input 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 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 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) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	3	Yes
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
6 a 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) a <input 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 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)	7	Yes
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>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? 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?	10	Yes
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input 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 type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input 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 type="checkbox"/> The FAP was widely available on a website (list url) SEE URLS ON SECTION C			
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URLS ON SECTION C			
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URLS ON SECTION C			
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input 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 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 type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input 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 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 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 19 (check all that apply)			
a	<input 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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input 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 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) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in 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	3 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	5 Yes	
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	6a	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) a <input 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 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 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	6b	No
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?	7 Yes	
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)?	8 Yes	
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	10 Yes	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	10b	No
	12a	No
	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE

Name of hospital facility or letter of facility reporting group		Yes	No
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 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 type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input 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 type="checkbox"/> The FAP was widely available on a website (list url)			
SEE URLS ON SECTION C			
b <input type="checkbox"/> The FAP application form was widely available on a website (list url)			
SEE URLS ON SECTION C			
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)			
SEE URLS ON SECTION C			
d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input 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 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 type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input 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 type="checkbox"/> None of these actions or other similar actions were permitted			

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 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 19 (check all that apply)			
a	<input 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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input 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 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

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **6**

Name and address		Type of Facility (describe)
1	1 - REGINALD S LOURIE CENTER FOR INFANTS AND CHILDREN 12301 ACADEMY WAY ROCKVILLE, MD 20852	INFANT AND YOUNG CHILDREN DEVELOPMENT CARE CENTER
2	2 - SHADY GROVE ADVENTIST RADIATION ONCOLOGY 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	OUTPATIENT CANCER TREATMENT CENTER
3	3 - ADVENTIST GERMANTOWN EMERGENCY CENTER 19731 GERMANTOWN ROAD GERMANTOWN, MD 20874	FREE STANDING ER CENTER
4	4 - ADVENTIST HOME HEALTH SERVICES 12041 BORNEFIELD WAY SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
5	5 - ADVENTIST REHABILITATION INC 831 E UNIVERSITY BOULEVARD 14 SILVER SPRING, MD 20903	REHABILITATION
6	6 - ADVENTIST HEALTHCARE URGENT CARE CENTERS 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	URGENT CARE CENTER
7		
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, ADVENTIST HEALTHCARE ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME OUR CIRCUMSTANCES COULD INCLUDE THE NEEDS OF THE PATIENT AND/OR FAMILY AND OTHER FINANCIAL RESOURCES IT IS OUR MISSION TO PROVIDE NECESSARY MEDICAL CARE TO THOSE WHO ARE UNABLE TO PAY FOR THAT CARE IN GENERAL, ADVENTIST HEALTHCARE HAS 15 LEVELS OF FINANCIAL ASSISTANCE THEY ARE AS FOLLOW - ANNUAL INCOME <= 1 0X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 00X AND <= 1 25X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 25X AND <= 1 50X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 50X AND <= 1 75X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 1 75X AND <= 2 00X OF FPL, 0% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 00X AND <= 2 25X OF FPL, 10% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 25X AND <= 2 50X OF FPL, 20% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 50X AND <= 2 75X OF FPL, 30% PATIENT RESPONSIBILITY- ANNUAL INCOME > 2 75X AND <= 3 00X OF FPL, 40% PATIENT RESPONSIBILITY- ANNUAL INCOME > 3 00X AND <= 3 50X OF FPL, 50% PATIENT RESPONSIBILITY- ANNUAL INCOME > 3 50X AND <= 4 00X OF FPL, 60% PATIENT RESPONSIBILITY- 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 PURPOSES OF PREPARING SCHEDULE H OF FORM 990, ADVENTIST HEALTHCARE CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2015 AUDITED FINANCIAL STATEMENTS THE COST TO CHARGE RATIO WAS USED TO REDUCE THE YEARLY CHARITY CARE PROVISION FROM CHARGE TO COST IN ADDITION, ADVENTIST HEALTHCARE ALSO CONSIDERED GOVERNMENT ASSESSMENTS THROUGH THE STATE'S HEALTH SERVICE COST REGULATORY AGENCY AND OTHER RELATED STATE GOVERNMENT AGENCIES ADVENTIST HEALTHCARE COMPUTED THE COMMUNITY BENEFITS BY ITS HOSPITAL FACILITIES AND AGGREGATED THE TOTAL

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 2015, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES CONSISTED OF POPULATION HEALTH INITIATIVES AND ASSISTING PHYSICIANS IN ESTABLISHING ELECTRONIC MEDICAL RECORDS (EMR) SYSTEMS, ADVOCATING ON COMMUNITY HEALTH IMPROVEMENTS THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT, REFORMING DISASTER PREPAREDNESS ACTIVITIES, CREATING HEALTH PARTNERSHIPS WITHIN THE COMMUNITY THROUGH OUR DIVISION OF THE CENTER FOR HEALTH EQUITY & WELLNESS DEPARTMENT, AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS. POPULATION HEALTH INITIATIVES & THE AMBULATORY CARE EMR SUPPORT (ACES) PROGRAM ACCOUNTABLE CARE ORGANIZATIONS (ACO). ADVENTIST HEALTHCARE HAS A 50% INTEREST IN THE MID-ATLANTIC PRIMARY CARE ACO, LLC PARTNERSHIP. THIS ACO IS A PHYSICIAN-LED MEDICARE SHARED SAVINGS PROGRAM (MSSP) IN MONTGOMERY COUNTY, MARYLAND. THE GOAL OF AN ACO IS TO DELIVER SEAMLESS, HIGH-QUALITY CARE FOR MEDICARE BENEFICIARIES IN A PATIENT-CENTERED ENVIRONMENT, WHERE THE PATIENT AND PROVIDERS ARE TRUE PARTNERS IN CARE DECISIONS. THE GOAL OF THE ACO INCLUDES, BUT IS NOT LIMITED TO, THE PROMOTION OF EVIDENCE-BASED MEDICINE, THE PROMOTION OF PATIENT ENGAGEMENT AND THE DEVELOPMENT OF AN INFRASTRUCTURE FOR NETWORK PROVIDERS AND SUPPLIERS TO INTERNALLY REPORT ON QUALITY AND COST METRICS. THIS INTERNAL REPORTING ENABLES THE ACO TO MONITOR, PROVIDE FEEDBACK AND EVALUATE ITS NETWORK PROVIDERS AND SUPPLIERS' PERFORMANCE AND TO USE THESE RESULTS TO PROVIDE BETTER CARE FOR INDIVIDUALS, IMPROVED HEALTH FOR POPULATIONS AND LOWER PER CAPITA GROWTH IN EXPENDITURES FOR MSSP ENROLLEES. CLINICALLY INTEGRATED NETWORK. ADVENTIST HEALTHCARE MANAGES THE ONE HEALTH QUALITY ALLIANCE, LLC (OHQA) PARTNERSHIP 100%, A CLINICALLY INTEGRATED NETWORK DESIGNED TO HELP PROVIDERS ENHANCE THE QUALITY OF HEALTHCARE AND LOWER TOTAL COSTS FOR THE WASHINGTON, D.C. REGION. OHQA, MANAGED BY ADVENTIST HEALTHCARE, IS AN INNOVATIVE HEALTHCARE DELIVERY NETWORK IN WHICH PARTICIPATING PRACTICES AND THEIR PATIENTS BENEFIT FROM THE VALUE CREATED BY THE ALLIANCE. PRIMARY CARE ADVENTIST PHYSICIAN SERVICES, INC. D/B/A ADVENTIST HEALTHCARE. ADVENTIST MEDICAL GROUP, IS A DIVISION OF ADVENTIST HEALTHCARE AND AN AFFILIATE OF THE GWMEDICAL FACULTY ASSOCIATES. IT INCLUDES A LARGE (18) PRIMARY CARE PHYSICIAN GROUP, COMPRISED OF 9 COMMUNITY PRACTICES IN MONTGOMERY COUNTY. THE GOAL OF THESE PRACTICES IS TO PROVIDE ACCESSIBLE, HIGH-QUALITY CARE TO THE COMMUNITY. TO ACHIEVE THIS GOAL, THE STRATEGIES INCLUDE SUPERB ACCESS TO CARE, PATIENT ENGAGEMENT IN CARE, CLINICAL INFORMATION SYSTEMS INTEGRATION AND PATIENT REGISTRY CARE COORDINATION. FURTHER, ADVENTIST MEDICAL GROUP PROVIDES A CARE MANAGEMENT INFRASTRUCTURE ACCOUNTABLE FOR ENSURING INTEGRATED MANAGEMENT OF HEALTH OUTCOMES, AS WELL AS ACHIEVEMENT OF NATIONAL QUALITY STANDARDS AT OR ABOVE THE 80TH PERCENTILE OF THE NATION. AMBULATORY CARE EMR SUPPORT (ACES) PROGRAM. ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS IS A CORE STRATEGY IN ACHIEVING ADVENTIST HEALTHCARE'S MISSION. A PROGRAM THAT ADVENTIST HEALTHCARE OFFERS, WHICH IS AT THE CORE OF ADVOCATING FOR COMMUNITY HEALTH IMPROVEMENTS, IS AMBULATORY CARE EMR SUPPORT (ACES). THE ACES PROGRAM ASSISTS COMMUNITY PHYSICIANS WITH THE ACQUISITION AND IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS (EMRS). EMRS ENHANCE PATIENTS' CARE AND MAKES PRACTICES MORE EFFICIENT. GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT. INITIATIVES THROUGHOUT 2015, ADVENTIST HEALTHCARE WAS AN ACTIVE PARTICIPANT WITHIN A NUMBER OF COMMUNITY ORGANIZATIONS AS PART OF OUR EFFORTS TO ADVOCATE FOR IMPROVEMENTS TO COMMUNITY HEALTH AND ECONOMIC DEVELOPMENT. THROUGH OUR PARTNERSHIP WITH LOCAL CHAMBERS OF COMMERCE, INCLUDING THE GAITHERSBURG-GERMANTOWN AND MONTGOMERY COUNTY CHAMBERS, WE HAVE WORKED TO SUPPORT INITIATIVES THAT PROVIDE ECONOMIC IMPROVEMENTS TO THE COMMUNITIES WE SERVE. IN 2015, WE ENGAGED IN A COMMUNITY PARTNERSHIP WITH REBUILDING TOGETHER, A LOCAL NON-PROFIT DEDICATED TO IMPROVING HOMES FOR THE LOW-INCOME POPULATION IN OUR COMMUNITY. WE WORKED WITH THEM TO IDENTIFY HOSPITAL PATIENTS WHO NEEDED HOME IMPROVEMENT MODIFICATIONS AFTER EXPERIENCING TRAUMA OR TO ELIMINATE PATHOGENS THAT WERE CAUSING THE ILLNESS. ADVENTIST HEALTHCARE HAS ALSO BEEN A FIRM ADVOCATE FOR COMMUNITY HEALTH IMPROVEMENTS THROUGH OUR ADVOCACY WORK WITH LOCAL, STATE AND FEDERAL OFFICIALS. WHETHER WORKING DIRECTLY WITH ELECTED OFFICIALS OR COMMUNITY ORGANIZATIONS, WE HAVE WORKED TO SUPPORT LEGISLATION THAT IMPROVES ACCESS TO HEALTH SERVICES, STRENGTHENS IN</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>VESTMENT IN EDUCATIONAL INSTITUTIONS, EXPANDS ACCESS TO INSURANCE AND REDUCES OVERALL HEALTHCARE SPENDING THROUGH OUR PARTNERSHIP WITH THE MARYLAND HOSPITAL ASSOCIATION, WE WORKED EXTENSIVELY ON LEGISLATION RELATED TO BEHAVIORAL HEALTH FUNDING AND SUPPORT FOR A BEHAVIORAL HEALTH TASK FORCE TO ADDRESS ISSUES AND POLICY SOLUTIONS. WE WERE ACTIVELY ENGAGED IN DISCUSSIONS TO PROVIDE GREATER ACCESS TO BEHAVIORAL HEALTH SERVICES FOR THOSE WHO NEED IT BY REDUCING BARRIERS TO ENTRY FOR CARE. DISASTER PREPAREDNESS ACTIVITIES: ADVENTIST HEALTHCARE TOOK MANY MEASURES TO ENSURE OUR COMMUNITY HOSPITALS WERE READY AND PREPARED FOR EMERGENCY SITUATIONS, SUCH AS A MEDICAL SURGE IN PATIENTS, ACTIVE SHOOTER/ARMED INTRUDER SCENARIOS AND UNFORESEEN DISASTERS. THE SAFETY MANAGEMENT AND EMERGENCY PREPAREDNESS TEAM OF EMPLOYEES SPEND OVER HALF THEIR TIME ON EMERGENCY MANAGEMENT. THIS INCLUDES MONTHLY, THREE-HOUR MEETINGS WITH THE HOSPITALS IN THE REGION AS WELL AS MONTHLY, TWO-HOUR MEETINGS WITH ALL ADVENTIST HEALTHCARE HOSPITALS AND OTHER RELATED AGENCIES IN THE COUNTY, SUCH AS MONTGOMERY COUNTY HEALTH DEPARTMENT AND THE MARYLAND INSTITUTE FOR EMERGENCY MEDICINE SERVICES. OUR TEAM PERFORMS TWO FULL SCALE EXERCISES EVERY YEAR, TO TEST OUR EMERGENCY MANAGEMENT PROGRAMS, WHICH INVOLVES THE SIMULATION OF AN EMERGENCY OR DISASTER TO WHICH WE AND THE REST OF THE REGION MUST BE READY TO RESPOND TOGETHER. ADVENTIST HEALTHCARE ALSO HAS AN ENVIRONMENT OF CARE COMMITTEE, WHICH MEETS MONTHLY AT EACH OF OUR HOSPITALS. TIME IS ALLOCATED TO DISCUSS EMERGENCY MANAGEMENT MATTERS AT THESE MEETINGS. HEALTH PARTNERSHIPS WITHIN THE COMMUNITY - THE CENTER FOR HEALTH EQUITY & WELLNESS: THE CENTER FOR HEALTH EQUITY & WELLNESS (CHEW), A DIVISION OF ADVENTIST HEALTHCARE, AIMS TO IMPROVE THE HEALTH OF COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. IT DOES THIS BY RAISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING COMMUNITY WELLNESS OUTREACH AND EDUCATION. A TEAM OF HEALTH EDUCATORS, CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS AND PUBLIC HEALTH RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE SERVE. CHEW PARTNERED WITH MANY HEALTH ORGANIZATIONS AND THE FOLLOWING IS A SUMMARY: 1) FAITH COMMUNITY NURSE NETWORK (FCN): ADVENTIST HEALTHCARE, THROUGH OUR FAITH COMMUNITIES HEALTH NETWORK, SERVES THE LOCAL COMMUNITIES OF FAITH BY "PROVIDING GUIDANCE AND EXPERTISE, EMPOWERING THEM TO BECOME PLACES OF HEALTH AND HEALING, RESULTING IN IMPROVED WHOLE PERSON HEALTH" (MISSION). OUR VISION SPEAKS TO THE PARTNERSHIP WITH COMMUNITIES OF FAITH AND TOGETHER WE CAN HELP ACHIEVE A "THRIVING CULTURE DEMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL HEALING." LASTLY, OUR COMMITMENT IS TO HELP OUR COMMUNITIES OF FAITH TO DEVELOP STRONG HEALTH MINISTRIES TO REACH THE MEMBERS AND SURROUNDING COMMUNITIES. THIS IS ACCOMPLISHED THROUGH THE ON-GOING TRAINING OF THE FAITH COMMUNITY NURSES, HEALTH MINISTERS, HEALTH TEAMS AND ADMINISTRATORS, SUPPLYING EVIDENCE-BASED EDUCATION AND TOOLS NECESSARY TO ASSESS THE NEEDS, OUTLINE LIFESTYLE STRATEGIES, IMPLEMENT HEALTH PROGRAMMING (BASED ON ASSESSMENT RESULTS), IDENTIFICATION AND MANAGEMENT OF DISEASE RISK FACTORS TO LOWER RISKS, ON-GOING MEASUREMENT AND EVALUATION OF HEALTH OUTCOMES, THEREBY INCREASING THE POTENTIAL FOR OPTIMAL HEALTH AND WHOLENESS. LOCAL CHURCHES CAN BRING A HOLISTIC PERSPECTIVE TO AN UNDERSTANDING OF HEALTH AS BEING IN HARMONY WITH ONES' SELF, ONE'S GOD, OTHERS AND THE ENVIRONMENT. THE CHURCH IS A KNOWN AND TRUSTED PLACE WHERE PEOPLE FEEL COMFORTABLE IN THEIR MOST VULNERABLE HOUR. IT IS A NATURAL "REFERENCE POINT." IT IS NOT A NEW IDEA FOR CHURCHES TO DEVELOP AND IMPLEMENT HEALTH PROGRAMS. AT ADVENTIST HEALTHCARE, WE BELIEVE THIS TO BE A NATURAL, SYMBIOTIC PARTNERSHIP. 2) INTERAGENCY COMMISSION ON HOMELESSNESS (ICH): THE INTERAGENCY COMMISSION ON HOMELESSNESS (ICH) IS A COLLABORATIVE</p>

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 THE ORGANIZATION'S AUDITED INCOME STATEMENT THE BAD DEBT EXPENSE THAT IS RECORDED IN THE GENERAL LEDGER REFLECTS THE AMOUNT OF PROVISION MANAGEMENT DEEMS NECESSARY TO REPORT PATIENT ACCOUNTS RECEIVABLE AT THEIR NET REALIZABLE VALUE IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, WE ANALYZE PAST HISTORY AND TRENDS FOR EACH MAJOR PAYER AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL COLLECTIONS

