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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ADVENTIST HEALTHCARE INC

Doing business as

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

820 WEST DIAMOND AVE NO 600

City or town, state or province, country, and ZIP or foreign postal code

GAITHERSBURG, MD 208781419

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?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

1071

D Employer identification number

52-1532556

E Telephone number

(301) 315-3030

G Gross receipts \$

1,240,491,165

I Tax-exempt status

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

J Website: WWW.ADVENTISTHEALTHCARE.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

HEALTH-CARE NETWORK, INCLUDING ACUTE-CARE HOSPITALS, AND BRINGING WELLNESS TO THE COMMUNITY

2 Check this box ☐ 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)

16

4 Number of independent voting members of the governing body (Part VI, line 1b)

14

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6,567

6 Total number of volunteers (estimate if necessary)

1,403

7a Total unrelated business revenue from Part VIII, column (C), line 12

2,450,150

7b Net unrelated business taxable income from Form 990-T, line 34

-140,744

Revenue

8 Contributions and grants (Part VIII, line 1h)

2,042,972

9 Program service revenue (Part VIII, line 2g)

644,148,402

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

2,384,461

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-702,453

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

647,873,382

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,493,041

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

305,097,904

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) 806,941

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

304,458,191

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

611,049,136

19 Revenue less expenses Subtract line 18 from line 12

36,824,246

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,493,041

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

305,097,904

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) 806,941

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

304,458,191

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

611,049,136

19 Revenue less expenses Subtract line 18 from line 12

36,824,246

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

843,819,661

21 Total liabilities (Part X, line 26)

464,677,785

22 Net assets or fund balances Subtract line 21 from line 20

379,141,876

Prior Year

2,042,972

644,148,402

2,384,461

-702,453

647,873,382

1,493,041

0

305,097,904

0

304,458,191

611,049,136

36,824,246

Beginning of Current Year

843,819,661

464,677,785

379,141,876

Current Year

2,071,159

700,494,863

-12,959,364

-5,892,724

683,713,934

1,638,674

0

346,549,137

0

322,433,720

670,621,531

13,092,403

End of Year

1,177,157,084

758,187,816

418,969,268

Part II Signature Block

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

Sign Here

Signature of officer

2017-11-14

Date

JAMES G LEE EXEC VICE PRESIDENT AND CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JULIUS C GREEN CPA

Preparer's signature

JULIUS C GREEN CPA

Date

Check ☐ if self-employed

PTIN

P00350393

Firm's name

BAKER TILLY VIRCHOW KRAUSE LLP

Firm's EIN

38-0859910

Firm's address

1650 MARKET STREET SUITE 4500

Phone no

(215) 972-0701

PHILADELPHIA, PA 19103

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

WE EXTEND GOD'S CARE THROUGH THE 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

4a	(Code)	(Expenses \$	511,796,895	including grants of \$	1,624,405)	(Revenue \$	626,790,491)
See Additional Data							

4b	(Code)	(Expenses \$	40,741,150	including grants of \$	14,269)	(Revenue \$	47,545,387)
See Additional Data							

4c	(Code)	(Expenses \$	31,406,278	including grants of \$)	(Revenue \$	26,158,984)
See Additional Data							

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

4e	Total program service expenses ▶	583,944,323
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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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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 ComplianceCheck 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	1a	836
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	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	6,567
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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
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 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	MD
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JAMES G LEE 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]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 396

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
QUEST DIAGNOSTICS 14225 NEWBROOK DR CHANTILLY, VA 191761303	CLINICAL LAB SERVICES	15,728,508
ATSITE INC 2021 L STREET NW WASHINGTON, DC 20036	REAL ESTATE SERVICES	14,825,273
CARETECH SOLUTIONS INC PO BOX 674271 DETROIT, MI 482674271	IT SERVICES	13,848,481
TURNER CONSTRUCTION COMPANY 11413 ISAAC NEWTON SQ RESTON, VA 20190	CONSTRUCTION SERVICES	10,229,139
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	IT/SOFTWARE SERVICES	8,631,148

<p>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 ► 184</p>	
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Part VIII Statement of RevenueCheck 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	199,515				
	d Related organizations	1d	885,405				
	e Government grants (contributions)	1e	658,235				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	328,004				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		2,071,159				
Program Service Revenue		Business Code					
	2a ACUTE CARE	900099	619,830,386	619,830,386			
	b BEHAVIORAL HEALTH	900099	47,545,387	47,545,387			
	c PHYSICIAN PRACTICE	900099	26,158,984	26,158,984			
	d _____						
	e _____						
	f All other program service revenue		6,960,106	4,523,639	2,436,467		
	g Total. Add lines 2a-2f		700,494,863				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,965,692			2,965,692	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)		-6,755,579		13,683	-6,769,262	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)		-15,925,056			-15,925,056	
	8a Gross income from fundraising events (not including \$ 199,515 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses					
		c Net income or (loss) from fundraising events		-78,839			-78,839
		9a Gross income from gaming activities See Part IV, line 19	a				
	10a Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold					
		c Net income or (loss) from sales of inventory		276,932			276,932
11a MISCELLANEOUS REVENUE		Business Code					
b PARKING REVENUE	621990	620,699			620,699		
c VENDING REVENUE	621990	44,063			44,063		
d All other revenue							
e Total. Add lines 11a-11d		664,762					
12 Total revenue. See Instructions		683,713,934	698,058,396	2,450,150	-18,865,771		