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES - NARRATIVE CONTINUED</p>	<p>HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS, AMONG OTHERS, REVIEWS THE NEEDS AND RESOURCES IN THE COUNTY AND WORKS TO SET PRIORITIES FOR IMPROVING HEALTH AND WELL-BEING THE OVERALL GOALS OF HEALTHY MONTGOMERY ARE TO IMPROVE ACCESS TO HEALTH AND SOCIAL SERVICES, ACHIEVE HEALTH EQUITY FOR ALL RESIDENTS, AND ENHANCE THE PHYSICAL AND SOCIAL ENVIRONMENT TO SUPPORT OPTIMAL HEALTH AND WELL-BEING AMONG ITS MANY ACCOMPLISHMENTS, HEALTHY MONTGOMERY HAS BEEN ABLE TO PROVIDE LOCAL LEVEL DATA THAT IS STRATIFIED BY SEX, AGE, RACE, AND ETHNICITY BY MAKING THIS DATA MORE EASILY AVAILABLE, COMMUNITY STAKEHOLDERS, ADVENTIST HEALTHCARE INCLUDED, ARE BETTER ABLE TO IDENTIFY NEEDS IN THE COMMUNITY THAT MAY HAVE OTHERWISE BEEN MASKED BY LESS GRANULAR DATA THIS ALLOWS FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION PROGRAMMING TO BE DEVELOPED ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS ADVENTIST HEALTHCARE HAS ALSO PARTNERED WITH MARYLAND PATIENT SAFETY CENTER (MPSC) AND WASHINGTON ADVENTIST UNIVERSITY (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 ADVENTIST HEALTHCARE HAS PARTNERED WITH OTHER VITAL ORGANIZATIONS, SUCH AS THE COLUMBIA UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS (COLUMBIA UNION) COLUMBIA UNION OVERSEES ADVENTIST ORGANIZATIONS IN MARYLAND, VIRGINIA, NEW JERSEY, DELAWARE, AND WASHINGTON D C TOGETHER WITH ADVENTIST HEALTHCARE, IT HELPS PROMOTE THE IMPORTANCE OF HEALTH AND WELLNESS THROUGHOUT ITS REGION ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY BUILDING ACTIVITIES IN 2016 PROVIDING COMMUNITY BUILDING ACTIVITIES IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION</p>

Form and Line Reference	Explanation
PART III, LINE 4	<p>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</p>

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

Form and Line Reference	Explanation
PART III, LINE 9B	<p>ADVENTIST HEALTHCARE PROVIDES QUALITY MEDICAL SERVICES REGARDLESS OF A PATIENT'S ABILITY TO PAY, RACE, CREED, SEX, AGE, NATIONAL ORIGIN OR FINANCIAL STATUS OUR FINANCIAL ASSISTANCE POLICY ENCOURAGES PATIENTS AND THEIR REPRESENTATIVE TO COOPERATE WITH (AND AVAIL THEMSELVES OF) ALL AVAILABLE PROGRAMS (INCLUDING MEDICAID, WORKERS COMPENSATION, AND STATE AND LOCAL PROGRAMS) WHICH MIGHT PROVIDE COVERAGE OUR REGISTRATION, FINANCIAL COUNSELORS, CUSTOMER SERVICE, AND COLLECTION STAFF ARE THOROUGHLY FAMILIAR WITH THE CRITERIA AND PROCESS OF FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE PROCESS AND COLLECTION PROTOCOL ARE WELL DEFINED WITH MANAGERS AVAILABLE TO GUIDE AND HANDLE EXCEPTION SITUATION OUTSOURCED AGENCIES AND COLLECTIONS FIRMS ARE EXPECTED TO ADHERE TO ADVENTIST HEALTHCARE'S POLICY WITHOUT EXCEPTION BAD DEBT, CHARITY AND ADMINISTRATIVE WRITE-OFF ARE CLEARLY DEFINED WITH PRE-DETERMINED AUTHORIZATION LEVELS DEPENDING ON THE MAGNITUDE GRANTED ADVENTIST HEALTHCARE ALSO REVISES ITS FINANCIAL ASSISTANCE POLICY AS FEDERAL GOVERNMENT AND/OR STATE GOVERNMENT REVISE THEIR POVERTY GUIDELINES</p>

Form and Line Reference	Explanation
PART V, SECTION A, PRIMARY WEBSITE ADDRESSES	FACILITY 1 ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTERHTTP //WWW ADVENTISTHEALTHCARE COM/LOCATIONS/SHADY-GROVE-MEDICAL- CENTER/FACILITY 2 ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITALHTTP //WWW ADVENTISTHEALTHCARE COM/LOCATIONS/WASHINGTON- ADVENTIST-HOSPITAL/FACILITY 4 ADVENTIST REHABILITATION HOSPITAL OF MARYLANDHTTP //WWW ADVENTISTHEALTHCARE COM/LOCATIONS/PHYSICAL-HEALTH- REHABILITATION/FACILITIES 5 & 6 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES ROCKVILLE & EASTERN SHOREHTTP //WWW ADVENTISTHEALTHCARE 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, ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION, AND ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, FORMED A COMMUNITY BENEFIT COUNCIL (CBC) IN 2011 TO GUIDE AND LEAD ITS COMMUNITY BENEFIT ACTIVITIES, INCLUDING CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENTS. THE COMMUNITY BENEFIT COUNCIL HAS REPRESENTATION FROM EACH OF THE FIVE HOSPITAL ENTITIES AS WELL AS ADDITIONAL KEY SYSTEM-WIDE DEPARTMENTS SUCH AS FINANCE, POPULATION HEALTH AND THE CENTER FOR HEALTH EQUITY AND WELLNESS (THE CENTER). THE COUNCIL IS CHAIRED BY MARILYN LYNK, PHD, EXECUTIVE DIRECTOR OF THE CENTER. AS A STARTING POINT FOR ASSESSING THE HEALTH NEEDS OF THE COMMUNITY, THE COMMUNITY BENEFIT COUNCIL DECIDED TO RESEARCH TOPICS IN ALIGNMENT WITH MONTGOMERY COUNTY'S "HEALTHY MONTGOMERY" FOCUS AREAS OF CANCER, CARDIOVASCULAR DISEASES, DIABETES, MATERNAL & INFANT HEALTH, BEHAVIORAL HEALTH, AND OBESITY. THE COMMUNITY BENEFIT COUNCIL ALSO DECIDED TO RESEARCH ADDITIONAL TOPICS OF INTEREST TO THE HOSPITALS AND THE COMMUNITIES SERVED INCLUDING ASTHMA, INFLUENZA, HIV/AIDS, SENIOR HEALTH, INCOME AND POVERTY, ACCESS TO CARE/HEALTH INSURANCE COVERAGE, FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION. THE TOPICS INCLUDED IN THE COMMUNITY HEALTH NEEDS ASSESSMENTS WERE REVIEWED, DISCUSSED AND APPROVED BY THE COMMUNITY BENEFIT ADVISORY BOARD AND BY THE BOARDS OF EACH ENTITY SINCE 2006, ADVENTIST HEALTHCARE HAS REGULARLY CONVENED AN ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS. THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL (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 DI</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>SEASE AND STROKE, AND CANCER THE REPORT INCORPORATED DESCRIPTIVE FINDINGS FROM NATIONAL, STATE AND COUNTY-LEVEL DATABASES ON THE RACIAL AND ETHNIC MAKEUP OF THE POPULATION, THE PR EVALENCE 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 SU RVEY AND PROFILES OF GENERAL POPULATION AND HOUSING CHARACTERISTICS TO PRODUCE A BROAD DEM OGRAPHIC OVERVIEW BY COUNTY, RACE, AND ETHNICITY IN MARYLAND, THE CENTER PRODUCED DESCRIPTIVE TABULATIONS BASED ON DATA FROM THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTE M, THE MARYLAND CANCER REGISTRY, THE MARYLAND VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH CARE COMMISSION, AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (MDHM H) 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 S HADY 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 MOST RECENTLY THE CENTER HAS DECIDED TO INCORPORATE THE HEALTH EQUITY REPORT AS A CHAPTER IN EACH ENTITY'S COMMUNITY HEALTH NEEDS ASSESSMENT THIS CHANGE WILL BE SEEN IN THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENTS THAT WILL BE RELEASED AT THE END OF 2016</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>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</p>

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 (88 PERCENT OF TOTAL DISCHARGES IN 2015), MARYLAND APPROXIMAT ELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED SHADY G ROVE MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE AREA "CBSA " WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/CI TIES IN 2015 GERMANTOWN (20874, 20876), GAITHERSBURG (20877, 20878, 20879), ROCKVILLE (208 50, 20852), MONTGOMERY VILLAGE (20886) SHADY GROVE MEDICAL CENTER DRAWS 25 PERCENT OF DISC HARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES ROCKVILLE (20851, 20853), POTOMAC (20854), CLARKSBURG (20871), DERWOOD (20855), SILVER SPRING (20901 , 20902, 20904, 20906), DAMASCUS (20872), BOYDS (20841), GAITHERSBURG (20882), POOLESVILLE (20837), OLNEY (20832), BETHESDA (20814, 20817) ADVENTIST HEALTHCARE WASHINGTON ADVENTIS T HOSPITAL PRIMARILY SERVES RESIDENTS OF PRINCE GEORGE'S COUNTY (46 3 PERCENT OF DISCHARGE S IN 2015) AND MONTGOMERY COUNTY (40 8 PERCENT OF DISCHARGES IN 2015), MARYLAND APPROXIMA TELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED WASHIN GTON ADVENTIST HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA "CBSA" WITHIN THAT AREA, 60 PERC ENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODE S/CITIES IN 2015 COLLEGE PARK (20740), HYATTSVILLE (20783, 20782), RIVERDALE (20737), SILV ER SPRING (20903, 20901, 20904, 20910, 20902, 20906), TAKOMA PARK (20912) WASHINGTON ADVE NTIST HOSPITAL DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING TH E FOLLOWING ZIP CODES/CITIES BLADENSBURG (20710), BRENTWOOD (20722), CAPITOL HEIGHTS (2074 3), GERMANTOWN (20874), GREENBELT (20770), HYATTSVILLE (20784, 20781, 20785), LANHAM (2070 6), LAUREL (20707, 20708), MOUNT RAINIER (20712), ROCKVILLE (20850, 20853), UPPER MARLBORO (20774), WASHINGTON (20011, 20012, 20018), DISTRICT HEIGHTS (20747), BOWIE (20721, 20720) , SILVER SPRING (20905), BURTONSVILLE (20866), BELTSVILLE (20705) ADVENTIST HEALTHCARE BEH AVIORAL HEALTH & WELLNESS SERVICES - ROCKVILLE PRIMARILY SERVES RESIDENTS OF MONTGOMERY CO UNTY (66 8 PERCENT OF DISCHARGES IN 2015), MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGE S 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, WHI CH INCLUDED THE FOLLOWING ZIP CODES/CITIES IN 2015 ROCKVILLE (20850, 20851, 20852, 20853), GERMANTOWN (20874, 20876), GAITHERSBURG (20877, 20878, 20879), MONTGOMERY VILLAGE (20886) , SILVER SPRING (20902, 20904, 20906, 20910), POTOMAC (20854), DERWOOD (20855) ADVENTIST B EHAVIORAL HEALTH AND WELLNESS SERVICES - ROCKVILLE DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES BELTSVILLE (20705), BETHE SDA (20814, 20817), BOWIE (20721, 20715, 20720), BOYDS (20841), CAPITOL HEIGHTS (20743), C HEVY CHASE (20815), CLINTON (20735), COLUMBIA (21044), DAMASCUS (20872), DISTRICT HEIGHTS (20747), FREDERICK (21701, 21703), GREENBELT (20770), HYATTSVILLE (20785, 20783, 20784), K ENSINGTON (20895), LANHAM (20706), LAUREL (20708), OLNEY (20832), POOLESVILLE (20837), SIL VER SPRING (20905, 20903, 20901), TAKOMA PARK (20912), TEMPLE HILLS (20748), UPPER MARLBOR O (20772, 20774), CLARKSBURG (20871), GAITHERSBURG (20882), OXON HILL (20745), FORT WASHIN GTON (20744), SUITLAND (20746), BRANDYWINE (20613), TOWSON (21286), WASHINGTON (20032, 200 02, 20011, 20020, 20017), DICKERSON (20842), PASADENA (21122), CATONSVILLE (21228), MOUNT AIRY (21771), WALDORF (20601), WHITE PLAINS (20695), MOUNT RAINIER (20712) ADVENTIST HEALT HCARE BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE PRIMARILY SERVES RESIDENTS OF WICOMICO COUNTY (20 5 PERCENT OF DISCHARGES IN 2015) AND DORCHESTER COUNTY (18 2 PERCENT O F DISCHARGES IN 2015), MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTA L SERVICE AREA, WHICH IS CONSIDERED ITS COMMUNITY BENEFIT SERVICE AREA "CBSA " WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLL OWING ZIP CODES/CITIES IN 2015 CAMBRIDGE (21613), SALISBURY (21804, 21801), BERLIN (21811), PRINCESS ANNE (21853), DENTON (21629), EASTON (21601), FRUITLAND (21826), FEDERALSBURG (21632), HURLOCK (21643), CRISFIELD (21877), GREENSBORO (21639), POCOMOKE CITY (21851), LU SBY (20657), CLARKSBURG (20871) BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE DRAW S 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP COD ES/CITIES ANNAPOLIS (21401), HEBRON (21830), SNOW HILL (21863), WILLARDS (21874), DELMAR (21875), PRESTON (21655), RIDGELY (21660), SAINT MICHAELS (21663), QUEENSTOWN (21658), RHO DESDALE (21659), VIENNA (21869), CENTREVILLE (21617), PASADENA (21122), SEVERN (21144), SE VERNA PARK (21146), ROCKVILLE (20853), MECHANICSVI</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>LLE (20659), LEXINGTON PARK (20653), COBB ISLAND (20625), HOLLYWOOD (20636), NANJEMOY (206 62), NEWBURG (20664), PORT REPUBLIC (20676), PRINCE FREDERICK (20678), SAINT LEONARD (2068 5), NORTH BEACH (20714), CHESAPEAKE BEACH (20732), SHADY SIDE (20764) ADVENTIST HEALTHCARE SERVES ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES IN THE UNITED STATES, NON-HISPANIC WHITES NOW COMPRISE ONLY 45 2% OF THE POPULATION OF MONTGOMERY COUNTY, MD , A DECREASE OF MORE THAN 20% OVER THE LAST TWO DECADES FOR THE FIRST TIME, MINORITIES ACCOUNT FOR MORE T HAN HALF OF THE COUNTY'S POPULATION, MAKING IT ONE OF ONLY 336 "MAJORITY-MINORITY" COUNTIE S IN THE NATION ACCORDING TO THE U S CENSUS BUREAU, THE PERCENTAGE OF HISPANICS OR LATIN OS IN MONTGOMERY COUNTY IS DOUBLE THE PERCENTAGE OF HISPANICS OR LATINOS IN THE STATE OF M ARYLAND AND WITHIN THE COUNTY THE U S CENSUS BUREAU HAS ALSO FOUND THAT MARYLAND IS ONE OF THE TOP 10 DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS, AND 41% OF THE FOREIGN-BORN IN MA RYLAND RESIDE IN MONTGOMERY COUNTY MONTGOMERY COUNTY'S FOREIGN-BORN POPULATION HAS GROWN FROM 12% IN 1980 TO CURRENTLY MORE THAN 30% PRINCE GEORGE'S COUNTY IS ONE OF THE STATE'S MOST POPULOUS JURISDICTIONS, WITH A POPULATION INCREASE OF 7 7 PERCENT IN THE LAST DECADE TO A TOTAL OF MORE THAN 909,535 RESIDENTS, MAKING IT THE THIRD MOST POPULATED JURISDICTION IN THE WASHINGTON METROPOLITAN AREA SINCE 2000, IT HAS EXPERIENCED THE SECOND-LARGEST PO PULATION GROWTH IN MARYLAND, DUE LARGELY IN PART TO AN INCREASE IN HISPANIC RESIDENTS EVE RY RACE OR ETHNICITY, INCLUDING BLACK OR AFRICAN AMERICAN, ASIAN AND PACIFIC ISLANDER, HIS PANIC OR LATINO, MULTIPLE RACES, AND OTHER RACES, HAS INCREASED ITS PRESENCE IN THE PAST D ECADE, EXCEPT THE WHITE POPULATION, WHICH HAS DECREASED BY OVER 23 PERCENT PRINCE GEORGE' S COUNTY'S FOREIGN-BORN POPULATION HAS ALSO STEADILY INCREASED OVER THE LAST TWO DECADES, FROM 2000 - 2007 IT INCREASED AT THE HIGHEST RATE IN MARYLAND - 199 9 PERCENT COMPARED TO A STATE AVERAGE OF 70 7 PERCENT CURRENTLY, 20 7 PERCENT OF THE COUNTY'S RESIDENTS ARE FOR EIGN-BORN IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY AND OUR HOSPITAL PROVIDERS ARE C OMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER OVER THE PAST DECADE, THE POPULATIONS OF WICOMICO COUNTY AND DORCHESTER COUNTY HAVE ALSO CONTINUED TO RISE RACIAL AND ETHNIC DIVERSITY IS ALSO INCREASING IN BOTH COUNTIES THE MINORITY POPULATION IS 33 4 PERCENT IN WICOMICO COUNTY, AND 33 8 PERCENT IN DORCHESTER COUNTY, AN INCREASE OF MORE THAN 5 PERCENT OVER THE LAST DECADE</p>

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 2015, INCLUDING HEALTH EDUCATION/ LECTURES, HEALTH SCREENINGS, SUPPORT GROUPS, AS WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND UNDERINSURED RESIDENTS WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND CULTURALLY COMPETENT SERVICES TO VULNERABLE POPULATIONS > A VARIETY OF HEALTH SCREENINGS WERE HELD IN COMMUNITY SETTINGS, SUCH AS SENIOR LIVING COMMUNITIES, LOW-INCOME APARTMENT COMPLEXES, COMMUNITY AND SENIOR CENTERS, SCHOOLS, SHOPPING CENTERS/MALLS, FARMER'S MARKETS, BARBER SHOPS/ BEAUTY SALONS AND OTHER BUSINESSES, AND RELIGIOUS CONGREGATIONS O MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED APPROXIMATELY 10,600 ENCOUNTERS IN 585 CLASSES, TOURS, AND SUPPORT GROUPS, INCLUDING CHILDBIRTH CLASSES, BREASTFEEDING CLASSES AND SUPPORT GROUPS, BABY CARE BASICS CLASSES, SIBLING CLASSES, GRANDPARENT CLASSES, NEW MOTHER AND NEW FATHER SUPPORT GROUPS, AND MATERNITY TOURS OF THE HOSPITALS OUR FREE "WARM LINE", OFFERING LACTATION SUPPORT FROM A CERTIFIED LACTATION CONSULTANT ALSO SERVED 283 INDIVIDUALS > DIABETES PREVENTION EFFORTS INCLUDED FREE PRE-DIABETES CLASSES AS WELL AS INDIVIDUAL COUNSELING AND DIABETES SELF-MANAGEMENT CLASSES FOR THOSE WITH DIABETES FREE DIABETES EDUCATION WAS ADDITIONALLY PROVIDED AT PARTNER SAFETY NET CLINICS SERVING UNINSURED RESIDENTS > OTHER HEALTH EDUCATION CLASSES TO THE COMMUNITY INCLUDED CPR CLASSES (INFANT AND ADULT), FIRST AID/SAFETY CLASSES, BABYSITTING CLASSES, HOME ALONE CLASSES, HEALTHY EATING/NUTRITION CLASSES, COOKING DEMONSTRATIONS, ZUMBA CLASSES, AND A WIDE VARIETY OF HEALTH LECTURES > INFLUENZA AND PNEUMONIA VACCINATIONS WERE OFFERED FOR FREE OR REDUCED COST IN MANY COMMUNITY SETTINGS MANY OF THESE VACCINATIONS WERE OFFERED IN PARTNERSHIP WITH SAFETY NET CLINICS SERVING LOW-INCOME AND UNINSURED RESIDENTS IN MONTGOMERY COUNTY > CARDIOVASCULAR HEALTH PROMOTION HAS INCLUDED PROVIDING THOUSANDS OF FREE HEART HEALTH SCREENINGS AND EDUCATION THROUGH OUR "LOVE YOUR SWEETHEART" EVENTS, COMMUNITY HEALTH FAIRS, LOW-INCOME APARTMENT COMPLEXES AND SENIOR HOUSING FACILITIES, FAITH-BASED CONGREGATIONS, COMMUNITY CENTERS, SENIOR CENTERS, AND AT A VARIETY OF OTHER COMMUNITY LOCATIONS > CANCER IS ANOTHER FOCUS AREA FOR COMMUNITY HEALTH PROMOTION ADVENTIST HEALTHCARE PROVIDED MORE THAN 1,500 FREE BREAST CANCER AND COLORECTAL CANCER SCREENINGS THROUGHOUT 2015 TO LOW-INCOME AND UNINSURED PATIENTS IN ADDITION 50 PEOPLE PARTICIPATED IN THE SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITALS' CANCER SCREENING DAYS, RECEIVING A TOTAL OF 126 SCREENINGS FOR MULTIPLE TYPES OF CANCER (BREAST, COLORECTAL, SKIN, ORAL, PROSTATE, AND THYROID) ADDITIONAL SCREENINGS HAVE BEEN PROVIDED FOR LUNG CANCER THE CANCER PROGRAM ALSO PROVIDES FREE SUPPORT GROUPS AND NAVIGATION SERVICES FOR THE COMMUNITY > ADVENTIST HEALTHCARE HAS A HEALTH MINISTRY PROGRAM THAT SPECIFICALLY SUPPORTS FAITH COMMUNITY NURSES AND CONGREGATIONS TO ADDRESS HEALTH ISSUES IN FAITH-BASED COMMUNITIES MORE THAN 140 CONGREGATIONS OF VARIOUS FAITHS ARE INVOLVED IN OUR PROGRAM, RECEIVING ONGOING SUPPORT AND RESOURCES > PERSONNEL FROM VARIOUS DEPARTMENTS ARE ACTIVE IN THE COMMUNITY SERVING ON VARIOUS BOARDS, COALITIONS AND COMMITTEES TO HELP ADDRESS HEALTH IN THE 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, PREMATURE BABIES AND THE COMMUNITY AS A WHOLE OUR UNWAVERING FOCUS HAS ALWAYS BEEN ON THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE WE ARE ALREADY A STEP AHEAD AS HEALTH CARE REFORM IS CHALLENGING HOSPITAL SYSTEMS NATIONWIDE TO IMPROVE THE HEALTH OF POPULATIONS, OUR INTEGRATED, HEALTH-CARE DELIVERY NETWORK INCLUDES FIVE NATIONALLY ACCREDITED, ACUTE-CARE AND SPECIALTY HOSPITALS, MENTAL HEALTH SERVICES, HOME HEALTH AGENCIES AND URGENT CARE CENTERS, SERVING THE WASHINGTON, D C METROPOLITAN AREA ADVENTIST HEALTHCARE INCLUDES ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES, ADVENTIST HEALTHCARE PHYSICAL HEALTH & REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS, CENTRACARE ADVENTIST HEALTHCARE URGENT CARE, AND OTHER HEALTH SERVICES TOGETHER, WITH OUR CENTER FOR HEALTH EQUITY AND WELLNESS, AND MORE THAN 2,000 AFFILIATED PHYSICIANS, ADVENTIST HEALTHCARE ENCOMPASSES MANY OF THE NECESSARY CARE DELIVERY COMPONENTS NEEDED TO DELIVER POPULATION-BASED CARE ACROSS THE CONTINUUM OUR COMMITMENT TO THE COMMUNITY EXTENDS BEYOND OUR WALLS TO ENCOMPASS THE MOST VULNERABLE AND UNDERSERVED IN 2015, APPROXIMATELY 843,600 RESIDENTS CAME TO ONE OF OR FACILITIES OR ATTENDED A HEALTH CLASS OR PROGRAM WE ALSO PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT OF MORE THAN \$77.8 MILLION AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 6,250 EMPLOYEES AND ALMOST 1,158 VOLUNTEERS THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO IMPROVE ACCESS TO HEALTH CARE FOR LOW-INCOME AND UNINSURED INDIVIDUALS, AS 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

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

		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
1	SHADY GROVE MEDICAL CENTER 9901 MEDICAL CENTER DRIVE ROCKVILLE,MD 20850 SEE PART VI FOR WEBSITE 15-315	X	X					X			
2	WASHINGTON ADVENTIST HOSPITAL 7600 CARROLL AVENUE TAKOMA PARK,MD 20912 SEE PART VI FOR WEBSITE 15-031	X	X					X			
3	HACKETTSTOWN REGIONAL MEDICAL CENTER 651 WILLOW GROVE STREET HACKETTSTOWN,NJ 07840 HTTP //WWW.HRMCNJ.ORG/ 12101	X	X					X		SEPARATE LEGAL ENTITY MANAGED BY AHC	
4	ADVENTIST REHABILITATION HOSP OF MARYLAND 9909 MEDICAL CENTER DRIVE ROCKVILLE,MD 20850 SEE PART VI FOR WEBSITE 15-077	X								SEPARATE LEGAL ENTITY MANAGED BY AHC	
5	BEHAVIORAL HEALTH & WELLNESS SVS-ROCK 14901 BROSCART ROAD ROCKVILLE,MD 20850 SEE PART VI FOR WEBSITE 15-039	X								BEHAVIORAL TREATMENT CENTER	
6	BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE 821 FIELDCREST ROAD CAMBRIDGE,MD 21613 SEE PART VI FOR WEBSITE 09-001	X								BEHAVIORAL TREATMENT CENTER	

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 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2013 ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY MEMBERS WE PARTNER WITH CLINICS THAT SERVE THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY, MANY OF WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES WE ALSO PARTNER WITH MERCY HEALTH CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UNINSURED PATIENTS ANOTHER KEY PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY WE EXPANDED OUR PRENATAL SERVICES IN 2006 BY PARTNERING WITH THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ITS MATERNAL PARTNERSHIPS PROGRAM, A REFERRAL PROGRAM THAT COLLABORATES WITH HOSPITALS TO PROVIDE OBSTETRIC AND GYNCOLOGIC 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 (DURING THE LAST CONDUCTED CHNA IN 2013) > AISHA BIVENS, JD, BSN, ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST HOSPITAL, > PERRY CHAN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES, > STEVE GALEN, MS, 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 , > TERENCE 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</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 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2013 ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEALTH CARE CLINICS THAT PROVIDE VALUABLE INPUT ON THE HEALTH NEEDS OF COMMUNITY MEMBERS WE PARTNER WITH CLINICS THAT IMPROVE ACCESS TO CARE BY SERVING THE LOW-INCOME RESIDENTS OF MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY, MANY OF WHOM ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES ONE OF WAH'S SAFETY NET CLINIC PARTNERS IS MARY'S CENTER FOR MATERNAL AND CHILD CARE ANOTHER PARTNER, MOBILE MEDICAL CARE, INC (MOBILEMED), OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE UNINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY WE EXPANDED OUR PRENATAL SERVICES IN 2006 BY PARTNERING WITH THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ITS MATERNAL PARTNERSHIPS PROGRAM, A REFERRAL PROGRAM THAT COLLABORATES WITH HOSPITALS TO PROVIDE OBSTETRIC AND GYNECOLOGIC SERVICES FOR UNINSURED WOMEN IN MONTGOMERY COUNTY WE ALSO PROVIDE HEALTH SERVICES FOR WOMEN IN THE COMMUNITY WITH BREAST CANCER THROUGH A PARTNERSHIP WITH THE KOMEN FOUNDATION IN ADDITION, ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH EQUITY AND WELLNESS HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE, THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY PUBLIC HEALTH EXPERTS FROM THESE VARIOUS PARTNER ORGANIZATIONS PROVIDE WAH WITH IMPORTANT INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE WAH'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS THAT ADDRESS THESE NEEDS SOME OF THE CONGREGATIONS HAVE TRAINED FAITH COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES THESE FCNS OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL NEED IN ADDITION, WE CONVENED AN ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/COMMUNITY LEADERS ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS (DURING THE LAST CONDUCTED CHNA IN 2013) > AISHA BIVENS, JD, BSN, ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST HOSPITAL, > PERRY CHAN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES, > STEVE GALEN, MS, 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 MORAN, 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 S</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	TRENGTHS/RESOURCES IN THE COMMUNITY

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 5 HACKETTSTOWN COMMUNITY HOSPITAL UNDERTOOK A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH CONCLUDED IN 2015 THE PURPOSE OF THE STUDY WAS TO GATHER CURRENT STATISTICS AND QUALITATIVE FEEDBACK ON THE KEY HEALTH ISSUES FACING OUR SERVICE MARKET RESIDENTS SECONDARY DATA WAS RESEARCHED AND UPDATED FIFTY FIVE COMMUNITY STAKEHOLDERS COMPLETED A "KEY INFORMANT SURVEY TOOL" AFTER COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, APPROXIMATELY 23 LEADERS FROM HACKETTSTOWN COMMUNITY HOSPITAL, COMMUNITY AGENCIES AND AREA HEALTHCARE AND SOCIAL SERVICES ORGANIZATIONS MET TO REVIEW AND PRIORITIZE THE FINDINGS AND TO DEVELOP AN IMPLEMENTATION PLAN THE FOLLOWING KEY STAKEHOLDERS PARTICIPATED IN THE PROCESS ADMINISTRATIVE DIRECTOR, HRMC,BACH'S MEDICAL SUPPLIES,BENTLEY COMMONS AT PARAGON VILLAGE,CENTENARY COLLEGE,CHELSEA AT BROOKFIELD,CHIEF NURSING OFFICER, HRMC,CHURCH OF THE ASSUMPTION,COMMUNITY PREVENTION RESOURCES,COORDINATOR, HEALTHLINK, HRMC,EMS, HRMC,EXECUTIVE DIRECTOR, HRMC,FAMILY GUIDANCE OF WARREN COUNTY,HACKETTSTOWN BUSINESS IMPROVEMENT,HACKETTSTOWN POLICE DEPARTMENT,HACKETTSTOWN ROTARY CLUB,HEALTH EDUCATOR, HRMC,HEALTHSTART PRENATAL CLINIC, HRMC,HEALTH VILLAGE,HOME INSTEAD,HOUSE OF THE GOOD SHEPHERD,KAREN ANN QUINLAN HOSPICE,KIWANIS CLUB OF HACKETTSTOWN,LONG VALLEY FIRST AID SQUAD,MANAGER, CENTER FOR HEALTHIER LIVING, HRMC,MANAGER, COUNSELING AND ADDICTION CENTER, HRMC,MANAGER, EDUCATION, HRMC,MANAGER, EMERGENCY DEPARTMENT, HRMC,MANAGER, MARKETING AND PUBLIC RELATIONS, HRMC,MT OLIVE HEALTH DEPARTMENT,NORTH WARREN REGIONAL SCHOOL DISTRICT,PHYSICIAN, EMERGENCY DEPARTMENT, HRMC,PLANNED PARENTHOOD,PRESIDENT, HACKETTSTOWN REGIONAL MEDICAL CENTER,PROJECT SELF-SUFFICIENCY,UNITED WAY OF NORTHERN NJ,WARREN COUNTY AGENCY ON AGING AND DISABILITY,WARREN COUNTY DEPARTMENT OF HUMAN SERVICES,WARREN COUNTY HEALTH DEPARTMENT,WARREN COUNTY MENTAL HEALTH BOARD,WARREN COUNTY OFFICE OF EMERGENCY MANAGEMENT,WARREN COUNTY SURROGATE,WARREN COUNTY TEMPORARY ASSISTANCE,WARREN COUNTY TRANSPORTATION COORDINATOR,WASHINGTON TOWNSHIP HEALTH DEPARTMENT,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	PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2013 ADVENTIST HEALTHCARE AND THE CENTER FOR HEALTH EQUITY AND WELLNESS HAVE ONGOING COLLABORATIONS WITH SINAI HOSPITAL OF BALTIMORE, THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND THE PRIMARY CARE COALITION OF MONTGOMERY COUNTY PUBLIC HEALTH EXPERTS FROM THESE VARIOUS PARTNER ORGANIZATIONS PROVIDE ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION (APHR) WITH IMPORTANT INPUT ON THE NEEDS AFFECTING THE HEALTH OF THE COMMUNITIES WE SERVE APHR'S HEALTH MINISTRY DEPARTMENT PARTNERS WITH FAITH COMMUNITIES OF ALL RELIGIONS, ASSISTING THEM IN ASSESSING THE HEALTH NEEDS OF THEIR CONGREGATIONS AS WELL AS PROVIDING RESOURCES TO HELP IMPLEMENT PROGRAMS THAT ADDRESS THOSE NEEDS SOME OF THE CONGREGATIONS HAVE TRAINED FAITH COMMUNITY NURSES (FCN) THAT NOT ONLY IDENTIFY SPECIFIC NEEDS, BUT ALSO PROVIDE EDUCATION, COUNSELING, REFERRAL, AND ADVOCACY SERVICES THESE FCNS OFTEN FOLLOW UP WITH THEIR CONGREGANTS AFTER A HOSPITALIZATION OR OTHER MEDICAL NEED ADDITIONALLY, ADVENTIST HEALTHCARE CONVENED A COMMUNITY ADVISORY BOARD TO HELP GUIDE OUR EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, TO IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/COMMUNITY LEADERS ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS (DURING THE LAST CONDUCTED CHNA IN 2013) > AISHA BIVENS, JD, BSN, ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST HOSPITAL, > PERRY CHAN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRECTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES, > STEVE GALEN, MS, 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

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 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2013 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES ROCKVILLE (BHWS -R) BELI EVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES THE COMMUNITY ADVISORY COUNCIL (CAC) WAS FORMED FOR THE PURPOSE OF INCORPORATING FEEDBACK FROM THE COMMUNITY IN THE PLANNING AND DELIVERY OF O UR SERVICES THROUGH REGULAR AND PRODUCTIVE DIALOGUE WITH OUR CAC, BHWS-R AIMS TO STRENGTH EN ITS EXISTING PROGRAMS AND BETTER ADDRESS GAPS IN MENTAL HEALTH CARE THE CAC CONSISTS O F 17 MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN THE MENTAL HEALTH CONCERNS OF THE COMMUN ITY THROUGH THEIR PROFESSION OR VOLUNTEER SERVICE THIS INCLUDES, BUT IS NOT LIMITED TO, F ORMER PATIENTS AND/OR THEIR FAMILY MEMBERS, MENTAL HEALTH ADVOCACY GROUPS, COUNTY AND STAT E LEADERS, MONTGOMERY COUNTY PUBLIC SCHOOLS, AND MONTGOMERY COUNTY POLICE DEPARTMENT THE COMMUNITY ADVISORY COUNCIL MEETS BIMONTHLY AT ADVENTIST BEHAVIORAL HEALTH IN ROCKVILLE MEM BERS OF BHWS - ROCKVILLE'S COMMUNITY ADVISORY COUNCIL INCLUDED (DURING THE LAST CONDUCTED CHNA IN 2013) > CLINICAL DIRECTOR OF MONTGOMERY COUNTY COALITION FOR THE HOMELESS/HOMEBUIL DERS CARE ASSESSMENT CENTER,> MONTGOMERY COUNTY POLICE DEPARTMENT CRISIS INTERVENTION TEAM COORDINATOR,> EXECUTIVE DIRECTOR OF THE MONTGOMERY COUNTY FEDERATION OF FAMILIES FOR CHIL DREN'S MENTAL HEALTH, INC ,> NAMI MONTGOMERY COUNTY DIRECTOR OF CHILDREN AND ADOLESCENT PR OGRAM AND FAMILY-TO-FAMILY COORDINATOR,> FORMER PATIENTS AND/OR FAMILY MEMBERS OF ADVENTIS T BEHAVIORAL HEALTH,> ABHW VICE PRESIDENT OF OPERATIONS,> ABHW INTERIM CHIEF NURSING OFFIC ER AND STAFF EDUCATOR,> ABHW COMMUNICATIONS DIRECTOR,> ABHW ASSOCIATE VICE PRESIDENT, BUSI NESS DEVELOPMENT,> ABHW MEDICAL DIRECTOR,> ABHW PSYCHIATRIST,> ABHW DIRECTOR OF COMMUNITY BASED RESIDENTIAL SERVICES,> ABHW DIRECTOR OF ADULT CLINICAL SERVICES,> ABHW CHAPLAIN,> AB HW ASSOCIATE VICE PRESIDENT, QUALITY AND PATIENT SAFETY AND LOCAL INTEGRITY/CHIEF PRIVACY OFFICER,BHWS-R HAS ONGOING PARTNERSHIPS WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS AND HEA LTH 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 WHO M ARE LIMITED ENGLISH PROFICIENT AND/OR RACIAL AND ETHNIC MINORITIES ONE OF ADVENTIST HEA LTHCARE'S SAFETY NET CLINIC PARTNERS IS MERCY HEALTH CLINIC, WHICH PROVIDES PRIMARY CARE T O UNINSURED, LOW-INCOME ADULT RESIDENTS OF MONTGOMERY COUNTY ADVENTIST HEALTHCARE ALSO PA RTNERS WITH MERCY HEALTH CLINIC BY PROVIDING FREE DIAGNOSTIC SERVICES/LAB WORK TO THEIR UN INSURED PATIENTS ANOTHER KEY PARTNER IS MOBILE MEDICAL CARE (MOBILE MED), WHICH OPERATES THREE MOBILE HEALTHCARE VEHICLES AND PROVIDES PRIMARY AND PREVENTATIVE HEALTHCARE TO THE U NINSURED, LOW INCOME, WORKING POOR AND HOMELESS IN MONTGOMERY COUNTY IN ADDITION, ADVENTI ST 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 O UR RESPONSE TO THOSE NEEDS THE ADVISORY BOARD IS COMPRISED OF BOTH INTERNAL AND EXTERNAL/ COMMUNITY LEADERS ADVENTIST HEALTHCARE COMMUNITY BENEFIT ADVISORY BOARD MEMBERS > AISHA B IVENS, JD, BSN, ASSOCIATE VICE PRESIDENT OF CLINICAL EFFECTIVENESS, WASHINGTON ADVENTIST H OSPITAL, > PERRY CHAN, SENIOR PROGRAM COORDINATOR, ASIAN AMERICAN HEALTH INITIATIVE, MONTG OMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > IRENE DANKWA-MULLAN, MD, MPH, DIRE CTOR, OFFICE OF INNOVATION AND PROGRAM COORDINATION, NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES, > STEVE GALEN, MS, PRESIDENT AND CEO, PRIMARY CARE COALITION OF M ONTGOMERY COUNTY, > CAROL W GARVEY, MD, MPH, CHAIR, PRIMARY CARE COALITION, > CARLESSIA H USSEIN, DRPH, RN, DIRECTOR, OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES, MARYLAND DEP ARTMENT OF HEALTH AND MENTAL HYGIENE, > JUDY LICHTY, MPH, REGIONAL DIRECTOR, HEALTH AND WE LLNESS, 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 HEALT H INITIATIVE, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, > RICHARD "DICK" PAVLIN, MHCA, EXECUTIVE DIRECTOR, MERCY HEALTH CLINIC, > OLIVIA CARTER-POKRAS, PHD, ASSOCI ATE PROFESSOR, UNIVERSITY OF MARYLAND COLLEGE PARK, SCHOOL OF PUBLIC HEALTH, > HOWARD ROSS , CHIEF LEARNING OFFICER, COOK ROSS, INC , > TERENCE P SHEEHAN, MD, CHIEF MEDICAL OFFICE R, ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, > TOM SWEENEY, RN, MBA, FACHE, VICE PRES IDENT - CHIEF NURSING OFFICER, WASHINGTON ADVENTIST HOSPITAL, > LOIS A WESSEL, RN CFNP, A SSOCIATE DIRECTOR FOR PROGRAMS, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED, FINALLY, THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY O FFERED TO THE PUBLIC THROUGH POSTINGS ON ADVENTIST</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	HEALTHCARE ENTITY FACEBOOK PAGES, NEWSLETTERS, E-MAIL LIST SERVES, AND MEETINGS WITH COMMUNITY LEADERS A 25-ITEM SURVEY, AVAILABLE ONLINE THROUGH SURVEYMONKEY.COM, ASKED COMMUNITY MEMBERS AND COMMUNITY LEADERS ALIKE TO PROVIDE SOCIODEMOGRAPHIC INFORMATION, HEALTH NEEDS, PROBLEMS AFFECTING THE HEALTH OF THE COMMUNITY, BARRIERS TO ACCESSING CARE, AND STRENGTHS/RESOURCES IN THE COMMUNITY