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.	1,638,674	1,638,674		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	10,460,606		10,460,606	
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.	283,546,047	255,565,422	27,708,226	272,399
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,276,989	6,065,157	199,863	11,969
9 Other employee benefits.	27,087,313	22,217,790	4,812,312	57,211
10 Payroll taxes.	19,178,182	15,894,649	3,261,922	21,611
11 Fees for services (non-employees):				
a Management.	11,544,673	10,129,500	1,415,173	
b Legal.	1,803,869		1,803,869	
c Accounting.	498,875		498,875	
d Lobbying.	124,798		124,798	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	672,672		672,672	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	82,750,524	76,729,682	5,753,483	267,359
12 Advertising and promotion.	1,892,423	483,735	1,408,688	
13 Office expenses.	46,044,554	41,496,302	4,479,374	68,878
14 Information technology.	24,591,213	18,443,410	6,147,803	
15 Royalties.				
16 Occupancy.	38,745,508	32,723,542	5,920,863	101,103
17 Travel.	1,618,732	1,019,138	593,183	6,411
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	891,165	655,227	235,938	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	35,492,374	34,597,918	894,456	
23 Insurance.	6,976,380		6,976,380	
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	66,284,177	66,284,177		
b RECRUITING	1,815,426		1,815,426	
c LOSS ON EXTINGUISHMENT	686,357		686,357	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	670,621,531	583,944,323	85,870,267	806,941
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 IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,063,528	1	580,141
	2	Savings and temporary cash investments		82,854,531	2	112,287,043
	3	Pledges and grants receivable, net		916,244	3	1,586,928
	4	Accounts receivable, net		80,607,982	4	80,539,959
	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		12,843,184	7	11,999,266
	8	Inventories for sale or use		8,829,816	8	10,133,399
	9	Prepaid expenses and deferred charges		7,327,206	9	11,677,995
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 843,910,081			
	b	Less: accumulated depreciation	10b 443,614,829	388,081,667	10c	400,295,252
	11	Investments—publicly traded securities		142,337,123	11	459,465,847
	12	Investments—other securities. See Part IV, line 11		8,297,298	12	12,483,898
	13	Investments—program-related. See Part IV, line 11		61,285,501	13	60,076,654
	14	Intangible assets		8,256,409	14	7,931,133
	15	Other assets. See Part IV, line 11		41,119,172	15	8,099,569
16	Total assets. Add lines 1 through 15 (must equal line 34)		843,819,661	16	1,177,157,084	
Liabilities	17	Accounts payable and accrued expenses		101,340,105	17	111,373,341
	18	Grants payable			18	
	19	Deferred revenue		345,211	19	228,959
	20	Tax-exempt bond liabilities		235,469,029	20	523,154,359
	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		82,239,259	23	65,790,975
	24	Unsecured notes and loans payable to unrelated third parties			24	32,922
	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		45,284,181	25	57,607,260
	26	Total liabilities. Add lines 17 through 25		464,677,785	26	758,187,816
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		378,268,670	27	417,839,116
	28	Temporarily restricted net assets		873,206	28	1,130,152
	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		379,141,876	33	418,969,268	
34	Total liabilities and net assets/fund balances		843,819,661	34	1,177,157,084	

Part XI Reconciliation of Net AssetsCheck 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	683,713,934
2	Total expenses (must equal Part IX, column (A), line 25)	2	670,621,531
3	Revenue less expenses Subtract line 2 from line 1	3	13,092,403
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	379,141,876
5	Net unrealized gains (losses) on investments	5	511,068
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	26,223,921
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	418,969,268

Part XII Financial Statements and ReportingCheck 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	

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

Form 990 (2016)

Form 990, Part III, Line 4a:

THE MISSION OF ADVENTIST HEALTHCARE IS TO "EXTEND GOD'S CARE THROUGH THE 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 SERVICES2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE3. PROMOTE HEALTH EQUITY AND WELLNESS1. 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 2016, BOTH HOSPITALS WERE GRANTED A THREE-YEAR ACCREDITATION FROM THE JOINT COMMISSION. THE ACCREDITATION PROCESS ESTABLISHED BY THE COMMISSION IS RECOGNIZED NATIONWIDE AS A SYMBOL OF QUALITY THAT REFLECTS AN ORGANIZATION'S COMMITMENT TO MEETING PERFORMANCE STANDARDS. IN ADDITION, THE HOSPITALS RECEIVED TWO AWARDS IN 2016 FROM THE AMERICAN HEART ASSOCIATION (AHA) FOR LIFE-SAVING, HIGH-QUALITY STROKE CARE. THE HOSPITALS EARNED THE 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. THE SECOND AWARD, THE STROKE HONOR ROLL, HONORS EACH HOSPITAL FOR MAINTAINING A SHORT TIME PERIOD BETWEEN A PATIENT'S ARRIVAL AT THE HOSPITAL AND TREATMENT WITH CLOT-DISSOLVING MEDICATION, AS DESIGNATED BY QUALITY GUIDELINES. PROVIDING THE MEDICATION WITHIN THE FIRST THREE HOURS AFTER STROKE SYMPTOMS BEGIN HAS BEEN SHOWN TO SIGNIFICANTLY REDUCE THE EFFECTS OF STROKE AND LESSEN THE CHANCE OF PERMANENT DISABILITY FOR SHADY GROVE MEDICAL CENTER, WHICH BEGAN SERVING THE COMMUNITY IN 1979, IT WAS ALSO HONORED IN 2016 BY > THE AMERICAN COLLEGE OF CARDIOLOGY'S NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR) ACTION REGISTRY-GET WITH THE GUIDELINES (GWTG) PLATINUM PERFORMANCE ACHIEVEMENT AWARD FOR ITS COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF CARE FOR HEART-ATTACK PATIENTS. THE AWARD, ONE OF ONLY 223 HANDED OUT NATIONWIDE, SIGNIFIES THAT SHADY GROVE HAS REACHED AN AGGRESSIVE GOAL OF TREATING THESE PATIENTS TO STANDARD LEVELS OF CARE AS OUTLINED BY THE AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION CLINICAL GUIDELINES AND RECOMMENDATIONS > THE AMERICAN COLLEGE OF SURGEONS (ACS) METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) FOR ITS BARIATRIC SURGERY PROGRAM. THIS COMPREHENSIVE CENTER ACCREDITATION ACKNOWLEDGES THE SHADY GROVE TEAM'S COMMITMENT TO SAFETY AND QUALITY FOR OUR METABOLIC AND BARIATRIC SURGERY PATIENTS. TO RECEIVE THE ACCREDITATION, SHADY GROVE DEMONSTRATED TO EXAMINERS THAT THE HOSPITAL MAINTAINS TOP QUALITY FACILITIES, CAREGIVERS AND STANDARDS OF PRACTICE FOR BARIATRIC PROCEDURES. THE SHADY GROVE CAMPUS ALSO 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 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 2016, 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). THE STS HAS DEVELOPED A COMPREHENSIVE RATING SYSTEM FOR THE QUALITY OF CARDIAC SURGERY AMONG HOSPITALS ACROSS THE COUNTRY. APPROXIMATELY 10% 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'S HEART PROGRAM WAS ALSO RECOGNIZED FOR EFFICIENT, EFFECTIVE AND RAPID TREATMENT OF HEART ATTACKS BY THE SOCIETY OF CARDIOVASCULAR PATIENT CARE (SCPC), AN INSTITUTE OF THE AMERICAN COLLEGE OF CARDIOLOGY. IT IS ONE OF ONLY TWO HOSPITALS IN MARYLAND TO RECEIVE ACCREDITATION AS A CHEST PAIN CENTER - VERSION V WITH PCI (PERCUTANEOUS CORONARY INTERVENTION, OR ANGIOPLASTY) FROM THE SCPC. THIS IS CURRENTLY THE HIGHEST ACCREDITATION LEVEL OFFERED BY THE SCPC. IT RECOGNIZES THE HOSPITAL'S ONGOING COMMITMENT TO CARE FOR PATIENTS WITH HEART ATTACK SYMPTOMS USING MORE EFFICIENT AND EFFECTIVE DIAGNOSTIC METHODS, AS WELL AS MORE APPROPRIATE AND RAPID TREATMENT. IN 2016, WASHINGTON ADVENTIST HOSPITAL BEGAN A \$331 MILLION PROJECT TO BUILD A NEW ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL IN THE WHITE OAK AREA OF MONTGOMERY COUNTY ADJACENT TO THE U.S. FOOD AND DRUG ADMINISTRATION'S (FDA) HEADQUARTERS, THE NEW HOSPITAL IS AT THE CENTER OF THE WHITE OAK SCIENCE GATEWAY, A DEVELOPING LIFE SCIENCES COMMUNITY BRINGING TOGETHER MEDICAL RESEARCHERS, BUSINESSES AND RESIDENTS. WASHINGTON ADVENTIST HOSPITAL WILL MOVE ITS ACUTE-CARE OPERATIONS TO THE NEWLY CONSTRUCTED 170-BED HOSPITAL, ESTIMATED TO OPEN IN EARLY 2019, WHILE RETAINING ITS CURRENT LOCATION IN TAKOMA PARK TO PROVIDE OTHER HEALTHCARE SERVICES. THE NEW HOSPITAL WILL EXPAND ACCESS TO PATIENT CARE IN THE REGION AND CONTINUES ADVENTIST HEALTHCARE'S MORE THAN 100-YEAR TRADITION OF CARING FOR COMMUNITY. THE NEW SITE, ALONG THE BORDER OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES, PROVIDES > EASIER ACCESS AND EXPANDED PARKING FOR PATIENTS, VISITORS, STAFF > ALL PRIVATE PATIENT ROOMS,> STATE-OF-THE-ART MEDICAL EQUIPMENT AND FACILITY> HEALING ENVIRONMENT USING NATURAL ELEMENTS LIKE LARGE WINDOW VIEWS OF SURROUNDING WOODS AND POND, A GREEN ROOF GARDEN AND WALKING TRAIL AROUND THE POND> AMPLE SPACE TO COMFORTABLY ACCOMMODATE FAMILY AND OTHER PATIENT/COMMUNITY SUPPORT PERSONS ONCE THE HOSPITAL MOVES, THE CURRENT TAKOMA PARK LOCATION WILL FEATURE > A PRIMARY CARE CENTER> A WOMEN'S CENTER/PRENATAL CLINIC> PHYSICIAN OFFICES> INPATIENT REHABILITATION> LAB AND IMAGING SERVICES

Form 990, Part III, Line 4b:

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 2016, BH&WS PROVIDED \$1,562,809 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 4,524 PATIENTS, CLIENTS AND RESIDENTS ACROSS ITS ENTITIES IN 2016 BH&WS ROCKVILLE CAMPUS THE BH&WS ROCKVILLE CAMPUS IS A NOT-FOR-PROFIT, JOINT COMMISSION ACCREDITED, 117-BED PSYCHIATRIC TREATMENT FACILITY LOCATED IN MONTGOMERY COUNTY BH&WS IS THE LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES IN MONTGOMERY COUNTY THE ROCKVILLE CAMPUS ALSO PROVIDES OUTPATIENT CHEMICAL DEPENDENCY SERVICES FOR ADULTS, OPERATES A PARTIAL HOSPITALIZATION PROGRAM FOR ADOLESCENTS AND ADULTS, 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 RIDGE SCHOOL IS A SPECIAL AND GENERAL EDUCATION SCHOOL APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION 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 PARTNERED 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 ADVENTIST HEALTHCARE 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 THE COMMUNITY BH&WS AND ITS EMPLOYEES ALSO SPONSOR AND SUPPORT COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS

Form 990, Part III, Line 4c:

ADVENTIST HEALTHCARE, INC HAS CONTRACTED WITH MEDICAL FACULTY ASSOCIATES, INC (MFA) TO EMPLOY CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE THE MFA IS THE LARGEST MULTI-SPECIALTY PHYSICIAN PRACTICE IN THE WASHINGTON, D C AREA THE MFA IS A NON-PROFIT ORGANIZATION INDEPENDENT OF THE GEORGE WASHINGTON UNIVERSITY AND GW HOSPITAL IT HAS MORE THAN 800 DOCTORS IN 51 MEDICAL SPECIALTIES THROUGH THIS CONTRACTUAL RELATIONSHIP, MFA EMPLOYS ABOUT 50 COMMUNITY PHYSICIANS IN A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES TO SERVE ADVENTIST HEALTHCARE'S COMMUNITIES IN MONTGOMERY, FREDERICK, AND PRINCE GEORGE'S COUNTIES IN MARYLAND MFA PROVIDES ADMINISTRATIVE, FINANCIAL MANAGEMENT, TECHNICAL AND BUSINESS SUPPORT SERVICES THAT ARE ESSENTIAL FOR PHYSICIANS TO PROVIDE QUALITY CARE AND OPERATE SUCCESSFUL PRACTICES

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	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 BOARD CHAIR	1 00	X		X				0	0	0
SETH BARDU CHAIR OF AUDIT & FINANCE COMMITTEES	1 00	X						0	0	0
ROBERT T VANDEMAN BOARD VICE CHAIR	1 00	X		X				0	0	0
RENEE BATTLE-BROOKS ESQ CHAIR,GOVERNANCE EFFECTIVENESS COMMITTEE	1 00	X						0	0	0
AVIS E BUCHANAN ESQ BOARD MEMBER	1 00	X						0	0	0
NICOLAS CACCIABEVE MD BOARD MEMBER	1 00	X						0	0	0
WALTER F FENNELL BOARD MEMBER	1 00	X						0	0	0
NANCY E HARDWICK CHAIR,STRATEGIC PLANNING COMMITTEE	1 00	X						0	0	0
PATRICK J HOGAN BOARD MEMBER	1 00	X						0	0	0
ROSEMARIE MELENDEZ BOARD MEMBER	40 00	X						146,627	0	29,852

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			
DONALD MELNICK MD BOARD MEMBER	1 00	X						0	0	0
RICK REMMERS BOARD MEMBER	1 00	X						0	0	0
BRUCE C ROBERTSON PHD BOARD MEMBER	1 00	X						0	0	0
JAMES ROST MD BOARD MEMBER	1 00	X						0	0	0
DREWRY J WHITE MD CHAIR,QUALITY&PATIENT SAFETY COMMITTEE	1 00	X						0	0	0
WEYMOUTH SPENCE EDD BOARD MEMBER (TERM EXPIRED 3/16)	1 00	X						0	0	0
TERRY FORDE PRESIDENT & CEO, AHC	42 00 20 00	X		X				1,223,400	0	228,632
JAMES G LEE EVP & CFO, AHC	42 00 20 00			X				656,869	0	112,003
JOHN SACKETT EVP & COO OF AHC & PRESIDENT OF SGMC	43 00 12 00			X				715,614	0	154,005
ERIK WANGSNESS PRESIDENT, WAH	44 00 6 00			X				505,339	0	120,527