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

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Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2013 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE (BHWS-ES) BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND SERVICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES THE LOCAL COMMUNITY ADVISORY BOARD (CAB) OF BHWS-ES WAS FORMED FOR THE PURPOSE OF PROVIDING BETTER SERVICES FOR OUR RESIDENTS AND THEIR FAMILIES, THROUGH INTERACTIVE AND PARTICIPATORY INPUT WITHIN THE GROUP AND TO TREAT "SHORE KIDS" ON THE SHORE THROUGH REGULAR AND PRODUCTIVE DIALOGUE WITH ITS COMMUNITY ADVISORY BOARD, BHWS-ES AIMS TO STRENGTHEN ITS EXISTING PROGRAMS AND ADDRESS GAPS IN MENTAL HEALTH CARE THE COMMUNITY ADVISORY BOARD CONSISTS OF MEMBERS WHO HAVE DEMONSTRATED AN INTEREST IN THE MENTAL HEALTH CONCERNS OF THE COMMUNITY THROUGH THEIR WORK OR VOLUNTEER SERVICES THIS INCLUDES, BUT IS NOT LIMITED TO PARENT/FAMILY NAVIGATORS, MID-SHORE MENTAL HEALTH CORE SERVICE AGENCY REPRESENTATIVE, PARENTS OF PATIENTS, DORCHESTER COUNTY DEPARTMENT OF JUVENILE SERVICES PROGRAM SUPERVISOR, WICOMICO SOMERSET REGIONAL CORE SERVICE AGENCY REPRESENTATIVE, DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES REPRESENTATIVE, EASTERN SHORE MOBILE CRISIS REPRESENTATIVE, AND DORCHESTER COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION NON-PUBLIC COORDINATOR THE COMMUNITY ADVISORY BOARD WAS BEING LED BY KEVIN DRUMHELLER, EXECUTIVE DIRECTOR OF ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE, AND BARBARA COLEMAN, SCRIBE THE COMMUNITY ADVISORY BOARD FOR BHWS-ES HELD ITS FIRST MEETING IN NOVEMBER 2012 AND MEETS QUARTERLY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE COMMUNITY ADVISORY BOARD MEMBERS (DURING THE LAST CONDUCTED CHNA IN 2013) > AUDRA CHERBONNIER, FAMILY NAVIGATOR, PARENT, MARYLAND COALITION OF FAMILIES, > 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

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 //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3167/2013-CHNA-WAH 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/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 //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3275/2013-CHNA-ARHM 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/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 //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3274/2013-CHNA-ABH-RV 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/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 //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3273/2013- CHNA-ABH- ES PDF ,OR, HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS- ASSESSMENT PART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3448/2013-CHNA-ABH-ES- 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 PREVIOUSLY TOOK PLACE ON A QUARTERLY BASIS IN ORDER TO INCREASE ACCESS, SCREENINGS ARE NOW AVAILABLE ON A REGULAR BASIS BY APPOINTMENT > ROUTINE FOLLOW-UP PROCESSES FOR IDENTIFIED LUNG NODULES, ALL SUSPICIOUS LUNG NODULES ARE REVIEWED BY A MULTIDISCIPLINARY PHYSICIAN GROUP, PARTICIPANTS ARE PROVIDED WITH A CD OF THEIR SCANS AT THE TIME OF THE SCREENING, SCREENING RESULTS LETTERS ARE SENT TO EACH PARTICIPANT AS WELL AS TO THEIR PRIMARY CARE PHYSICIAN, PARTICIPANTS RECOMMENDED FOR FOLLOW-UP ARE SENT REMINDERS VIA LETTERS AND PHONE CALLS AT APPROPRIATE TIMES > TOBACCO CESSATION COUNSELING, SCREENING PARTICIPANTS ARE PROVIDED MATERIALS (WHICH ARE AVAILABLE IN THE TOP ASIAN LANGUAGES IN THE AREA) REGARDING ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTERS FREE TOBACCO CESSATION PROGRAM THE PROGRAM INCLUDES 1 YEARS OF FOLLOW-UP COUNSELING AS WELL AS FREE NICOTINE REPLACEMENT THERAPY, AS NEEDED > COMMUNITY OUTREACH TO THE ASIAN POPULATION, TARGETED OUTREACH TAKES PLACE FOR THE SCREENING PROGRAM INCLUDING REACHING OUT TO LOCAL CHINESE AND KOREAN PHYSICIANS AND PHYSICIANS SERVING THE ASIAN COMMUNITY IN THE HOSPITAL'S SERVICE AREA, DISTRIBUTING TRANSLATED FLYERS AT LOCAL EVENTS, PARTNERING WITH LOCAL COMMUNITY-BASED ORGANIZATIONS SERVING THE ASIAN COMMUNITY TO SPREAD THE WORD ABOUT THE SCREENINGS, AND RELEASING ADVERTISEMENTS IN LOCAL CHINESE AND KOREAN LANGUAGE NEWSPAPERS, MOST RECENTLY, WE HAVE ALSO DISTRIBUTED "SCRIPT PADS" TO LOCAL AREA PHYSICIANS SERVING LARGELY ASIAN POPULATIONS SO THAT THEY ARE EASILY ABLE TO REFER PATIENTS TO THE SCREENING PROGRAM DIABETES SGMC HAS IMPLEMENTED SEVERAL PROGRAMS TO INCREASE ACCESS TO EDUCATION AND RESOURCES FOR UNINSURED DIABETIC INDIVIDUALS IN MONTGOMERY COUNTY IN ORDER TO INCREASE CONFIDENCE AND SKILLS IN BETTER MANAGING AND CONTROLLING THEIR DIABETES STRATEGIES FOR THIS INITIATIVE INCLUDE > OFFERING PRE-DIABETES CLASSES FREE OF CHARGE CLASSES FOLLOW AN EVIDENCE-BASED CURRICULUM DEVELOPED BY THE NATIONAL DIABETES EDUCATION PROGRAM AND CONSIST OF TWO 2-HOUR SESSIONS TAKING PLACE EVERY OTHER MONTH AT SGMC > INFORMAL DIABETES SELF-MANAGEMENT EDUCATION FOR INDIVIDUALS DURING A GROUP MEDICAL APPOINTMENT SETTING AT MOBILE MED IN ROCKVILLE, MARYLAND SGMC'S OUTPATIENT DIABETES EDUCATOR PROVIDES DIABETES EDUCATION TO THE GROUP AS THEY EACH TAKE THEIR TURN VISITING THEIR HEALTH CARE PROVIDER > OFFERING A FREE 1-HOUR NUTRITION AND COOKING CLASS ON A MONTHLY BASIS AT SGMC > OFFERING THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM TO THE COMMUNITY THIS EVIDENCE BASED PROGRAM CONSISTS OF SIX WEEKLY 2.5 HOUR SESSIONS AND WORKS TO IMPROVE SELF-MANAGEMENT SKILLS WHILE ONLY OFFERED IN ENGLISH IN 2015, ADDITIONAL SGMC STAFF MEMBERS HAVE NOW BEEN TRAINED TO OFFER THE WORKSHOP IN SPANISH AS WELL ADDITIONAL AREAS OF NEED ADDRESSED BY SGMC > BREAST CANCER PROVIDE FREE MAMMOGRAM SCREENINGS, NAVIGATION, BIOPSIES, ULTRASOUNDS, SURGERIES, AND TREATMENT FOR THE UNINSURED ENCOURAGE PREVENTION AND EARLY DETECTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS SERVING VULNERABLE POPULATIONS A BREAST CANCER SUPPORT GROUP AS WELL AS THE AMERICAN CANCER SOCIETY LOOK GOOD FEEL BETTER SUPPORT GROUP ARE OFFERED AS WELL > COLORECTAL CANCER PROVIDE COLONOSCOPIES FOR TARGET POPULATION AND REFER PATIENTS WITH ABNORMAL FINDINGS TO MONTGOMERY CANCER CLINICS 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, BILANGUAL CANCER OUTREACH COORDINATORS ENCOURAGE PREVENTION AND EARLY DETECTION BY PROVIDING EDUCATIONAL PRESENTATIONS AND MATERIALS TO UNDERSERVED AND AT-RISK POPULATIONS AT COMMUNITY LOCATIONS A FREE TOBACCO CESSATION PROGRAM WAS ALSO NEWLY IMPLEMENTED IN 2015 THE PROGRAM PROVIDES ONE YEAR OF FOLLOW-UP COUNSELING FROM TRAINED TOBACCO CESSATION COUNSELORS, AS WELL AS NICOTINE REPLACEMENT THERAPY AS NEEDED > HEART DISEASE AND STROKE HOLD ANNUAL "LOVE YOUR SWEET HEART" SCREENING EVENTS TO PROVIDE FREE SCREENINGS TO COMMUNITY MEMBERS FOR BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, WAIST CIRCUMFERENCE</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	RCUMFERENCE, BMI, BODY COMPOSITION, AND SLEEP APNEA, AS WELL AS 1 1 COUNSELING WITH A CLIN ICIAN OFFER LIPID PROFILE, VERTICAL AUTO PROFILE, HOMOCYSTEINE, HSCRP, BLOOD PRESSURE, GL UCOSE AND A1C SCREENINGS, AND PROVIDE FREE EDUCATIONAL LECTURES TO THE COMMUNITY PROVIDE "HEALTHY CHOICES PROGRAM" IN DAMASCUS TO PROVIDE WOMEN OF LOW SOCIO-ECONOMIC STATUS INFORMATION AND SUPPORT TO ASSIST THEM IN MAKING HEALTHIER CHOICES FOR THEMSELVES AND THEIR CHILDREN > OBESITY PROVIDE 1 1 HEALTH EDUCATION AND GROUP PRESENTATIONS ABOUT HEALTHY NUTRIT ION AND THE IMPORTANCE OF EXERCISE AT HEALTH FAIRS, SENIOR AND COMMUNITY CENTERS, AND FAIT H-BASED ORGANIZATIONS PROVIDE AFFORDABLE INDIVIDUAL NUTRITION COUNSELING TO THE COMMUNITY > INFLUENZA PROVIDE LOW COST FLU SHOT CLINICS THROUGHOUT MONTGOMERY COUNTY TO CHILDREN, ADULTS AND SENIORS AT COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, THE H OSPITAL, AND SUBSIDIZED APARTMENT COMPLEXES PARTNER WITH WTOP RADIO TO PROVIDE HUNDREDS O F FREE FLU SHOTS TO THE COMMUNITY AT LARGE > MATERNAL & INFANT HEALTH IN ADDITION TO CHI LDBIRTH, BREASTFEEDING, AND PARENTING CLASSES, SGMC OFFERS FREE PROGRAMS TO ITS PATIENTS, SUCH AS BEST (BREASTFEEDING, EDUCATION, SUPPORT AND TOGETHERNESS) TO PROMOTE AND SUPPORT B REASTFEEDING, AND DISCOVERING MOTHERHOOD SUPPORT GROUP FOR NEW MOTHERS IN PARTNERSHIP WIT H MONTGOMERY COUNTY HEALTH DEPARTMENT, ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER ALS O PROVIDES PRENATAL SERVICES TO LOW-INCOME AND UNINSURED RESIDENTS, INCLUDING PRENATAL CA RE, ROUTINE LAB TESTS, CLASSES AND DENTAL SCREENINGS > SENIOR HEALTH SGMC OFFERS COMMUNI TY HEALTH PROGRAMS FOR SENIORS AT DAMASCUS SENIOR CENTER, GAITHERSBURG UP-COUNTY SENIOR C ENTER, ROCKVILLE SENIOR CENTER, REVITZ HOUSE, AS WELL AS NUMEROUS SUBSIDIZED SENIOR APARTM ENT COMPLEXES PROGRAMS INCLUDE BUT ARE NOT LIMITED TO CLINICAL HEART HEALTH SCREENINGS, M ONTHLY BLOOD PRESSURE SCREENINGS, CARDIOVASCULAR SUPPORT AND ACTIVITY GROUPS, AND EDUCATIO NAL LECTURES AND HEALTH FAIRS AREAS OF NEED NOT DIRECTLY ADDRESSED BY SGMC AND THE RATIONA LE > ASTHMA SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFICALLY FOR ASTHMA BECAUSE ASTHMA PREVALENCE AND RATES OF ED VISITS IN MONTGOMERY COU NTY ARE BELOW RATES STATEWIDE, AND BECAUSE THERE ARE OTHER ASTHMA RESOURCES AVAILABLE IN T HE COUNTY SGMC WILL CONTINUE TO MONITOR TRENDS IN ASTHMA TO DETERMINE WHETHER FUTURE REAL LOCATION OF RESOURCES IS NEEDED TO PROVIDE ASTHMA-RELATED COMMUNITY PROGRAMS > HIV/AIDS SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS FOR HIV/AIDS D UE TO LIMITED FINANCIAL RESOURCES ADVENTIST HEALTHCARE'S CENTER FOR HEALTH EQUITY AND WELL NESS LED AN INITIATIVE CALLED PROJECT BEAT IT' (BECOMING EMPOWERED AFRICANS THROUGH IMPRO VED TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEPATITIS B), WHICH WAS A GRANT-FUNDED INI TIATIVE FROM U S DHHS OFFICE OF MINORITY HEALTH THAT PROVIDED CULTURALLY APPROPRIATE HEAL TH EDUCATION CLASSES TO HEALTH CARE PROVIDERS AND THE AFRICAN IMMIGRANT COMMUNITY TO IMPRO VE HEALTH OUTCOMES RELATED TO THESE CHRONIC AND INFECTIOUS DISEASES THE 20-MONTH GRANT FU NDED PROJECT ENDED IN SEPTEMBER 2013 > BEHAVIORAL HEALTH SGMC DOES NOT PROVIDE BEHAVIORA L HEALTH SERVICES BECAUSE THESE SERVICES ARE ALREADY PROVIDED BY THE NEIGHBORING SPECIALTY CARE HOSPITAL WITHIN ITS HOSPITAL SYSTEM, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELL NESS SERVICES IN ADDITION TO ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES , THERE ARE MANY ORGANIZATIONS THAT PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE SGMC SER VICE AREA > SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANS PORT) SGMC DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH BECAUSE TH OSE ARE NOT SPECIALTY AREAS OF THE HOSPITAL AND SGMC DOES NOT HAVE THE RESOURCES OR EXPERT ISE TO MEET MANY OF THESE NEEDS INSTEAD, SGMC PARTNERS WITH AND SUPPORTS OTHER ORGANIZATI ONS IN THE COMMUNITY THAT SPECIALIZE IN