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				352,661	0	19,575
KEITH BALLENGER VP, HOME HEALTH	10 00 40 00				X			238,136	0	54,627
JAMES DAMRON VP & CHIEF DEVELOPMENT OFFICER, AHC	10 00 35 00				X			348,588	0	24,480
KENNETH B DESTEFANO VP & GENERAL COUNSEL, AHC	50 00				X			448,722	0	77,987
MAUREEN DYMOND VP, FINANCIAL OPERATIONS, AHC	50 00				X			259,818	0	59,910
PATRICK GARRETT SVP & PHYSICIAN INTEGRATION, AHC	20 00 40 00				X			519,579	0	118,216
CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	40 00				X			353,942	0	74,326
SUSAN L GLOVER SVP & SYSTEM QUALITY, AHC	50 00 10 00				X			396,537	0	87,781
THOMAS GRANT VP, PUBLIC RELATIONS&MARKETING, AHC	40 00				X			266,352	0	55,661
DEBRA ILLIG VP, CLINICAL EFFECT &PATIENT SAFETY, AHC	40 00				X			236,570	0	55,088

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				
MARTA BRITO PEREZ SVP & CHIEF HR OFFICER, AHC	40 00				X				448,682	0	104,999
KRISTEN PULIO VP, REVENUE MANAGEMENT, AHC	48 00 2 00				X				280,748	0	61,215
BRENT REITZ VP & ADMINISTRATOR, ARHM	15 00 40 00				X				348,960	0	83,178
EUNMEE SHIM VP,BUS DEV &STRATEGIC PLANNING, AHC	40 00				X				388,228	0	91,908
CARLOS VARGAS VP, HUMAN RESOURCES, AHC	40 00				X				249,318	0	67,224
KEVIN YOUNG PRESIDENT, BHWS	38 00 12 00				X				303,987	0	90,735
DANIEL L COCHRAN VP & CFO, SGMC	59 00 1 00					X			412,694	0	96,071
MARISSA CUMMINGS LESLIE MEDICAL DIRECTOR	40 00					X			288,195	0	19,929
DAVID SMITH VP OF OPERATIONS	40 00					X			304,005	0	70,094
KEVIN SMOTHERS VP & CHIEF MEDICAL OFFICER	40 00					X			526,328	0	122,143

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			
JOAN VINCENT CHIEF NURSING OFFICER, SGMC	40 00					X		367,100	0	15,796

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service 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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
1		
2		
3		

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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

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 7202 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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			
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		124,798
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			124,798
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 2016, ADVENTIST HEALTHCARE, INC. 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 ISSUES OF ACCESS TO CARE. AT THE STATE LEVEL, LEGISLATORS WERE CONTACTED REGARDING ISSUES AROUND ACCESS TO CARE, PUBLIC HEALTH, HEALTH INSURANCE COVERAGE, AND MENTAL HEALTH POLICY. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WORKED WITH LEGISLATORS ON ISSUES RELATED TO MEDICARE AND MEDICAID COVERAGE, FEDERAL HEALTH REFORM, MENTAL HEALTH POLICY, HEALTHCARE REIMBURSEMENT AND ACCESS TO CARE.

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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

2016

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?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

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

10

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

11

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,175,661		8,175,661
b Buildings		378,253,522	226,374,645	151,878,877
c Leasehold improvements		38,476,620	20,736,345	17,740,275
d Equipment		311,059,832	169,634,039	141,425,793
e Other		107,944,446	26,869,800	81,074,646
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				400,295,252

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LAND HELD FOR HEALTHCARE DEVELOPMENT	60,076,654	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	60,076,654	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
INTEREST RATE SWAPS LIABILITY	2,073,079	
DEFERRED COMPENSATION	5,869,088	
PROFESSIONAL LIABILITY INS SE	12,865,503	
COMPLIANCE LIABILITY RESERVE	2,930,898	
OTHER LONG TERM LIABILITIES	33,868,692	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	57,607,260	

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

☒

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

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

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental 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 TAX ING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS M ET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHO LD IN 2016 OR 2015 THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNI ZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		BLACK TIE GALA (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	279,455			279,455
2	Less Contributions	199,515			199,515
3	Gross income (line 1 minus line 2)	79,940			79,940
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	115			115
	6 Rent/facility costs	44,831			44,831
	7 Food and beverages	62,495			62,495
	8 Entertainment				
	9 Other direct expenses	51,338			51,338
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				158,779
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-78,839	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

► 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.

Department of the Treasury

Name of the organization

ADVENTIST HEALTHCARE INC

Employer identification number

52-1532556

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %

b

Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 60000 0000000000 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

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)			10,629,783		10,629,783	1 590 %
b Medicaid (from Worksheet 3, column a)			15,161,050	12,891,062	2,269,988	0 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			25,790,833	12,891,062	12,899,771	1 930 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,559,817	184,819	14,374,998	2 140 %
f Health professions education (from Worksheet 5)			2,486,782	89,224	2,397,558	0 360 %
g Subsidized health services (from Worksheet 6)			34,754,167	608,126	34,146,041	5 090 %
h Research (from Worksheet 7)			1,466,514	325,243	1,141,271	0 170 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,287,319		1,287,319	0 190 %
j Total. Other Benefits			54,554,599	1,207,412	53,347,187	7 950 %
k Total. Add lines 7d and 7j			80,345,432	14,098,474	66,246,958	9 880 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			46,628		46,628	0 010 %
2 Economic development						
3 Community support			152,323		152,323	0 020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			214,336	16,713	197,623	0 030 %
7 Community health improvement advocacy			1,856,618		1,856,618	0 280 %
8 Workforce development			62,263		62,263	0 010 %
9 Other						
10 Total			2,332,168	16,713	2,315,455	0 350 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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	23,794,426	
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	211,099,714
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	198,013,895
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	13,085,819
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	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 IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 2 MID-ATLANTIC PRIMARY CARE ACO LLC	MEDICARE SHARED SAVINGS PLAN ACO	25 000 %		75 000 %
2 3 PREMIER MEDICAL NETWORK INC	PHYSICAN HOSPITAL ORGANIZATION	50 000 %		50 000 %
3				
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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE URL ON SECTION C</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

SHADY GROVE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input type="checkbox"/> Medical indigency</p> <p>e <input type="checkbox"/> Insurance status</p> <p>f <input type="checkbox"/> Underinsurance discount</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	13 Yes	
<p>14 Explained the basis for calculating amounts charged to patients?</p> <p>15 Explained the method for applying for financial assistance?</p> <p>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)</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>	14 Yes	
<p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URL ON SECTION C</p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URL ON SECTION C</p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URL ON SECTION C</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input checked="" type="checkbox"/> Other (describe in Section C)</p>	15 Yes	
	16 Yes	

Part V Facility Information (continued)**Billing and Collections**

SHADY GROVE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SHADY GROVE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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 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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE URL ON SECTION C</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

WASHINGTON ADVENTIST HOSPITAL			
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 checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URL ON SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URL ON SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URL ON SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

WASHINGTON ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

WASHINGTON ADVENTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW HRMCNJ ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
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?	10b	
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
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 checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //WWW HRMCNJ ORG/FINANCIAL-ASSISTANCE ASP</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SAME AS LINE 16A</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SAME AS LINE 16A</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

HACKETTSTOWN COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

HACKETTSTOWN COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE URL ON SECTION C</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input type="checkbox"/> Medical indigency</p> <p>e <input type="checkbox"/> Insurance status</p> <p>f <input type="checkbox"/> Underinsurance discount</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	13	Yes
<p>14 Explained the basis for calculating amounts charged to patients?</p>	14	Yes
<p>15 Explained the method for applying for financial assistance?</p> <p>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)</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>	15	Yes
<p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URLS ON SECTION C</p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URLS ON SECTION C</p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URLS ON SECTION C</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input checked="" type="checkbox"/> Other (describe in Section C)</p>	16	Yes

Part V Facility Information (continued)**Billing and Collections**

ADVENTIST REHABILITATION HOSPITAL OF MAR

Name of hospital facility or letter of facility reporting group

		Yes	No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ADVENTIST REHABILITATION HOSPITAL OF MAR

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE URL ON SECTION C</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input type="checkbox"/> Medical indigency</p> <p>e <input type="checkbox"/> Insurance status</p> <p>f <input type="checkbox"/> Underinsurance discount</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	13	Yes
<p>14 Explained the basis for calculating amounts charged to patients?</p> <p>15 Explained the method for applying for financial assistance?</p> <p>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)</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>	14	Yes
<p>16 Was widely publicized within the community served by the hospital facility?</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URLS ON SECTION C</p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URLS ON SECTION C</p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URLS ON SECTION C</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input checked="" type="checkbox"/> Other (describe in Section C)</p>	15	Yes
	16	Yes

Part V Facility Information (continued)**Billing and Collections**

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

Name of hospital facility or letter of facility reporting group

		Yes	No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE URL ON SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE URL ON SECTION C</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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 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		
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 checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE URLS ON SECTION C		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE URLS ON SECTION C		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE URLS ON SECTION C		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE

Name of hospital facility or letter of facility reporting group

		Yes	No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 5

Name and address	Type of Facility (describe)
1 1 - ADVENTIST HOME HEALTH SERVICES 12041 BORNEFIELD WAY SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
2 2 - REGINALD S LOURIE CENTER FOR INFANTS AN 12301 ACADEMY WAY ROCKVILLE, MD 20852	INFANT AND YOUNG CHILDREN DEVELOPMENT CARE CENTER
3 3 - SHADY GROVE ADVENTIST RADIATION ONCOLOGY 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	OUTPATIENT CANCER TREATMENT CENTER
4 4 - ADVENTIST HEALTHCARE URGENT CARE CENTERS 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	URGENT CARE CENTERS, ALSO IN GERMANTOWN & LAUREL
5 5 - ADVENTIST REHABILITATION INC 831 E UNIVERSITY BOULEVARD 14 SILVER SPRING, MD 20903	REHABILITATION
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 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
- 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
- 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
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 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.)
- 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
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Form and Line Reference	Explanation
PART I, LINE 3C	IN CONSIDERATION FOR FINANCIAL ASSISTANCE TO OUR PATIENTS, ADVENTIST HEALTHCARE ALSO CONSIDERS CIRCUMSTANCES BEYOND INCOME. THE PATIENT'S 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 FOLLOWS - 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

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Form and Line Reference	Explanation
PART I, LINE 7	<p>MARYLAND'S UNIQUE ALL PAYER SYSTEM INCLUDES A METHOD FOR INCLUDING UNCOMPENSATED CARE IN EACH PROVIDER'S RATES. FOR PURPOSES OF COMPLETING ADVENTIST HEALTHCARE'S FORM 990, THESE UNCOMPENSATED CARE ADJUSTMENTS TO OUR APPROVED RATE ORDER ARE NOT PRESENTED AS AN OFFSET TO THE LEVEL OF UNCOMPENSATED CARE WE PROVIDED SINCE THE HSCRC ASSESSES HOSPITALS TO SUBSIDIZE THE STATE'S MEDICAID BUDGET DEFICIT, THESE ASSESSMENTS ARE ALSO COUNTED TOWARD COMMUNITY BENEFITS FOR PURPOSES OF PREPARING SCHEDULE H OF FORM 990, ADVENTIST HEALTHCARE CALCULATED A COST TO CHARGE RATIO AS REFLECTED IN ITS 2016 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.</p>