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), > STRENGTHENING A PARTNERSHIP WITH VICTORY TOWER (LOW-INCOME SENIOR HOUSING LOCATED IN ZIP CODE 20912) TO PROVIDE COUNSELING RESOURCES AND MATERIALS TO RESIDENTS REGARDING ALCOHOL AND SUBSTANCE ABUSE THROUGH THIS PARTNERSHIP, WAH HAS PROVIDED VICTORY TOWER WITH SEVERAL SERVICES ON-SITE INCLUDING - A WEEKLY WELLNESS CIRCLE ORGANIZED BY A CERTIFIED SUBSTANCE ABUSE COUNSELOR WEEKLY SESSIONS ARE APPROXIMATELY 15 HOURS IN LENGTH THE PURPOSE IS TO ENHANCE QUALITY OF LIFE AND ASSIST PARTICIPANTS WITH SOBRIETY AND MENTAL HEALTH MAINTENANCE WEEKLY DISCUSSIONS FOCUS ON THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION'S (SAMHSA) 8 DIMENSIONS OF WELLNESS - MONTHLY BLOOD PRESSURE AND OTHER HEALTH SCREENINGS, HEALTH FAIRS, EDUCATIONAL LECTURES AND DEMONSTRATIONS, AND A BIWEEKLY WELLNESS CIRCLE/SUPPORT GROUP FOR ALCOHOL AND SUBSTANCE ABUSE LED BY A CERTIFIED CHEMICAL DEPENDENCE COUNSELOR ADDITIONAL AREAS OF NEED ADDRESSED BY WAH > BREAST CANCER PROVIDE FREE MAMMOGRAM SCREENINGS, NAVIGATION, BIOPSIES, ULTRASOUNDS, SURGERIES, AND TREATMENT FOR THE UNINSURED ENCOURAGE PREVENTION & EARLY DETECTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS SERVING VULNERABLE POPULATIONS A BREAST CANCER SUPPORT GROUP AS WELL AS THE AMERICAN CANCER SOCIETY LOOK GOOD FEEL BETTER SUPPORT GROUP ARE OFFERED AS WELL > COLORECTAL CANCER PROVIDE FREE COLONOSCOPIES FOR TARGET POPULATION AND REFER PATIENTS WITH ABNORMAL FINDINGS TO MONTGOMERY CANCER CRUSADES FOR FURTHER TREATMENT ENCOURAGE PREVENTION & EARLY DETECTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS, AND COMMUNITY LOCATIONS SERVING VULNERABLE POPULATIONS > CANCER (OTHER) WAH PARTNERS WITH PHYSICIANS TO PROVIDE FREE ANNUAL CANCER SCREENINGS TO THE COMMUNITY, TARGETING BREAST, PROSTATE, COLORECTAL, ORAL, SKIN AND THYROID CANCER ADDITIONALLY, BILINGUAL CANCER OUTREACH COORDINATORS ENCOURAGE PREVENTION AND EARLY DETECTION BY PROVIDING EDUCATIONAL PRESENTATIONS AND MATERIALS TO UNDERSERVED AND AT-RISK POPULATIONS AT COMMUNITY LOCATIONS WAH ALSO PROVIDES TOBACCO CESSATION EDUCATION AND COUNSELING AS WELL AS NICOTINE REPLACEMENT THERAPY (NRT) AT NO COST TO ELIGIBLE PATIENTS AND COMMUNITY MEMBERS > DIABETES PROVIDE INPATIENT AND OUTPATIENT SERVICES AND EDUCATION FOR DIABETES, AND ITS CENTER FOR ADVANCED WOUND CARE & HYPERBARIC MEDICINE TREATS WOUNDS DUE TO COMPLICATIONS OF DIABETES PROVIDE DIABETIC EDUCATION CLASSES INCLUDING FREE PRE-DIABETES CLASSES AND COOKING/NUTRITION CLASSES ENCOURAGE DIABETES PREVENTION THROUGH EDUCATION AT COMMUNITY HEALTH FAIRS AND COMMUNITY LOCATIONS OFFER THE STANFORD UNIVERSITY DIABETES SELF MANAGEMENT PROGRAM AT VARIOUS COMMUNITY LOCATIONS THIS SIX WEEK WORKSHOP TEACHES SELF-MANAGEMENT SKILLS TO IMPROVE CONFIDENCE AND IN TURN CONTROL WHILE CURRENTLY ONLY OFFERED IN ENGLISH, STAFF HAVE RECENTLY BEEN TRAINED TO OFFER THE PROGRAM IN SPANISH AS WELL > HEART DISEASE AND STROKE HOLD ANNUAL "LOVE YOUR SWEAT HEART" SCREENING EVENTS TO PROVIDE FREE SCREENINGS TO COMMUNITY MEMBERS FOR BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, WAIST CIRCUMFERENCE, BMI, BODY COMPOSITION, AND SLEEP APNEA, AS WELL AS 11 COUNSELING WITH A CLINICIAN OFFER LIPID PROFILE, VERTICAL AUTO PROFILE, HOMOCYSTEINE, HSCRP, BLOOD PRESSURE, GLUCOSE AND A1C SCREENINGS, AS WELL AS FREE EDUCATIONAL LECTURES TO THE COMMUNITY WAH H</p>

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

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Form and Line Reference	Explanation
WASHINGTON ADVENTIST HOSPITAL	<p>AS ALSO OFFERED THE COMPLETE HEALTH IMPROVEMENT PROGRAM (CHIP), WHICH COUNSELS PARTICIPANT S ON HEALTHY CHOICES REGARDING DIET AND WEIGHT MANAGEMENT > OBESITY PROVIDE 1 1 HEALTH E DUCATION AND GROUP PRESENTATIONS ABOUT HEALTHY NUTRITION AND THE IMPORTANCE OF EXERCISE AT HEALTH FAIRS, SENIOR AND COMMUNITY CENTERS, AND FAITH-BASED ORGANIZATIONS PROVIDE AFFORD ABLE INDIVIDUAL NUTRITION COUNSELING TO THE COMMUNITY WAH HAS ALSO OFFERED THE COMPLETE H EALTH IMPROVEMENT PROGRAM (CHIP), WHICH COUNSELS PARTICIPANTS ON HEALTHY CHOICES REGARDING DIET AND WEIGHT MANAGEMENT > MATERNAL AND INFANT HEALTH IN ADDITION TO CHILDBIRTH, BREA STFEEDING, AND PARENTING CLASSES, WAH OFFERS FREE PROGRAMS TO ITS PATIENTS, SUCH AS HECHO DE PECHO(BREASTFEEDING EDUCATION AND SUPPORT FOR SPANISH SPEAKING MOTHERS) TO PROMOTE AND SUPPORT BREASTFEEDING IN PARTNERSHIP WITH THE MONTGOMERY COUNTY MATERNITY PARTNERSHIP PRO GRAM, WAH PROVIDES PRENATAL SERVICES TO LOW-INCOME AND UNINSURED RESIDENTS, INCLUDING PRE NATAL 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 CO MPETENT CARE TO LOW-INCOME, UNINSURED INDIVIDUALS AND FAMILIES > SENIOR HEALTH WAH OFFER S COMMUNITY HEALTH PROGRAMS FOR SENIORS AT LONG BRANCH COMMUNITY CENTER, TAKOMA PARK COMM UNITY CENTER, MID-COUNTY COMMUNITY CENTER, BOWIE SENIOR CENTER, VICTORY TOWERS, GREEN RIDG E HOUSE, SPRINGVALE TERRACE, AS WELL AS NUMEROUS OTHER SUBSIDIZED SENIOR APARTMENT COMPLEX ES PROGRAMS INCLUDE BUT ARE NOT LIMITED TO CLINICAL HEART HEALTH SCREENINGS, MONTHLY BLOO D PRESSURE SCREENINGS, CARDIOVASCULAR SUPPORT AND ACTIVITY GROUPS, AND EDUCATIONAL LECTURE S AND HEALTH FAIRS AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL AND THE RATIONALE > ASTHMA WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFICALLY FOR ASTHMA BECAUSE ASTHMA PREVALENCE AND RA TES OF ER VISITS IN MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY ARE BELOW RATES STATEWIDE , AND BECAUSE THERE ARE OTHER ASTHMA RESOURCES AVAILABLE IN THE COUNTY WAH WILL CONTINUE TO MONITOR TRENDS IN ASTHMA TO DETERMINE WHETHER FUTURE REALLOCATION OF RESOURCES IS NEEDED TO PROVIDE ASTHMA-RELATED COMMUNITY PROGRAMS > HIV/AIDS WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS FOR HIV/AIDS DUE TO LIMITED FINANCIAL RESOURC ES, AND BECAUSE MANY HIV/AIDS SERVICES ARE PROVIDED BY OTHER LOCAL ORGANIZATIONS ADVENTIST HEALTHCARE'S CENTER ON HEALTH DISPARITIES LED AN INITIATIVE CALLED PROJECT BEAT IT! (BEC OMING EMPOWERED AFRICANS THROUGH IMPROVED TREATMENT OF TYPE 2 DIABETES, HIV/AIDS, AND HEP A TITIS B), WHICH WAS A GRANT-FUNDED INITIATIVE FROM U S DHHS OFFICE OF MINORITY HEALTH THA T PROVIDED CULTURALLY APPROPRIATE HEALTH EDUCATION CLASSES TO HEALTH CARE PROVIDERS AND TH E AFRICAN IMMIGRANT COMMUNITY TO IMPROVE HEALTH OUTCOMES RELATED TO THESE CHRONIC AND INFE CTIOUS DISEASES THE 20-MONTH GRANT FUNDED PROJECT ENDED IN SEPTEMBER 2013 > SOCIAL DETER MINANTS OF HEALTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION WAH DOES NOT D IRECTLY 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 THE SE NEEDS INSTEAD, WAH PARTNERS WITH AND SUPPORTS OTHER ORGANIZATIONS IN THE COMMUNITY THA T SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANS PORTATION, AND OTHER SOCIAL DETERMINANTS OF HEALTH WAH HAS RECENTLY PARTNERED WITH LOCAL FARMERS MARKETS TO OFFER "PRESCRIPTIONS" FOR HEALTHY FOODS WHICH ALLOW PATIENTS TO RECEIVE FRESH PRODUCE AT A DISCOUNTED RATE WAH HAS ALSO RECENTLY PARTNERED WITH REBUILDING TOGET HER IN ORDER TO MATCH INDIVIDUALS IN NEED WITH HOME REPAIR/RENOVATION SERVICES THAT WILL A LLOW THEM TO MORE SAFELY MAINTAIN THEIR RESIDENCE AND AGE AT HOME FOR EXAMPLE, INSTALLING ARM RAILS AND RAMPS FOR ADDITIONAL DET</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
HACKETTSTOWN COMMUNITY HOSPITAL	<p>PART V, SECTION B, LINE 11 THE FOLLOWING WERE IDENTIFIED AS THE KEY COMMUNITY PRIORITIES ACCESS TO CARE,CHRONIC DISEASE MANAGEMENT, COORDINATION OF CARE, AND MENTAL HEALTH THE PLAN TO ADDRESS THESE ISSUES ARE AS FOLLOWS ACCESS TO CARE GOAL - INCREASE ACCESS TO AFFORD ABLE QUALITY HEALTH CARE FOR HACKETTSTOWN MEDICAL CENTER'S SERVICE AREA RESIDENTS OBJECTI VE - IDENTIFY A COMPREHENSIVE LIST OF AVAILABLE COMMUNITY RESOURCES FOR THE LOW INCOME AND UNINSURED POPULATION IN HACKETTSTOWN MEDICAL CENTER'S SERVICE AREA BY MARCH 2017 ACTIONS - > IDENTIFY COMMUNITY PARTNERS TO OBTAIN AND EVALUATE AVAILABLE RESOURCES AND RESOURCE G UIDES > WORK WITH COMMUNITY PARTNERS TO CONSOLIDATE RESOURCE INFORMATION ON AREA HEALTH C LINICS AND LOCAL RESOURCES > POST INFORMATION ON THE HOSPITAL'S WEBSITE AND DISTRIBUTE TH ROUGH HACKETTSTOWN MEDICAL CENTER'S FINANCIAL COUNSELORS, EMERGENCY DEPARTMENT, WARREN CO UNTY HEALTH DEPARTMENT, MT OLIVE HEALTH DEPARTMENT AND OTHER IDENTIFIED AGENCIES PLAN TO EVALUATE - HACKETTSTOWN MEDICAL CENTER WILL EVALUATE THE DISTRIBUTION OF THE RESOURCE GUID E BY CONTACTING THE LOCAL AGENCIES TO EVALUATE THE NUMBER THAT WERE PROVIDED TO COMMUNITY RESIDENTS POTENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER, ZUFALL HEALTH CENTER, WARREN COUNTY HEALTH DEPARTMENT, MT OLIVE HEALTH DEPARTMENT, WARREN COUNTY DIVISION OF HUMAN SER VICES, UNITED WAY MENTAL HEALTH/SUBSTANCE ABUSE GOAL - INCREASE ACCESS TO EXISTING MENTAL HEALTH SERVICES AND INCREASE AWARENESS OF MENTAL HEALTH ISSUES FOR HACKETTSTOWN MEDICAL C ENTER'S SERVICE AREA OBJECTIVE - IDENTIFY A COMPREHENSIVE LIST OF AVAILABLE RESOURCES FOR THOSE IN NEED OF MENTAL HEALTH AND ADDICTION SERVICES IN HACKETTSTOWN MEDICAL CENTER'S SE RVICE AREA BY MARCH 2017 ACTIONS - > IDENTIFY AND CONTACT COMMUNITY PARTNERS TO PARTICIPA TE IN A MENTAL HEALTH STRATEGY WORKGROUP > IDENTIFY LOCAL COMMUNITY PARTNERS TO OBTAIN AN D EVALUATE AVAILABLE RESOURCES AND RESOURCE GUIDES > WORK WITH LOCAL COMMUNITY PARTNERS T O CONSOLIDATE RESOURCE INFORMATION > POST INFORMATION ON THE HOSPITAL'S WEBSITE AND DISTRIBUTE THROUGH HACKETTSTOWN MEDICAL CENTER'S COUNSELING AND ADDICTION CENTER, SCHOOLS, CHU RCHES, EMERGENCY DEPARTMENT, FIRST AID SQUADS, WARREN COUNTY HEALTH DEPARTMENT, MT OLIVE HEALTH DEPARTMENT, ZUFALL HEALTH CENTER PLAN TO EVALUATE - HACKETTSTOWN MEDICAL CENTER WI LL EVALUATE THE DISTRIBUTION OF THE RESOURCE GUIDE BY CONTACTING LOCAL AGENCIES TO EVALUAT E THE NUMBER THAT WERE DISTRIBUTED POTENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER'S COU NSELING AND ADDICTION CENTER, EMERGENCY DEPARTMENT, FIRST AID SQUADS, WARREN COUNTY HEALTH DEPARTMENT, MT OLIVE HEALTH DEPARTMENT, ZUFALL HEALTH CENTER WARREN COUNTY DIVISION OF H UMAN SERVICES, FAMILY GUIDANCE, LOCAL SCHOOLS AND CHURCHES OBJECTIVE - DECREASE MENTAL HE ALTH STIGMA BY INCREASING AWARENESS AND IDENTIFICATION OF MENTAL HEALTH /SUBSTANCE ABUSE D ISORDERS ACTIONS - > EXPLORE EVIDENCED BASED TRAINING OPPORTUNITIES TO INCREASE AWARENESS OF MENTAL HEALTH ISSUES > IDENTIFY TARGET GROUPS TO RECEIVE TRAINING SUCH AS STUDENT ASS ISTANCE COUNSELORS, CLERGY, AND LOCAL FIRST AID SQUADS > ENGAGE GROUPS TO BE TRAINED AND COLLECT DATA ON THE NEEDS OF THE GROUP HOLD TRAINING FOR 25 PARTICIPANTS IN YEAR ONE PLAN TO EVALUATE - EVALUATE THE SUCCESS OF THE PROGRAM BY FEEDBACK FROM PARTICIPANTS POTENTI AL PARTNERS - MENTAL HEALTH WORKGROUP, HACKETTSTOWN MEDICAL CENTER'S COUNSELING AND ADDICT ION CENTER, CENTER FOR HEALTHIER LIVING, FAMILY GUIDANCE, NAMI CHRONIC DISEASE MANAGEMENT /COORDINATION OF CARE GOAL - REDUCE RISK FACTORS FOR CHRONIC DISEASE AND IMPROVE MANAGEME NT OF DISEASE CONDITIONS THROUGH PROMOTION AND EDUCATION OF HEALTHY LIFESTYLES OBJECTIVE - INCREASE THE NUMBER OF PARTICIPANTS ATTENDING CHRONIC DISEASE EDUCATION PROGRAMS AND SUP PORT GROUPS ACTIONS - > PROVIDE AT LEAST 4 EDUCATIONAL OPPORTUNITIES FOR THOSE DIAGNOSED WITH CHRONIC DISEASES SUCH AS DIABETES, CARDIOVASCULAR DISEASE AND PULMONARY DISEASE > WO RK WITH LOCAL COMMUNITY RESOURCES AND PHYSICIANS TO REFER PATIENTS TO SUPPORT GROUPS > IN CREASE ATTENDANCE AT THE HEALTHY HEARTS, BETTER BREATHER'S CLUB AND DIABETES SUPPORT GROUP S PLAN TO EVALUATE - > DOCUMENT THE NUMBER OF EDUCATIONAL PROGRAMS > EVALUATE THE NUMBER OF PEOPLE ATTENDING THE PROGRAMS VERSUS ATTENDANCE IN THE PAST > EVALUATE THE NUMBER OF PEOPLE REFERRED TO SUPPORT GROUPS THROUGH COMMUNITY AGENCIES AND PHYSICIANS BY SURVEY POT ENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER, LOCAL HEALTH DEPARTMENTS, ZUFALL HEALTH CLI NIC, LOCAL PRIMARY CARE PHYSICIAN'S OBJECTIVE - PARTNER WITH COMMUNITY AGENCIES TO PROVID E 3 HEALTH SCREENINGS AND 3 EDUCATION EVENTS TO THE LOW INCOME AND UNINSURED POPULATION AC TIONS - > IDENTIFY LOCAL AGENCIES TO COORDINATE HEALTH EDUCATION PROGRAMS AND SCREENINGS > PROVIDE AT LEAST 3 SCREENINGS AND 3 COMMUNITY EDUCATION PROGRAMS TO IDENTIFY THOSE AT RI SK FOR CHRONIC DISEASES > TARGET PROGRAMS AND SCREENINGS TO THE LOW INCOME AND UNINSURED POPULATION PLAN TO EVALUATE - DOCUMENT THE COMPLE</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
HACKETTSTOWN COMMUNITY HOSPITAL	TION OF 3 COMMUNITY EDUCATION AND SCREENING PROGRAMS > EVALUATE THE NUMBER OF PEOPLE WHO ATTENDED THE PROGRAM > EVALUATE THE NUMBER OF PEOPLE REFERRED FROM THE SCREENING PROGRAM POTENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER, ZUFALL HEALTH CLINIC, WARREN COUNTY HEALTH DEPARTMENT, MT OLIVE HEALTH DEPARTMENT, WARREN COUNTY DIVISION OF HUMAN SERVICES, LOCAL CHURCHES RATIONALE FOR COMMUNITY HEALTH NEEDS NOT ADDRESSED HACKETTSTOWN MEDICAL CENTER PLANS TO ADDRESS ALL OF THE HEALTH PRIORITIES AS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND PRIORITIZATION SESSION COORDINATION OF CARE WILL FOCUS ON CHRONIC DISEASE MANAGEMENT