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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 "WE EXTEND GOD'S CARE THROUGH THE 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 2016, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES CONSISTED OF POPULATION HEALTH INITIATIVES AND ASSISTING PHYSICIANS IN ESTABLISHING ELECTRONIC MEDICAL RECORDS (EMR) SYSTEMS, ADVOCATING ON COMMUNITY HEALTH IMPROVEMENTS THROUGH OUR GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT, PERFORMING DISASTER PREPAREDNESS ACTIVITIES, CREATING HEALTH PARTNERSHIPS WITHIN THE COMMUNITY THROUGH OUR DIVISION OF THE CENTER FOR HEALTH EQUITY & WELLNESS DEPARTMENT, AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS. POPULATION HEALTH INITIATIVES & THE AMBULATORY CARE EMR SUPPORT (ACES) PROGRAM 1) 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. 2) 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. 3) PRIMARY CARE ADVENTIST PHYSICIAN SERVICES, INC. D/B/A ADVENTIST HEALTHCARE. ADVENTIST MEDICAL GROUP IS A DIVISION OF ADVENTIST HEALTHCARE AND AN AFFILIATE OF THE GW MEDICAL FACULTY ASSOCIATES. IT INCLUDES TEN PRIMARY CARE PRACTICES AND 34 SPECIALTY PRACTICES. 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. 4) 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 PATIENT CARE AND MAKES PRACTICES MORE EFFICIENT GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES. THROUGHOUT 2016, 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 IN THE COMMUNITIES WE SERVE. 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 THE COMMUNITY ORGANIZATIONS, WE HAVE WORKED TO SUPPORT LEGISLATION THAT IMPROVES ACCESS TO HEALTH SERVICES, STRENGTHENS INVESTMENT IN EDUCATIONAL INSTITUTIONS, EXPANDS ACCESS TO INSURANCE AND REDUCES OVERALL HEALTH CARE 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 WITH THE MENTAL HEALTH ASSOCIATION OF MARYLAND TO PROVIDE GREATER ACCESS TO BEHAVIORAL HEALTH SERVICES FOR THOSE WHO NEED IT BY REDUCING BARRIERS TO ENTRY FOR CARE, SUCH AS PROVIDING TELEMEDICINE SERVICES IN UNDERSERVED AREAS, ATTRACTING MORE BEHAVIORAL HEALTH PROVIDERS TO MARYLAND AND ADDRESSING BED CAPACITY ISSUES.</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>UES DISASTER PREPAREDNESS ACTIVITIES ADVENTIST HEALTHCARE TOOK MANY MEASURES TO ENSURE OUR COMMUNITY HOSPITALS WERE READY AND PREPARED FOR EMERGENCY SITUATIONS, SUCH AS A MEDICAL S URGE IN PATIENTS, ACTIVE SHOOTER/ARMED INTRUDER SCENARIOS AND UNFORESEEN DISASTERS THE SA FETY MANAGEMENT AND EMERGENCY PREPAREDNESS TEAM OF EMPLOYEES SPENDS A LARGE PART OF THEIR TIME ON EMERGENCY MANAGEMENT THIS INCLUDES MONTHLY MEETINGS WITH THE HOSPITALS IN THE REG ION, AS WELL AS MONTHLY MEETINGS WITH ALL ADVENTIST HEALTHCARE HOSPITALS AND OTHER RELATED AGENCIES IN THE COUNTY, SUCH AS MONTGOMERY COUNTY HEALTH DEPARTMENT AND THE MARYLAND INST ITUTE FOR EMERGENCY MEDICINE SERVICE SYSTEMS OUR TEAM PREFORMS TWO FULL SCALE EXERCISES E VERY 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 TOGE THER 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 THE SE MEETINGS HEALTH PARTNERSHIPS WITHIN THE COMMUNITY - THE CENTER FOR HEALTH EQUITY & WELL NESS THE CENTER FOR HEALTH EQUITY & WELLNESS (CHEW), A DIVISION OF ADVENTIST HEALTHCARE, A IMS TO IMPROVE THE HEALTH OF COMMUNITIES SERVED BY ADVENTIST HEALTHCARE IT DOES THIS BY R AISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL DISPARITIES, IMPROVING ACCESS TO CULT URALLY APPROPRIATE CARE AND PROVIDING COMMUNITY WELLNESS OUTREACH AND EDUCATION A TEAM OF HEALTH EDUCATORS, CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS AND PUBLIC HEALT H RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF POPULATION-BASED CARE AN D PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE SERVE CHEW PARTNERED WITH MANY HEALTH ORGAN IZATIONS AND THE FOLLOWING IS A SUMMARY 1) FAITH COMMUNITY NURSE NETWORK (FCN) ADVENTIST H EALTHCARE, THROUGH OUR FAITH COMMUNITIES HEALTH NETWORK, SERVES THE LOCAL COMMUNITIES OF F AITH 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 PA RTNERSHIP WITH COMMUNITIES OF FAITH AND TOGETHER WE CAN HELP ACHIEVE A "THRIVING CULTURE D EMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL HEALING " LASTLY, OUR COMMITMENT IS TO HELP OU R COMMUNITIES OF FAITH TO DEVELOP STRONG HEALTH MINISTRIES TO REACH THE MEMBERS AND SURROU NDIING COMMUNITIES THIS IS ACCOMPLISHED THROUGH THE ON-GOING TRAINING OF THE FAITH COMMUNI TY NURSES, HEALTH MINISTERS, HEALTH TEAMS AND ADMINISTRATORS, SUPPLYING EVIDENCE-BASED EDU CATION AND TOOLS NECESSARY TO ASSESS THE NEEDS, OUTLINE LIFESTYLE STRATEGIES, IMPLEMENT HE ALTH PROGRAMMING (BASED ON ASSESSMENT RESULTS), IDENTIFICATION AND MANAGEMENT OF DISEASE R ISK FACTORS TO LOWER RISKS, ON-GOING MEASUREMENT AND EVALUATION OF HEALTH OUTCOMES, THEREB Y INCREASING THE POTENTIAL FOR OPTIMAL HEALTH AND WHOLENESS LOCAL CHURCHES CAN BRING A HO LISTIC 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 FEE L 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</p>

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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 2016 AUDITED FINANCIAL STATEMENTS THE ORGANIZATION'S CCR IS THE QUOTIENT THAT RESULTS WHEN TOTAL OPERATING EXPENSE 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, CONTINUED</p>	<p>2) INTERAGENCY COMMISSION ON HOMELESSNESS (ICH) THE INTERAGENCY COMMISSION ON HOMELESSNESS (ICH) IS A COLLABORATIVE GROUP OF REPRESENTATIVES FROM PUBLIC, PRIVATE AND GOVERNMENT ORGANIZATIONS WHO COME TOGETHER TO PROVIDE RECOMMENDATIONS TO THE COUNTY EXECUTIVE AND COUNTY COUNCIL ON BEHALF OF THE HOMELESS RESIDENTS OF MONTGOMERY COUNTY KIM EMERSON FROM ADVENTIST HEALTHCARE SERVES AS THE HOSPITAL REPRESENTATIVE ON THE ICH, AND CHAIRS THE BEHAVIORAL HEALTH/HOSPITAL & JAIL COMMITTEE, WHERE DISCUSSIONS TAKE PLACE ABOUT THE GAPS IN RESOURCES FOR HOMELESS INDIVIDUALS DISCHARGING FROM THE HOSPITAL OR BEING RELEASED FROM THE JAIL SYSTEM THE COMMITTEE DISCUSSES WAYS TO PARTNER TO IMPROVE COMMUNICATION BETWEEN HOSPITALS AND COMMUNITY-BASED HOMELESS PROVIDERS, AS WELL AS IMPROVES DISCHARGE PLANNING THE COMMITTEE IS EXPLORING THE CONCEPT OF MEDICAL RESPITE CARE TO ADDRESS THE UNIQUE MEDICAL, PSYCHIATRIC AND SOCIAL SERVICES NEEDS OF HOMELESS PERSONS DISCHARGING FROM THE HOSPITAL THROUGH ITS INVOLVEMENT IN THE ICH, ADVENTIST HEALTHCARE HAS BUILT STRONGER RELATIONSHIPS WITH COMMUNITY-BASED HOMELESS SERVICES PROVIDERS AND THE CASE MANAGEMENT DEPARTMENTS AT OTHER LOCAL HOSPITALS 3) MARYLAND COMMUNITY RESEARCH ADVISORY BOARD (MD-CRAB) THE MARYLAND COMMUNITY RESEARCH ADVISORY BOARD (MD-CRAB) IS COMPRISED OF HEALTH PROFESSIONALS, ACADEMICS, AND COMMUNITY MEMBERS FORMED BY THE UNIVERSITY OF MARYLAND CENTER FOR HEALTH EQUITY, THE MD-CRAB WORKS TO ENSURE THAT LOCAL HEALTH RESEARCH RESULTS BENEFIT VULNERABLE POPULATIONS, IN PARTICULAR AFRICAN AMERICANS AND LATINOS THE MD-CRAB SERVES SEVERAL FUNCTIONS, INCLUDING GENERATING MEANINGFUL RESEARCH QUESTIONS, INCREASING AWARENESS AROUND BOTH THE RISKS AND BENEFITS OF PARTICIPATING IN PUBLIC HEALTH AND MEDICAL RESEARCH, SERVING AS A SOUNDING BOARD FOR RESEARCHERS TO PRESENT THEIR IDEAS AND RECEIVE FEEDBACK FROM COLLEAGUES AND COMMUNITY MEMBERS, AND VOICING THE CONCERNS OF UNDERSERVED POPULATIONS TO POLICY MAKERS IN ENACTING EACH OF THESE FUNCTIONS, THE OVERARCHING GOAL OF THE MD-CRAB IS TO CONTRIBUTE TO THE ELIMINATION OF RACIAL AND ETHNIC HEALTH DISPARITIES BY BUILDING TRUST BETWEEN COMMUNITIES AND RESEARCHERS ADVENTIST HEALTHCARE HAS BEEN WORKING CLOSELY WITH THE MD-CRAB SINCE ITS INCEPTION MARILYN LYNK, THE EXECUTIVE DIRECTOR OF THE ADVENTIST HEALTHCARE CENTER FOR HEALTH EQUITY & WELLNESS IS A FOUNDING MEMBER THROUGH THE WORK OF THE MD-CRAB, ADVENTIST HEALTHCARE HAS HAD THE OPPORTUNITY TO SHAPE AND GUIDE LOCAL RESEARCH THROUGH A HEALTH EQUITY LENS IN ORDER TO TRULY BENEFIT THE COMMUNITIES AT ITS CENTER OUR WORK WITH THE MD-CRAB HAS ALSO LED TO COLLABORATION OPPORTUNITIES ON LOCAL PROGRAMS AND RESEARCH TAKING PLACE MOST RECENTLY, WE HAVE HAD THE OPPORTUNITY TO WORK WITH THE MARYLAND CENTER FOR HEALTH EQUITY ON THEIR "HEALTH ADVOCATES IN-REACH AND RESEARCH" (HAIR) PROGRAM FOCUSING ON THE AFRICAN AMERICAN POPULATION IN PRINCE GEORGE'S COUNTY, THE GOAL OF THIS PROGRAM IS TO MOBILIZE BARBERSHOPS AND BEAUTY SALONS IN PROMOTING HEALTH EDUCATION, PARTICULARLY AROUND COLORECTAL CANCER SCREENING THROUGH THIS PROGRAM, WE HAVE BEEN ABLE TO HELP BUILD TRUST AND MEANINGFUL RELATIONSHIPS WITH THE BARBERSHOPS, SALONS, AND THE COMMUNITY SUPPLEMENTING THE COLORECTAL CANCER EDUCATION, OUR HEALTH EDUCATORS HAVE BEEN CONDUCTING REGULAR SCREENINGS SUCH AS BLOOD PRESSURE, CARBON MONOXIDE, AND BODY COMPOSITION AT PARTICIPATING BARBERSHOP AND SALON LOCATIONS IN ADDITION TO THE SCREENINGS, OUR HEALTH EDUCATORS ALSO CONNECT COMMUNITY MEMBERS WITH FREE HEALTH RESOURCES SUCH AS PRE-DIABETES CLASSES AND TOBACCO CESSATION PROGRAMS OFFERED BY ADVENTIST HEALTHCARE 4) HEALTHY MONTGOMERY HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR MONTGOMERY COUNTY, MARYLAND ADVENTIST HEALTHCARE PARTNERS WITH AND SUPPORTS HEALTHY MONTGOMERY BOTH STRATEGICALLY AND FINANCIALLY REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON THE HEALTHY MONTGOMERY STEERING COMMITTEE, THE BEHAVIORAL HEALTH WORKGROUP, AND THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE, AMONG OTHERS ADVENTIST HEALTHCARE ALSO CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC INSTITUTIONS, AMONG OTHERS, REVIEW 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</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED	<p>A THIS ALLOWS FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION PROGRAMMING TO BE DEVELOPED ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS ADVENTIST HEALTHCARE PARTNERED WITH SEVERAL ORGANIZATIONS, SUCH AS WITH WASHINGTON ADVENTIST UNIVERSITY (WAU) TO IMPROVE PATIENT CARE 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 ANOTHER VITAL ORGANIZATION, WHICH ADVENTIST HEALTHCARE PARTNERED WITH, WAS WITH 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 2017 PROVIDING COMMUNITY BUILDING ACTIVITIES IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION</p>

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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>

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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 IS AWARDED 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

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Form and Line Reference	Explanation
PART III, LINE 9B	<p>> THAT ALL PATIENTS RECEIVE A NOTICE ON FINANCIAL ASSISTANCE AND A PHONE CALL, BY ADVENTIST HEALTHCARE'S STAFF AND OUTSOURCED VENDORS, MENTIONING THE OPPORTUNITY TO HAVE THEIR BILL REDUCED IF THE DEBTOR QUALIFIES FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE > WHERE A DEBTOR HAS AFFIRMED A DEBT AND HAS BEEN GIVEN AN OPPORTUNITY TO APPLY FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE, AND, HAS APPLIED FOR AND BEEN GRANTED ASSISTANCE THAT REDUCED THE OUTSTANDING BALANCE BUT LEAVING AN AMOUNT STILL OWED TO AN ADVENTIST HEALTHCARE FACILITY OR HAS NOT APPLIED FOR ASSISTANCE IN THE ALLOTTED TIME PERIOD 1) FOR EXISTING ACCOUNTS, THE COLLECTION AGENCY WILL RECEIVE "DAILY NOTIFICATION TO REDUCE THE OUTSTANDING BALANCE OF ANY DEBTOR WHO QUALIFIES FOR ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE THE AGENCY WILL SEND A LETTER TO THE DEBTOR, ACKNOWLEDGING THE NEW BALANCE WITHIN 15 DAYS OF THE NOTICE TO ADJUST 2) ONCE THE DEBTOR AFFIRMS THE DEBT, THE AGENCY WILL INFORM THE DEBTOR ABOUT ADVENTIST HEALTHCARE'S FINANCIAL ASSISTANCE POLICY, AND ASK IF THEY HAD RECEIVED INFORMATION ON HOW TO COMPLETE THE APPLICATION, OR THE CRITERIA FOR QUALIFICATION 3) WHERE A DEBTOR EXPRESSES A DESIRE TO COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE, THEY WILL BE REFERRED TO THE OFFICE OF ADVENTIST HEALTHCARE'S MANAGER OF COLLECTIONS / CUSTOMER SERVICE (301-315-3660) THE COLLECTION AGENCY WILL PLACE THE ACCOUNT ON "HOLD" FOR 2 WEEKS TO ALLOW THE DEBTOR AMPLE TIME TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION 4) WHERE THE DEBTOR HAS COMPLETED THE APPLICATION FOR FINANCIAL ASSISTANCE, AND BEEN APPROVED, THE AGENCY WILL RECEIVE IMMEDIATE NOTIFICATION FROM THE MANAGER OF COLLECTIONS/CUSTOMER SERVICE NOTIFICATION WILL INCLUDE THE AMOUNT OF DEBT REDUCTION THE DEBTOR QUALIFIED FOR THE MANAGER OF COLLECTIONS/CUSTOMER SERVICE WILL ADJUST THE DEBTOR'S BALANCE ON ADVENTIST HEALTHCARE'S BOOKS</p>