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 (PH&R) HAS IMPLEMENTED AN INITIATIVE TO BUILD A COMPREHENSIVE CONCUSSION SCREENING AND TREATMENT PROGRAM SERVING COMMUNITY MEMBERS AND STUDENT ATHLETES STRATEGIES FOR THIS INITIATIVE INCLUDE > INCREASING KNOWLEDGE AND AWARENESS OF CONCUSSION RISKS, CONCUSSION IDENTIFICATION, CARE, AND MANAGEMENT IN THE COMMUNITY AND THE MONTGOMERY COUNTY PUBLIC SCHOOL SYSTEM,> IMPLEMENTING IMPACTTM BASELINE TESTING FOR STUDENT ATHLETES IN 13 MONTGOMERY COUNTY HIGH SCHOOLS (WITH EACH STUDENT BASELINE TESTED EVERY 2 YEARS),> MAINTAINING AND MAKING AVAILABLE BASELINE TEST RESULTS TO STUDENTS, PARENTS, AND STUDENTS' HEALTH CARE PROVIDERS AT NO COST,> PROVIDING FOLLOW-UP TESTING AND ANALYSIS FOR STUDENTS AS NEEDED AT A REASONABLE RATE,> PROVIDING RETESTS AND ANALYSES AT A REDUCED RATE OR FREE OF CHARGE FOR STUDENTS WITH ECONOMIC DIFFICULTIES,> SERVING AS A RESOURCE ON CONCUSSION EDUCATION FOR STUDENTS, PARENTS, AND COACHES,> TRAINING AND PLACING FULL-TIME ATHLETIC TRAINERS IN 13 MONTGOMERY COUNTY HIGH SCHOOLS - TRAINERS ATTEND ALL 'HOME' ATHLETIC EVENTS AS WELL AS 'AWAY' VARSITY FOOTBALL GAMES, - TRAINERS PERFORM FUNCTIONS WITHIN THE SIX DOMAINS OF ATHLETIC TRAINERS AS ESTABLISHED BY THE NATIONAL ATHLETIC TRAINERS ASSOCIATION PREVENTION, CLINICAL EVALUATION AND DIAGNOSIS, IMMEDIATE CARE, TREATMENT, REHABILITATION, AND RECONDITIONING, ORGANIZATION AND ADMINISTRATION, AND PROFESSIONAL RESPONSIBILITIES - IN ADDITION, TRAINERS ASSIST IN IMPLEMENTING SCHOOL AND SYSTEM WIDE RESPONSIBILITIES RELATED TO THE HEALTH AND SAFETY OF STUDENT ATHLETES > PROVIDING AMERICAN HEART ASSOCIATION CPR/AED RECERTIFICATION FOR ATHLETIC STAFF AT 14 MONTGOMERY COUNTY HIGH SCHOOLS AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION AND THE RATIONALE > ASTHMA PH&R DOES NOT CURRENTLY DIRECTLY ADDRESS ASTHMA BECAUSE IT IS NOT A SPECIALTY AREA OF THE HOSPITAL SUFFICIENT RESOURCES AND EXPERTISE ARE NOT AVAILABLE TO MEET THESE NEEDS ADDITIONAL RESOURCES ARE AVAILABLE IN THE COMMUNITY > INFLUENZA PH&R DOES NOT DIRECTLY PROVIDE INFLUENZA SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER INFLUENZA SERVICES ARE ALREADY PROVIDED BY THE ACUTE CARE HOSPITALS IN THE ADVENTIST HEALTHCARE SYSTEM, SGM C AND WAH, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN PH&R'S SERVICE AREA > HIV/AIDS PH&R DOES NOT PROVIDE HIV/AIDS SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER HIV/AIDS SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN PH&R'S SERVICE AREA > MATERNAL AND INFANT HEALTH PH&R DOES NOT PROVIDE MATERNAL AND INFANT SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER A FULL SPECTRUM OF MATERNAL AND INFANT SERVICES IS ALREADY PROVIDED BY SGM C, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN PH&R'S SERVICE AREA > BEHAVIORAL HEALTH PH&R DOES NOT PROVIDE BEHAVIORAL HEALTH SERVICES BECAUSE THESE SERVICES ARE ALREADY PROVIDED BY A NEIGHBORING SPECIALTY CARE HOSPITAL WITHIN ITS HOSPITAL SYSTEM, ADVENTIST BEHAVIORAL HEALTH IN ADDITION TO ADVENTIST BEHAVIORAL HEALTH, THERE ARE MANY ORGANIZATIONS THAT PROVIDE BEHAVIORAL HEALTH SERVICES WITHIN THE PH&R SERVICE AREA > SENIOR HEALTH PH&R DOES NOT DIRECTLY PROVIDE SENIOR CARE COMMUNITY OUTREACH SERVICES AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A REHABILITATION CENTER MANY OLDER ADULTS AND SENIORS ARE SERVED BY VARIOUS PROGRAMS AT PH&R, ALTHOUGH THESE NOT SPECIFICALLY/EXCLUSIVELY OFFERED TO SENIORS SENIOR HEALTH SERVICES ARE ALREADY PROVIDED BY OTHER ENTITIES IN THE ADVENTIST HEALTHCARE NETWORK, AS WELL AS BY SEVERAL OTHER ORGANIZATIONS IN PH&R'S SERVICE AREA > SOCIAL DETERMINANTS OF HEALTH (FOOD ACCESS, HOUSING QUALITY, EDUCATION, TRANSPORTATION) PH&R DOES NOT DIRECTLY ADDRESS MANY OF THE SOCIAL DETERMINANTS OF HEALTH AS THEY FALL OUTSIDE THE SPECIALTY AREAS OF THE HOSPITAL AND PH&R DOES NOT HAVE THE RESOURCES OR EXPERTISE TO MEET THOSE NEEDS INSTEAD PH&R SUPPORTS AND PARTNERS WITH OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST REHABILITATION HOSPITAL OF MARYLAND'S IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE HTTP://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/3446/2013-CHNA-ARHM-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 IN 2015 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES - ROCKVILLE FOCUSED ON MENTAL HEALTH PROFESSIONAL TRAINING AND CONTINUED EDUCATION THE PRIMARY OBJECTIVE OF THE INITIATIVE WAS TO INCREASE ACCESS TO MENTAL HEALTH CARE BY PROVIDING TRAINING OPPORTUNITIES FOR YOUNG PROFESSIONALS AS WELL AS CONTINUED LEARNING EXPERIENCES FOR BOTH STUDENTS AND PROFESSIONALS IN THE FIELD ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES ROCKVILLE WORKED TO DO THIS BY PROVIDING OPPORTUNITIES FOR STUDENTS TO GAIN HANDS ON TRAINING IN SPECIALIZED AREAS OF CARE THAT HAVE A HIGH DEMAND IN THE COMMUNITY IN ADDITION, THE HOSPITAL WORKS TO PROVIDE CONTINUED LEARNING EXPERIENCES FOR BEHAVIORAL HEALTH STUDENTS AND PROFESSIONALS IN THE COMMUNITY STRATEGIES FOR THIS INITIATIVE INCLUDED > OFFERING A CHILD AND ADOLESCENT PSYCHIATRY RESIDENCY PROGRAM IN PARTNERSHIP WITH MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL STUDENTS ARE WITH THE HOSPITAL FOR AN EXTENDED PERIOD OF TIME DURING WHICH THEY HAVE THE OPPORTUNITY TO WORK CLOSELY WITH PHYSICIANS IN MULTIPLE SETTINGS > OFFERING NURSING STUDENT PSYCHIATRIC ROTATIONS FOR SEVERAL AREA SCHOOLS ROTATIONS TYPICALLY INCLUDE A MIX OF SHADOWING AND HANDS ON EXPERIENCE DEPENDING ON THE NEEDS OF EACH NURSING PROGRAM > PARTNERING WITH MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL TO HOST A FREE SYMPOSIUM ON THE THERAPEUTIC NEEDS OF CHILDREN AND ADOLESCENTS AFFECTED BY EMOTIONAL AND PHYSICAL TRAUMA > HOSTING A SYMPOSIUM ON THE LATEST RESEARCH AND CLINICAL APPLICATIONS AROUND RELIGION, SPIRITUALITY, AND GERIATRIC MENTAL HEALTH AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES ROCKVILLE AND THE RATIONALE > CANCER ABHW ROCKVILLE DOES NOT PROVIDE DIRECT SERVICES AROUND CANCER AS 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 SGM, 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 PART</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	NERS WITH OTHER ORGANIZATIONS IN THE COMMUNITY THAT SPECIALIZE IN ADDRESSING NEEDS RELATED TO FOOD ACCESS, HOUSING QUALITY, EDUCATION, AND TRANSPORTATION

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 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES - EASTERN SHORE IN 2015 FOCUSED ITS EFFORTS ON POST-TREATMENT SUPPORT FOR ADOLESCENTS AND THEIR FAMILIES THE PRIMARY OBJECTIVE OF THIS INITIATIVE WAS TO PROVIDE PARENTS AND FAMILIES WITH THE RESOURCES AND INFORMATION THEY NEED TO SUCCESSFULLY SUPPORT AND FOSTER THE WELL-BEING OF ADOLESCENTS WITH BEHAVIORAL AND MENTAL HEALTH NEEDS STRATEGIES INCLUDED > PROVIDING PARENTS/GUARDIANS OF DISCHARGED ADOLESCENTS WITH INFORMATION INCLUDING RESOURCES, INFORMATION, AND TIPS FOR PARENTS ON ASSISTING ADOLESCENTS ON THE TRANSITION FROM CARE, RESOURCES, INFORMATION, AND TIPS ON WHAT TO BE WATCHFUL FOR THAT MAY INDICATE THAT ADDITIONAL CARE OR FOLLOW-UP MAY BE NEEDED, SERVICES AND RESOURCES AVAILABLE IN THE COMMUNITY FOR ADDITIONAL SUPPORT > IN ADDITION, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES EASTERN SHORE PARTICIPATED IN EASTERN SHORE SCHOOL MENTAL HEALTH COALITION'S 5TH ANNUAL CONFERENCE AS A SPONSOR A HOSPITAL REPRESENTATIVE ALSO HAD THE OPPORTUNITY TO CONTRIBUTE TO A PLANNING COMMITTEE MEETING THIS YEAR'S CONFERENCE WAS TITLED "LINKING MENTAL HEALTH TO ACADEMIC SUCCESS ENHANCING FAMILY PARTNERSHIPS" A LARGE FOCUS OF THE CONFERENCE WAS HIGHLIGHTING THE IMPORTANT ROLE FAMILIES PLAY IN MEETING THE BEHAVIORAL HEALTH NEEDS OF THEIR CHILDREN AND THUS THE IMPORTANCE OF PROVIDING THEM SUPPORT SUCH AS THROUGH PARTNERSHIPS WITH COMMUNITY STAKEHOLDERS THE CONFERENCE WAS OPEN TO COMMUNITY MEMBERS, FAMILIES, AND PROFESSIONALS AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE AND THE RATIONALE > CANCER ABHW EASTERN SHORE DOES NOT PROVIDE DIRECT SERVICES AROUND CANCER AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL 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</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 //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/LOCATIONS/PHYSICAL-HEALTH-REHABILITATION/INFO/PATIENTS/BILLING/# VZ1UHL9VHHWHTTP //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 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 IN CALENDAR YEAR 2015, ADVENTIST REHABILITATION HOSPITAL OF MARYLAND, INC OFFERED FINANCIAL ASSISTANCE FOR ANY PATIENT PORTION OF CHARGES REGARDLESS OF INSURANCE STATUS PATIENTS WHO HAD INSURANCE COVERAGE WERE CHARGED CONSISTENT WITH THE COPAYS AND DEDUCTIBLES AS SET BY THEIR INSURANCE POLICY, HOWEVER FINANCIAL ASSISTANCE WAS AVAILABLE FOR THE SELF-PAY PORTION AND THE CRITERIA AND INCOME GUIDELINES OUTLINED IN THE FINANCIAL ASSISTANCE POLICY APPLY IN THE SAME MANNER TO THAT SELF-PAY PORTION AS IF THE PATIENT WERE UNINSURED FOR UNINSURED PATIENTS IN CALENDAR YEAR 2015, NO FINANCIAL ASSISTANCE PATIENT WAS CHARGED MORE THAN WHAT MARYLAND MEDICAID WOULD HAVE PAID FOR THE SAME SERVICE

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

**Schedule I
(Form 990)**

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

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

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number

52-1532556

Part I

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

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

[illegible]

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

3 Enter total number of other organizations listed in the line 1 table. **3**

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
PART I, LINE 2	ADVENTIST HEALTHCARE IS COMMITTED TO IDENTIFYING AND RESPONDING TO PRIORITY HEALTH NEEDS AND OUTCOMES FOR THE PEOPLE AND COMMUNITIES WE SERVE. THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR ORGANIZATIONS WHOSE ACTIVITIES SUPPORT OUR MISSION TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY, ESPECIALLY FOR THOSE THAT HAVE POOR ACCESS TO CARE AND POOR HEALTH OUTCOMES. THE COMMUNITY PARTNERSHIP FUND AWARDS GRANTS AND PROVIDES EVENT SPONSORSHIPS TO ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND OUR FUNDING OBJECTIVES. 1 HEALTH AND WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS, 2 PARTNERSHIPS LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH, 3 CAPACITY BUILDING IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY. OUR PRIORITIES: 1 ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT, 2 ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED, 3 ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION, 4 ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED. ADDITIONAL FACTORS WE CONSIDER: 1 501(C)(3) NON-PROFIT STATUS, 2 PARTNERING ORGANIZATIONS OR FUNDING FROM OTHER SOURCES. ADDITIONAL INFORMATION: ALL PROSPECTIVE APPLICANTS ARE ASKED TO COMPLETE A GRANT APPLICATION OR EVENT SPONSORSHIP APPLICATION (E.G., FUNDRAISING GALAS AND SPORTING EVENTS).

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 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 ASSOCIATION 4301 N FAIRFAX DR SUITE 530 ARLINGTON, VA 22203	13-5613797	501-(C)-(3)	5,000				SPONSORSHIP TOWARDS THE 2015 GREATER WASHINGTON HEART WALK FUNDS SUPPORT AHA IN HEART DISEASE RESEARCH AND ELIMINATION
BIOHEALTH INNOVATION INC 22 BALTIMORE RD 100 ROCKVILLE, MD 20850	45-3824067	501-(C)-(3)	75,000				CHARITABLE CONTRIBUTION / INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY
CASA DE MARYLAND INC 310 TULIP AVENUE TAKOMA PARK, MD 20917	52-1372972	501-(C)-(3)	115,554				\$110,000 WENT TOWARDS THE 2015 CASA/AHC PARTNERSHIP, \$2,500 WENT TOWARDS SPONSORING THE JUSTICE AWARDS NIGHT (AN EVENT WHOSE PROCEEDS GO TOWARDS PROVIDING SERVICES FOR IMMIGRANT FAMILIES), \$3,000 WENT TOWARDS THE IMMIGRANT HEALTH RESEARCH INITIATIVE BEING LED BY JOHNS HOPKINS UNIVERSITY, \$54 WENT TOWARDS THE FELICES FIESTAS HOLIDAY EVENT DONATION

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 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 COUNCELING PO BOX 339 ASHTON, MD 20861	52-1288655	501-(C)-(3)	10,000				FUNDS TO SUPPORT THE NON-PROFIT BEHAVIORAL HEALTH CENTER EMR/ E-CLINICAL WORKS IMPLEMENTATION - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	235,000				\$225,000 WAS DONATED TO SUPPORT MISSION WORK, YOUTH MINISTRY AND HEALTH & WELLNESS OUTREACH, \$10,000 WENT TOWARDS THE 2015 SEVENTH-DAY ADVENTIST GENERAL CONFERENCE IN SAN ANTONIO
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	12,784				DONATION MADE TOWARDS MEDICAL SUPPLIES

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMITTEE FOR MONTGOMERY 622 DENHAM ROAD ROCKVILLE, MD 20851	90-6437327	501-(C)-(4)	5,000				DIAMOND SPONSORSHIP OF THE ANNUAL LEGISLATIVE BREAKFAST - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY
							CONTRIBUTION TO CCI EXPANSION TO GREENBELT - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY SERVICING THE UNDERSERVED AND UNINSURED AREAS
COMMUNITY CLINIC INC 8630 FENTON STREET SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501-(C)-(3)	150,000				SILVER BENEFACTOR SPONSORSHIP OF THE A NIGHT OF HOPE SPRING GALA FUNDS DONATED TO GO TOWARDS MANSFIELD KASEMAN HEALTH CLINIC - SERVING UNINSURED AND UNDERINSURED RESIDENTS OF ROCKVILLE AND MONTGOMERY COUNTY WITH PRIMARY CARE, HEALTH EDUCATION AND SOCIAL SERVICES
COMMUNITY MINISTRIES OF ROCKVILLE 1010 GRANDIN AVE STE A1 ROCKVILLE, MD 20851	52-0910334	501-(C)-(3)	5,000				SILVER BENEFACTOR SPONSORSHIP OF THE A NIGHT OF HOPE SPRING GALA FUNDS DONATED TO GO TOWARDS MANSFIELD KASEMAN HEALTH CLINIC - SERVING UNINSURED AND UNDERINSURED RESIDENTS OF ROCKVILLE AND MONTGOMERY COUNTY WITH PRIMARY CARE, HEALTH EDUCATION AND SOCIAL SERVICES

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 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
CROHN'S & COLITIS FOUNDATION OF AMERICA 108 N ALFRED STREET LOWER LEVEL ALEXANDRIA, VA 22314	13-6193105	501-(C)-(3)	5,000				CONTRIBUTION TOWARDS THE NATIONAL CAPITAL AREA TAKE STEPS SPONSORSHIP IN SUPPORTING A CURE FOR CROHN'S DISEASE
GEORGE MASON UNIVERSITY FOUNDATION INC 3351 FAIRFAX DR MSN 3B1 ARLINGTON, VA 22201	54-1603842	501-(C)-(3)	15,000				PART OF A GROUP OF FUNDERS, FOR A STUDY THAT WAS DONE BY GMU ON THE OVERALL BUSINESS CLIMATE OF THE DC REGION (INCLUDING MD, DC, AND VA)
GERMANTOWN CULTURAL ARTS CENTER 12901 TOWN COMMONS DRIVE GERMANTOWN, MD 20874	52-2010744	501-(C)-(3)	12,000				\$5,000 DONATED TOWARDS THE BLACKROCK CENTER FOR THE ARTS 15TH ANNIVERSARY EDUCATION FUND, \$2,500 GIVEN AS A CONTRIBUTION TO THE BOARD OF TRUSTEES ON BEHALF OF NEW AHC BOARD MEMBER MICHAEL OXENFORD, \$4,500 DONATED TOWARDS THE BLACKROCK CENTER FOR THE ARTS 2016 ANNUAL GALA (FUNDS RAISED AT THIS EVENT ALLOW SERVICES TO BE PROVIDED TO COMMUNITY MEMBERS AT REDUCED RATES, SOME EVEN FREE)

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 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)	8,500				BOARD SPONSORSHIP - CORPORATE PARTNER - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY
	53-0162570	501-(C)-(6)	6,000				BOARD TO TRADE MID-SIZE BUSINESS LEADER NEW MEMBERSHIP FEE - IT IS A COALITION OF LEADERS REPRESENTING A BROAD CROSS-SECTION OF MONTGOMERY COUNTY BUSINESS, LABOR, EDUCATION, CIVIC AND COMMUNITY-BASED ORGANIZATIONS THEIR MISSION IS TO ADVOCATE IN SUPPORT OF ITS PRIORITIES AND AREAS OF FOCUS, WHICH INCLUDE EDUCATION, HEALTH, ECONOMIC, FISCAL RESPONSIBILITY AND TRANSPORTATION
HACKETTSTOWN REGIONAL MED CTR FOUNDATION 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840	22-2333410	501-(C)-(3)	10,000				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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART & SOUL INTERNATIONAL 53 HIDDEN VALLEY RD MONROVIA, CA 91016	20-0755905	501-(C)-(3)	10,000				CONTRIBUTION TO THE TEN COMMANDMENTS CONCERT HELD IN D C - HEART AND SOUL INTERNATIONAL IS A NONPROFIT MINISTRY DEDICATED TO BRINGING HOPE TO FAMILIES BY MINISTERING TO THE HEART AND SOUL THE FUNDS RAISED FROM THE CONCERT GO TOWARDS SPONSORING LOCAL CHURCHES/GROUPS WHICH HELP THEM ADVANCE OUR MUTUAL GOALS OF MINISTRY
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501-(C)-(3)	10,000				\$5,000 WENT TOWARDS INNOVATOR SPONSORSHIP OF THE 2015 MOMENTUM AWARDS, \$5,000 WENT TOWARDS THE INNOVATOR SPONSORSHIP OF THE 2016 IMPACT NOW! GALA - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CONNECTICUTT AVE NW STE 200 WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	50,000				MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES ENGAGEMENT - IPHI WORKS WITH THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF TO PROVIDE SUPPORT TO HEALTHY MONTGOMERY IN THE FORM OF PROJECT MANAGEMENT AND TECHNICAL ASSISTANCE AND, MORE SPECIFICALLY, HAS BEEN ACTIVE IN THE PAST YEAR IN ASSISTING WITH THE WORK OF THE EAT WELL BE ACTIVE PARTNERSHIP AND THE BEHAVIORAL HEALTH TASK FORCE

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 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 INC 5910 EXECUTIVE BLVD 200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	23,000				SUPPORTED INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY
MARCH OF DIMES 175 WOSTEND ST SUITE C BALTIMORE, MD 21230	13-1846366	501-(C)-(3)	10,000				PRESENTING SPONSORSHIP FOR THE MARCH OF DIMES MARCH FOR BABIES
MARYLAND PATIENT SAFETY CENTER 12TH ANNUAL MD PATI SAFETY CON REGISTRATION ELKRIDGE, MD 21075	35-2200200	501-(C)-(3)	10,000				2015 SILVER SPONSORSHIP AND 2015 ANNUAL MARYLAND PATIENT SAFETY CONFERENCE THE CENTER EXTENDS ACROSS MARYLAND INTO THE DISTRICT OF COLUMBIA, DELAWARE, AND NORTHERN VIRGINIA, AND IS DEDICATED TO CONTINUALLY ENHANCING THE QUALITY AND SAFETY OF PATIENT CARE IN ALL HEALTHCARE SETTINGS

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 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 (\$7,500) AND GOLF CLASSIC (\$2,500) - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 208141620	23-7022588	501-(C)-(3)	100,100				SUPPORTED PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC SERVICES, HEALTH DISPARITIES RESEARCH PROJECTS AND EDUCATIONAL CONFERENCES THAT WILL ADDRESS THE NEEDS OF VULNERABLE POPULATIONS/PROGRAMS THAT PROMOTE HEALTH AND WELLNESS IN THE AREAS OF CANCER, 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
MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY INC 10605 CONCORD TREET ST 440 KENSINGTON, MD 20895	20-8015355	501-(C)-(3)	5,000				HONEY BEE SPONSORSHIP OF 3RD ANNUAL GROWN UP SPELLING BEE TO SUPPORT ADULT LITERACY

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 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				SPONSORSHIP OF 23RD ANNUAL GALA, "THE MAGIC OF CARING" - PROJECTS THAT WILL IMPROVE CULTURALLY COMPETENT CARE AND LINGUISTIC SERVICES/HEALTH DISPARITIES RESEARCH PROJECTS AND EDUCATIONAL CONFERENCES THAT WILL ADDRESS THE NEEDS OF VULNERABLE POPULATIONS
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVE 310 WASHINGTON, DC 20016	52-1880478	501-(C)-(3)	10,000				MEMBERSHIP DUES TO HELP THE CAUSE OF POISON CONTROL IN THE COMMUNITY
NORTH AMERICAN DIVISION OF SEVENTH-DAY ADVENTISTS 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 209046600	20-3164300	501-(C)-(3)	15,000				\$2,000 WENT TOWARDS THE 2015 FEBRUARY PRESIDENTS' RETREAT + MEETING OF PRESIDENTS OF LARGE CONFERENCE, \$3,000 AS A CONTRIBUTION TOWARDS THE INSTEP4LIFE 5K, \$10,000 TO SUPPORT THE NAD CAMP MINISTRIES FUNDRAISER - JUST CLAIM IT PRAYER CONFERENCE

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 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 12301 ACADEMY WAY ROCKVILLE, MD 20852	52-1255870	501-(C)-(3)	5,400				\$5,000 DONATED AS A CONTRIBUTION TO THE FOUNDATIONS AHC - BENEFIT DINNER, \$400 DONATED ON BEHALF OF THE 18TH ANNUAL PAUL BLANK INVITATIONAL FOOTBALL GAME
							DONATIONS MADE TO A GOLF TOURNAMENT, WITH ALL THE PROCEEDS OF THIS EVENT GOING TOWARDS EXPANSION AND RENOVATION OF THE EMERGENCY DEPARTMENT
							FACILITY RENT FOR SPACE AT THE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER
SHADYGROVE ADVENTIST HOSPITAL FOUNDATION 820 W DIAMOND AVENUE GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	16,000				
SHADYGROVE ADVENTIST HOSPITAL FOUNDATION 820 W DIAMOND AVENUE GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	161,498				

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 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 MARYLAND 4201 PATTERSON AVE BALTIMORE, MD 21215	52-6002033	STATE OF MARYLAND	15,000				\$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
STRATHMORE HALL FOUNDATION INC 5301 TUKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	13,891				10TH ANNIVERSARY SPRING GALA SPONSOR - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY AND OTHER CONTRIBUTIONS
UNIVERSITY OF MARYLAND BALTIMORE 737 WEST LOMBARD STREET BALTIMORE, MD 21201	31-1678679	501-(C)-(3)	5,000				GOLD BENEFACTOR SPONSORSHIP OF THE UNIVERSITY OF MARYLAND BALTIMORE SCHOOL OF NURSING 125TH ANNIVERSARY GALA

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON ADVENTIST HOSPITAL FOUNDATION 7600 CARROLL AVENUE TAKOMA PARK, MD 20912	52-1692158	501-(C)-(3)	10,000				DONATIONS MADE TO A GOLF TOURNAMENT. WITH ALL THE PROCEEDS OF THESE EVENTS GOING TOWARDS SURGICAL CARE, PATIENT SERVICES ENHANCEMENTS AND CAPITAL CAMPAIGN FOR THE RELOCATION OF THE NEW HOSPITAL
							CONSULTING SERVICES PROVIDED TO WAH - RELATES TO LAUNCHING AN ONLINE FUNDRAISING SERVICE & MAJOR GIFT FUNDRAISING SERVICES
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVENUE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	102,000				\$100,000 GIVEN IN SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, SCIENCE AND WELLNESS, \$2,000 GIVEN IN SUPPORT OF WAU FAMILY FUN FESTIVAL - INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY/SEVENTH-DAY ADVENTIST 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 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 REGIONAL ASSOC OF GRANTMAKERS 1400 16TH ST NW 740 WASHINGTON,DC 20036	52-1756853	501-(C)-(3)	5,000				CONTRIBUTIONS FOR NONPROFIT MONTGOMERY WITH THE DESIGNATION FOR MONTGOMERY MOVING FORWARD - INITIATIVES COMMITTED TO STRATEGIC ACTION IN PURSUIT OF INNOVATIVE SOLUTIONS TO COMPLEX COMMUNITY PROBLEMS

Schedule J
(Form 990)

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" on 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

2015

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</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>	1b	No
<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>	2	Yes
<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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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. A NEW EXECUTIVE RETENTION 457F PLAN, EFFECTIVE JANUARY 1, 2015, REPLACED THE ADVENTIST HEALTHCARE CAPITAL ACCUMULATION ACCOUNT PLAN. PRE-TAX CONTRIBUTIONS ACCUMULATED ANNUALLY ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED. THERE IS A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED. THE FIRST PAYMENT FOR THE NEW EXECUTIVE RETENTION PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015, WILL BE DISTRIBUTED ON JANUARY 1, 2017, AND CONTRIBUTIONS ACCUMULATED IN 2016 WILL BE DISTRIBUTED ON JANUARY 1, 2018. IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES LONG-TERM DISABILITY COVERAGE, CELL PHONE ALLOWANCES, CASH-OUT OF UNUSED PAID TIME OFF (PTO) HOURS (ONLY FOR EMPLOYEES THAT LEAVE OUR ORGANIZATION), IMPUTED VALUE OF LIFE INSURANCE BENEFITS, TAXABLE PAYABLE PAY, AND SEVERANCE, AS APPLICABLE. NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT PREMIUM), AND THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, LIFE INSURANCE, BASE CONTRIBUTIONS TO RETIREMENT PLANS, MATCHING OF EMPLOYEES' RETIREMENT CONTRIBUTIONS, ETC. PAY PRACTICE. ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL OF ITS AFFILIATED ENTITIES FOR EMPLOYMENT PURPOSES. AS SUCH, ACTUAL COMPENSATION AND BENEFITS ARE CHARGED TO THE RESPECTIVE ENTITIES AND THE RESULTING COMPENSATION AND BENEFITS ARE REPORTED ON EACH AFFILIATE IRS FORM 990 AS IF PAID DIRECTLY BY SUCH AFFILIATE. AS APPLICABLE, THE SAME AND NON-ADDITIVE COMPENSATION AND EMPLOYMENT BENEFIT PLAN CONTRIBUTION AMOUNTS WERE ALSO DISCLOSED IN THE ADVENTIST HEALTHCARE INC. RELATED ENTITIES RETURNS. INDEPENDENT GUIDELINES. WHEN SETTING COMPENSATION FOR THE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES, ADVENTIST HEALTHCARE FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF 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	A NEW EXECUTIVE RETENTION 457F PLAN, EFFECTIVE JANUARY 1, 2015, REPLACED THE ADVENTIST HEALTHCARE CAPITAL ACCUMULATION ACCOUNT PLAN. PRE-TAX CONTRIBUTIONS ACCUMULATED ANNUALLY ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED. THERE IS A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED. THE FIRST PAYMENT FOR THE NEW EXECUTIVE RETENTION PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015, WILL BE DISTRIBUTED ON JANUARY 1, 2017, AND CONTRIBUTIONS ACCUMULATED IN 2016 WILL BE DISTRIBUTED ON JANUARY 1, 2018. THE FOLLOWING EMPLOYEES LISTED BELOW FELL OUTSIDE THE AGE BRACKET TO BE INCLUDED IN THE 457F PLAN, AND THEY RECEIVED LUMP-SUM CASH BONUS PAYMENTS. JAMES DAMRON \$44,653, JOAN VINCENT \$64,605, RANDALL WAGNER \$74,026. ALSO, IN 2015, SEVERANCE PAYMENTS WERE MADE TO: CHERIE PARDUE \$90,959.

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TERRY FORDE PRESIDENT & CEO, AHC	(i)	864,928	328,406	32,029	191,122	28,016	1,444,501	0
	(ii)	0	0	0	0	- 0	- 0	0
1JAMES G LEE EVP & CFO, AHC	(i)	498,437	159,345	5,040	110,360	25,601	798,783	0
	(ii)	0	0	0	0	- 0	- 0	0
2JOHN SACKETT EVP & COO OF AHC, PRESIDENT OF SGMC	(i)	541,076	173,052	13,272	110,674	40,583	878,657	0
	(ii)	0	0	0	0	- 0	- 0	0
3ERIK WANGSNES PRESIDENT, WAH	(i)	389,952	30,452	2,157	87,469	26,905	536,935	0
	(ii)	0	0	0	0	- 0	- 0	0
4JASON C COE PRESIDENT, HRMC	(i)	290,030	94,356	9,180	51,577	31,421	476,564	0
	(ii)	0	0	0	0	- 0	- 0	0
5PATRICK GARRETT SVP & PHYSICIAN INTEGRATION, AHC	(i)	384,777	142,907	5,766	102,164	13,985	649,599	0
	(ii)	0	0	0	0	- 0	- 0	0
6SUSAN L GLOVER SVP & SYSTEM QUALITY, AHC	(i)	299,655	89,441	4,544	60,062	26,192	479,894	0
	(ii)	0	0	0	0	- 0	- 0	0
7MARTA BRITO PEREZ SVP & CHIEF HR OFFICER, AHC	(i)	333,571	101,968	4,623	76,945	25,138	542,245	0
	(ii)	0	0	0	0	- 0	- 0	0
8KEVIN YOUNG PRESIDENT, BHWS	(i)	306,704	45,000	4,080	62,708	25,355	443,847	0
	(ii)	0	0	0	0	- 0	- 0	0
9BRENT REITZ VP & ADMINISTRATOR, ARHM	(i)	253,103	11,250	3,178	51,773	28,326	347,630	0
	(ii)	0	0	0	0	- 0	- 0	0
10KEITH BALLENGER VP, HOME HEALTH	(i)	187,561	52,021	8,226	33,075	21,023	301,906	0
	(ii)	0	0	0	0	- 0	- 0	0
11AMY CARRIER VP, BUS DEV & STRATEGIC PLANNING,	(i)	207,348	73,305	2,416	7,218	14,589	304,876	0
	(ii)	0	0	0	0	- 0	- 0	0
12THOMAS GRANT VP, PUBLIC RELATIONS & MARKETING, AH	(i)	207,360	55,388	3,215	35,114	24,345	325,422	0
	(ii)	0	0	0	0	- 0	- 0	0
13CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	(i)	277,736	73,545	214	62,940	4,039	418,474	0
	(ii)	0	0	0	0	- 0	- 0	0
14JAMES DAMRON VP & CHIEF DEVELOPMENT OFFICER, AHC	(i)	170,621	0	55,774	0	28,243	254,638	0
	(ii)	0	0	0	0	- 0	- 0	0
15EUNMEE SHIM VP OF BUSINESS DEVELOPMENT & STRATEG	(i)	261,652	60,224	3,412	51,680	27,228	404,196	0
	(ii)	0	0	0	0	- 0	- 0	0
16KENNETH B DESTEFANO VP & GENERAL COUNSEL, AHC	(i)	351,926	93,122	33,274	53,391	25,202	556,915	0
	(ii)	0	0	0	0	- 0	- 0	0
17DANIEL L COCHRAN VP & CFO, SGMC	(i)	299,700	69,861	3,945	67,531	18,767	459,804	0
	(ii)	0	0	0	0	- 0	- 0	0
18JOAN VINCENT CHIEF NURSING OFFICER, SGMC	(i)	247,170	0	66,221	750	7,422	321,563	0
	(ii)	0	0	0	0	- 0	- 0	0
19KEVIN SMOTHERS VP & CHIEF MEDICAL OFFICER, SGMC	(i)	417,914	102,671	7,139	89,763	30,939	648,426	0
	(ii)	0	0	0	0	- 0	- 0	0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21RANDALL WAGNER VP & CHIEF MEDICAL OFFICER, WAH	(i)	354,467	59,163	80,981	8,845	12,984	516,440	0
	(ii)	0	0	0	0	0	0	0
1CHERIE PARDUE DEPUTY CHIEF INFORMATION OFFICER, AH	(i)	138,581	66,346	91,148	4,143	1,328	301,546	0
	(ii)	0	0	0	0	0	0	0

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

2015

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 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			5,835,976					
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 %		0 950 %		3 250 %		1 610 %
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 %		0 950 %		3 250 %		1 610 %
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	3000 0000000000 %							
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

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?								
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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 \$5,835,975.81 AS OF 12/31/2015 THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUND OF THE 2003A BONDS WHICH WAS COMBINED WITH THE 2011 A RESERVE FUND ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-12 FOR THIS BOND ISSUE PART IV, COLUMN A THE ARBITRAGE CALCULATION DATE FOR THE 2005 A BONDS WAS JANUARY 2015 PART IV, COLUMN B THE ARBITRAGE CALCULATION DATE FOR THE 2011 A BONDS WILL BE SEPTEMBER 2016 PART IV, COLUMN C THE ARBITRAGE CALCULATION DATE FOR THE 2011 B BONDS WILL BE SEPTEMBER 2016

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, SGMC BASED IT PROJECTS (GE VIEWPOINT, I- HEAL, AEROSCOUT), BUILD OUT OF EXISTING SHELL, RENOVATION IN PLACE OF EXISTING PHARMACY AND IV PREP ROOMS, ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (AHC- WAH) F/K/A WASHINGTON ADVENTIST HOSPITAL - ULTRASOUND EQUIPMENT, AHC-WAH CERTIFICATE OF NEED EXPENSES

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DLN: 93493320017886

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.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/Form990.

OMB No 1545-0047

2015

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	
A MHFEA (2014 A)	52-0936091	NONEAVAIL	02-26-2014	25,000,000	SEE PART VI	Yes	No	Yes	No	Yes	No
							X			X	

Part II Proceeds

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

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

Schedule K (Form 990) 2015

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).

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	<p>2 EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE ADVENTIST HEALTHCARE JOINS WITH SEVERAL ORGANIZATIONS IN ORDER TO BRING FREE SERVICES TO COMMUNITIES IN NEED WITH A SPECIAL FOCUS ON WOMEN AND CHILDREN, LOW-INCOME, UNINSURED, AND MINORITY POPULATIONS ADVENTIST HEALTHCARE IS DEDICATED TO PROGRAMS THAT HELP BUILD HEALTHY FAMILIES AND COMMUNITIES ADVENTIST HEALTHCARE PARTNERS WITH LOCAL SAFETY NET CLINICS THAT OFFER PRIMARY CARE, OR A MEDICAL HOME, TO UNINSURED RESIDENTS OF MONTGOMERY COUNTY THROUGH THESE PARTNERSHIPS, ADVENTIST HEALTHCARE HELPS ENSURE THAT UNINSURED PATIENTS HAVE COORDINATED CARE BETWEEN THE CLINIC THAT SERVES AS THEIR MEDICAL HOME AND THE HOSPITAL WHERE THEY RECEIVE CARE AND EDUCATIONAL PROGRAMS THE PARTNERSHIPS WE HAVE DEVELOPED WITH LOCAL SAFETY NET CLINICS, SUCH AS MERCY HEALTH CLINIC, COMMUNITY CLINIC, INC , MOBILE MEDICAL CARE, INC , AND MARY'S CENTER, IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDER-INSURED RESIDENTS ADVENTIST HEALTHCARE'S SUPPORT INCLUDES BUT IS NOT LIMITED TO PROVIDING LAB WORK, X-RAY SERVICES AND FINANCIAL SUPPORT OF CLINICAL OPERATIONS TO SERVE THE UNINSURED OR UNDER-INSURED POPULATION OF MONTGOMERY COUNTY THIS ALSO HELPS TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT UTILIZATION BY THIS PORTION OF THE POPULATION THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN NEED MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO SOCIAL-SERVICES PROGRAMS OUR WORK WITH MOBILE MED ENABLES REGULAR MEDICAL CARE, SUCH AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS IN 2014, WASHINGTON ADVENTIST HOSPITAL AND COMMUNITY CLINIC, INC FORGED AN INNOVATIVE PARTNERSHIP AND OPENED A NEW CLINIC ON THE HOSPITAL'S CAMPUS INTENDED TO IMPROVE ACCESS TO PRIMARY AND PREVENTIVE CARE FOR UNINSURED AND UNDER-INSURED PATIENTS THE PARTNERSHIP MAKES IT POSSIBLE TO SPECIFICALLY HELP, THROUGH DISCHARGE AND TRANSITION PLANNING, UNDERSERVED PATIENTS AT HIGH RISK OF HOSPITAL READMISSION IN ADDITION TO PROVIDING SERVICES TO THOSE MOST IN NEED, ADVENTIST HEALTHCARE ALSO PROVIDES SPECIALIZED SERVICES SUCH AS THE SHADY GROVE MEDICAL CENTER FORENSIC MEDICAL UNIT THIS UNIT, WHICH IS THE ONLY ONE IN MONTGOMERY COUNTY , PROVIDES FORENSIC EVIDENCE COLLECTION AND SPECIALIZED MEDICAL CARE TO WOMEN, MEN AND CHILDREN WHO ARE VICTIMS OF SEXUAL ASSAULT AND ABUSE SHADY GROVE MEDICAL CENTER AND WASHINGTON ADVENTIST HOSPITAL ARE ALSO ACTIVE PARTICIPANTS IN MONTGOMERY COUNTY'S MATERNITY PARTNERSHIP PROGRAM, WHICH PROVIDES PRENATAL CARE AND MATERNITY SERVICES TO LOW-INCOME, UNINSURED PREGNANT WOMEN FOR THE PAST EIGHT YEARS, THE ADVENTIST HEALTHCARE GERMANTOWN EMERGENCY CENTER IN GERMANTOWN, MARYLAND, HAS BROUGHT VITAL EMERGENCY SERVICES TO A FAST-GROWING COMMUNITY THE EMERGENCY CENTER'S MEDICAL CAMPUS ALSO HAS A PRIMARY CARE CLINIC FOR UNINSURED RESIDENTS, A PRENATAL CLINIC FOR LOW-INCOME WOMEN, OUTPATIENT RADIOLOGY SERVICES AND PHYSICIAN OFFICES SINCE IT HAS OPENED, THE CENTER HAS TREATED AN AVERAGE OF 35,000 EMERGENCY PATIENTS EACH YEAR. OUR GERMANTOWN SERVICES ALSO FEATURE THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER (LEGALLY KNOWN AS ADVENTIST CANCER CARE, LLC) AT GERMANTOWN ON SENECA MEADOWS PARKWAY RADIATION ONCOLOGY IS AN INTEGRAL CONTRIBUTOR TO THE OVERALL CARE OF 60-65% OF PATIENTS WITH CANCER THROUGHOUT THEIR CONTINUUM OF CARE EVALUATIONS OF PATIENTS' CONDITION ARE OFFERED AT LEAST WEEKLY , WITH HIGHLY TRAINED STAFF AVAILABLE 24/7 THE AMERICAN COLLEGE OF RADIOLOGY (ACR) HAS AWARDED RADIATION ONCOLOGY ACCREDITATION TO THE CENTER. PATIENTS WON'T FIND THIS LEVEL OF CARE IN RADIATION THERAPY AT MOST FACILITIES, ONLY 15 PERCENT OF CENTERS ARE ACR ACCREDITED 3 PROMOTE HEALTH EQUITY AND WELLNESS COMMUNITIES SERVED BY ADVENTIST HEALTHCARE THRIVE IN A CULTURE OF WELLNESS AND ENJOY ACCESS TO AND THE BENEFITS OF HIGH QUALITY , EQUITABLE HEALTHCARE THAT PROMOTES PHYSICAL, MENTAL AND SPIRITUAL WELLBEING TO REALIZE OUR VISION, THE CENTER FOR HEALTH EQUITY & WELLNESS ENSURES THE DELIVERY OF POPULATION-BASED CARE AND PROMOTION OF HEALTH CARE EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE. WE ACCOMPLISH OUR MISSION BY PARTNERING WITH COMMUNITY MEMBERS AND ORGANIZATIONS TO IMPLEMENT HEALTH EQUITY AND COMMUNITY WELLNESS APPROACHES THAT IMPROVE POPULATION HEALTH IN 2015, WE PROVIDED MORE THAN 100,000 ENCOUNTERS IN THE PROMOTION OF COMMUNITY HEALTH AND WELLNESS CENTER FOR HEALTH EQUITY AND WELLNESS - AREAS OF EXPERTISE INCLUDE > CULTURAL COMPETENCE TRAINING FOR HEALTH PROFESSIONALS, > COMMUNITY OUTREACH THROUGH HEALTH SCREENINGS AND EDUCATION, > INTERPRETER TRAINING FOR QUALIFIED BILINGUAL STAFF, > ORGANIZATIONAL HEALTH EQUITY ASSESSMENT AND STRATEGIC PLANNING, > DEVELOPMENT AND IMPLEMENTATION OF COMMUNITY HEALTH NEEDS ASSESSMENTS, > COMMUNITY BENEFIT REPORTING, > PROGRAM DEVELOPMENT AND RESEARCH ALIGNING THESE AREAS ALLOWS ADVENTIST HEALTHCARE TO ENHANCE ITS POSITION IN THE REGION AND NATIONALLY AS THE LEADER IN PROVIDING POPULATION-BASED AND EQUITABLE CARE THROUGHOUT THE CARE CONTINUUM, FROM BIRTH TO DEATH, FROM INPATIENT TO OUTPATIENT IN ADDITION, THE CENTER FOR HEALTH EQUITY & WELLNESS IS A CATALYST FOR CONNECTING OUR HOSPITALS, URGENT CARE SERVICES, HOME CARE, MEDICAID HEALTH PLAN, PHYSICIAN PRACTICES AND OTHER SERVICES TO ALL OUR COMMUNITIES OUR PROGRAMS ARE DESIGNED TO NOT ONLY PROMOTE ADVENTIST HEALTHCARE AS A HIGH-QUALITY , HEALTH CARE PROVIDER TO THOSE WE SERVE, BUT TO HELP ADVENTIST HEALTHCARE BECOME A PROVIDER OF CHOICE FOR RESIDENTS IN THE REGION THE CENTER FOR HEALTH EQUITY & WELLNESS BRINGS TOGETHER THE ADVENTIST HEALTHCARE CENTER ON HEALTH DISPARITIES AND THE ADVENTIST HEALTHCARE HEALTH AND WELLNESS DEPARTMENT THE CENTER ON HEALTH DISPARITIES WAS ESTABLISHED IN 2007 TO HELP ACHIEVE HEALTH EQUITY IN THE COMMUNITIES SERVED BY ADVENTIST HEALTHCARE BY RAISING COMMUNITY AWARENESS, IMPROVING CAPACITY , AND DEVELOPING SOLUTIONS TO ELIMINATE LOCAL DISPARITIES IN HEALTH CARE, THE CENTER ON HEALTH DISPARITIES HAS WORKED TO IMPROVE ACCESS TO QUALITY HEALTH CARE, ESPECIALLY FOR MINORITIES, WOMEN, AND PEOPLE WHO HAVE LANGUAGE BARRIERS OR OTHER COMMUNICATION NEEDS THE HEALTH AND WELLNESS DEPARTMENT HAS LONG WORKED WITH AHC HEALTH PROGRAMS, SUCH AS CARDIOVASCULAR, DIABETES, CANCER, AND MATERNAL AND CHILD HEALTH, TO RAISE AWARENESS OF HEALTH ISSUES, TO SCREEN FOR VARIOUS CONDITIONS, AND TO OFFER EDUCATIONAL AND SUPPORT PROGRAMS TO COMMUNITY MEMBERS THE CENTER FOR HEALTH EQUITY & WELLNESS ACHIEVES ITS MISSION THROUGH THREE TEAMS 1) RESEARCH AND EDUCATION - DESIGNS AND CONDUCTS POPULATION-BASED RESEARCH ON COMMUNITY HEALTH DISPARITIES AND OUTCOMES, AND DEVELOPS EFFECTIVE STRATEGIES TO PROMOTE HEALTH EQUITY DEVELOPS AND DELIVERS CLASSES AND PROGRAMS TO EDUCATE PATIENTS, PROVIDERS AND INSTITUTIONS ON WAYS TO PROMOTE CULTURALLY COMPETENT PRACTICES AND ACHIEVE BETTER HEALTH OUTCOMES HOLDS HEALTH DISPARITIES CONFERENCES AND PRODUCES REPORTS ON HEALTH CARE EQUITY ANNUALLY TO TARGET QUALITY IMPROVEMENT EFFORTS > MONITOR HEALTH CARE DISPARITIES AMONG ADVENTIST HEALTHCARE PATIENT POPULATIONS ANNUALLY TO INFORM RESEARCH AND PROGRAMS TO IMPROVE QUALITY , EXPAND ACCESS, AND DELIVER POPULATION-BASED CARE (E G , PROJECT BEAT IT)), > PLAN AND HOST ANNUAL CONFERENCE ON HEALTH CARE DISPARITIES AND BEST PRACTICES TO PROMOTE HEALTH EQUITY , > DEVELOP AND DISSEMINATE ADVENTIST HEALTHCARE'S HEALTH EQUITY REPORT ANNUALLY TO INFORM STRATEGIES THAT MEET OUR MISSION, > CONDUCT CULTURAL COMPETENCY, DATA COLLECTION, AND OTHER TRAINING AND CONTINUING EDUCATION CLASSES FOR HEALTH PROFESSIONALS AT LEAST TWICE A YEAR, > CONDUCT QUALIFIED BILINGUAL STAFF TRAINING CLASSES 2-4 TIMES A YEAR, > PUBLISH QUARTERLY ARTICLES ON CURRENT NEWS AND RESEARCH ON HEALTH EQUITY FOR EMPLOYEE NEWSLETTERS, > SUBMIT RESEARCH TO PEER-REVIEWED JOURNALS FOR PUBLICATION AS APPLICABLE, > DEVELOP LOGIC MODELS WITH MEASUREABLE OUTCOMES TO EVALUATE HEALTH PROMOTION AND EDUCATION PROGRAMS, > REPORT PROGRAM OUTCOMES MONTHLY AND WHEN APPLICABLE, STRATIFY BY RELEVANT CHARACTERISTICS TO ASSESS NEEDS OF AND OUTREACH TO DIFFERENT POPULATIONS</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A; PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2	<p>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</p> <p>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 MANAGEMENT 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> <p>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), BABYSITTING CLASSES AND SIBLING CLASSES, > PROVIDE TOBACCO CESSATION COUNSELING, > PROVIDE A VARIETY OF HEALTH SCREENINGS (E.G. BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, ETC), > COORDINATE FLU SHOT CLINICS IN A VARIETY OF COMMUNITY LOCATIONS, > ADMINISTER COMMUNITY PARTNERSHIP FUND DONATIONS, > BUILD RELATIONSHIPS WITH A WIDE RANGE OF COMMUNITY ORGANIZATIONS (E.G., SENIOR CENTERS, FAITH-BASED ORGANIZATIONS, COMMUNITY CENTERS, LOW-INCOME HOUSING COMPLEXES, ETC)</p>

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 BY LAWS 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 IX, LINE 11G	<p>CONTRACT LABOR PROGRAM SERVICE EXPENSES 31,049,856 MANAGEMENT AND GENERAL EXPENSES 636,824 FUNDRAISING EXPENSES 11,729 TOTAL EXPENSES 31,698,409 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 23,947,725 MANAGEMENT AND GENERAL EXPENSES 4,310,923 FUNDRAISING EXPENSES 3,289 TOTAL EXPENSES 28,261,937 CONTRACT LAB SERVICES PROGRAM SERVICE EXPENSES 17,675,099 MANAGEMENT AND GENERAL EXPENSES 40,212 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,715,311 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 1,341,101 MANAGEMENT AND GENERAL EXPENSES 3,910,880 FUNDRAISING EXPENSES 240,197 TOTAL EXPENSES 5,492,178 PATIENT TRANSPORTATION SERVICES PROGRAM SERVICE EXPENSES 530,729 MANAGEMENT AND GENERAL EXPENSES 350 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 531,079</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ORGANIZATION TRANSFER 1,136,563 OTHER UNRESTRICTED NET ASSETS ACTIVITY -241,122

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE INC

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

2015

Open to Public Inspection

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	1,855,067	3,801,188	ADVENTIST HEALTHCARE INC
(2) AHC HOLDINGS 1 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	MD	0	5,400,000	ADVENTIST HEALTHCARE INC
(3) AHC HOLDINGS 2 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	DE	0	5,570,774	ADVENTIST HEALTHCARE INC
(4) ONE HEALTH QUALITY ALLIANCE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	INTEGRATED PHYSICIAN GROUP	MD	0	-1,070,280	ADVENTIST HEALTHCARE INC
(5) ONE HEALTH QUALITY ACO LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 47-4070973	MEDICARE SHARED SAVINGS PLAN ACCOUNTABLE CARE ORGANIZATION	MD	0	0	ADVENTIST HEALTHCARE INC
(6) GERMANTOWN OUTPATIENT IMAGING LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-4395818	OUTPATIENT IMAGING	MD	0	0	ADVENTIST HEALTHCARE INC

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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	250,458			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	-3,459	259,381		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	400	18,895	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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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			

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

[illegible]

Part VII **Supplemental Information**

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 I - Identification of Disregarded Entities

(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	1,855,067	3,801,188	ADVENTIST HEALTHCARE INC
(1) AHC HOLDINGS 1 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	MD	0	5,400,000	ADVENTIST HEALTHCARE INC
(2) AHC HOLDINGS 2 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	DE	0	5,570,774	ADVENTIST HEALTHCARE INC
(3) ONE HEALTH QUALITY ALLIANCE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	INTEGRATED PHYSICIAN GROUP	MD	0	-1,070,280	ADVENTIST HEALTHCARE INC
(4) ONE HEALTH QUALITY ACO LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 47-4070973	MEDICARE SHARED SAVINGS PLAN ACCOUNTABLE CARE ORGANIZATION	MD	0	0	ADVENTIST HEALTHCARE INC
(5) GERMANTOWN OUTPATIENT IMAGING LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-4395818	OUTPATIENT IMAGING	MD	0	0	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
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 9	ADVENTIST HEALTHCARE INC	Yes	
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	
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	
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	
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	
HACKETTSTOWN COMMUNITY HOSPITAL INC 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 22-6106281	HOSPITAL	NJ	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
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	
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	
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	
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
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	
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	
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	
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	
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
(1)	HACKETTSTOWN COMMUNITY HOSPITAL FOUNDATION INC	B	10,000	COST
(1)	REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC	B	5,400	COST
(2)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	16,000	COST
(3)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	161,498	COST
(4)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	10,000	COST
(5)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	178,854	COST
(6)	ADVENTIST BEHAVIORAL HEALTH FOUNDATION INC	C	5,155	COST
(7)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	C	385,827	COST
(8)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	C	576,171	COST
(9)	ADVENTIST HOME HEALTH SERVICES INC	L	684,583	COST
(10)	ADVENTIST PHYSICIAN SERVICES INC	L	357,027	COST
(11)	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	L	1,202,706	COST
(12)	HACKETTSTOWN COMMUNITY HOSPITAL INC	L	2,324,773	COST
(13)	REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC	L	165,493	COST
(14)	HACKETTSTOWN COMMUNITY HOSPITAL INC	P	1,527,200	COST
(15)	ADVENTIST HOME HEALTH SERVICES INC	Q	624,963	COST
(16)	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Q	2,206,560	COST
(17)	HACKETTSTOWN COMMUNITY HOSPITAL INC	Q	5,083,842	COST