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 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. IN ADDITION TO INPUT FROM VARIOUS BOARDS, THE COMMUNITY PERSPECTIVE WAS OBTAINED THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY OFFERED BOTH IN PERSON AT COMMUNITY EVENTS AND ELECTRONICALLY VIA SOCIAL MEDIA, NEWSLETTERS, EMAIL LISTSERVS, MEETINGS WITH COMMUNITY LEADERS, AND HEALTH FAIRS. ADDITIONAL COMMUNITY FEEDBACK WAS RECEIVED THROUGH FOCUS GROUPS CONDUCTED BY HEALTHY MONTGOMERY, THE LOCAL HEALTH IMPROVEMENT COALITION FOR MONTGOMERY COUNTY, MARYLAND. 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. A SIMILAR PLATFORM, PGC HEALTH ZONE, WAS ALSO UTILIZED TO ASSESS SECONDARY DATA FOR PRINCE GEORGE'S COUNTY, MARYLAND. ADDITIONAL SOURCES SUCH AS THE CDC, CENSUS, AND COMMUNITY COMMONS, AMONG OTHERS, WERE ALSO UTILIZED TO COLLECT RELEVANT SECONDARY DATA. ADVENTIST HEALTHCARE'S CENTER FOR HEALTH EQUITY AND WELLNESS (FORMERLY CENTER ON HEALTH DISPARITIES) DEVELOPS AND RELEASES ANNUAL PROGRESS REPORTS/HEALTH EQUITY REPORTS, AND THESE REPORTS HELPED TO INFORM THE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS. ALL PROGRESS REPORTS/HEALTH EQUITY REPORTS DEVELOPED BY THE CENTER FOR HEALTH EQUITY AND WELLNESS ("THE CENTER") ARE MADE AVAILABLE TO THE PUBLIC ON THE CENTER'S WEBSITE, AS WELL AS IN HARD COPY THROUGH CONFERENCES AND UPON REQUEST. THE CENTER'S 2011 PROGRESS REPORT, ENTITLED HEALTH DISPARITIES IN THE ERA OF REFORM IMPLEMENTATION, DETAILED DEMOGRAPHIC TRENDS AND ASSESSED DISPARITIES ACROSS A RANGE OF ISSUES WITHIN THREE BROAD HEALTH TOPICS AFFECTING OUR COMMUNITY: MATERNAL AND INFANT HEALTH, HEART DISEASE AND STROKE, AND CANCER. THE REPORT I</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>NCORPORATED DESCRIPTIVE FINDINGS FROM NATIONAL, STATE AND COUNTY-LEVEL DATABASES ON THE RACIAL AND ETHNIC MAKEUP OF THE POPULATION, THE PREVALENCE OF DISEASE ACROSS THESE GROUPS, AND THE RATES OF RECEIVING APPROPRIATE TREATMENT TO CREATE THIS REPORT, THE CENTER ANALYZED THE U.S. CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY AND PROFILES OF GENERAL POPULATION AND HOUSING CHARACTERISTICS TO PRODUCE A BROAD DEMOGRAPHIC OVERVIEW BY COUNTY, RACE, AND ETHNICITY. IN MARYLAND, THE CENTER PRODUCED DESCRIPTIVE TABULATIONS BASED ON DATA FROM THE MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE MARYLAND CANCER REGISTRY, THE MARYLAND VITAL STATISTICS ADMINISTRATION, THE MARYLAND HEALTH CARE COMMISSION, AND THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S (MDHMH) OFFICE ON MINORITY HEALTH & HEALTH DISPARITIES. IN ADDITION TO THESE DATA SOURCES, THE CENTER ALSO SUMMARIZED FINDINGS FROM VARIOUS NATIONAL AND STATE-LEVEL REPORTS ON INSURANCE COVERAGE, DISEASE CONDITION, AND HEALTHY BEHAVIORS RELEASED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, THE KAISER FAMILY FOUNDATION, AND THE MDHMH'S FAMILY HEALTH ADMINISTRATION, OFFICE OF CHRONIC DISEASE PREVENTION. THE CENTER'S 2012 PROGRESS REPORT WAS A HEALTH EQUITY REPORT THAT INCLUDED INFORMATION ABOUT PATIENTS TREATED AT ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER AND ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL IN 2011, AND EXAMINED THE INTERSECTION OF QUALITY AND HEALTH EQUITY. THIS REPORT CONVEYED GENERAL INFORMATION ABOUT THE PATIENT POPULATION SERVED AT ADVENTIST HEALTHCARE HOSPITALS, WHERE THEY RECEIVED CARE WITHIN THE HOSPITALS, AND THE QUALITY OF CARE RECEIVED. THE 2012 REPORT INCLUDED HOSPITAL-SPECIFIC DATA ON CANCER, INPATIENT CLINICAL QUALITY INDICATORS, HOSPITAL READMISSION RATES, AND PATIENT EXPERIENCE. THE CENTER'S 2013 HEALTH EQUITY REPORT SHARED DEMOGRAPHIC, CLINICAL, AND QUALITY INFORMATION ABOUT ADVENTIST HEALTHCARE HOSPITALS AND OTHER ENTITIES, AND HIGHLIGHTED EFFORTS TO IMPROVE PATIENT EXPERIENCES AND OUTCOMES IN THE COMMUNITIES WE SERVE. SPECIAL HIGHLIGHTS IN THE 2013 REPORT INCLUDED INFORMATION ABOUT FEDERAL STANDARDS TO INCREASE CULTURALLY COMPETENT CARE AND REDUCE HEALTH DISPARITIES, THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT (ACA) IN THE STATE OF MARYLAND, EFFORTS TO REDUCE READMISSIONS AND IMPROVE PATIENT-CENTERED CARE ACROSS THE ADVENTIST HEALTHCARE SYSTEM, AND ADVENTIST HEALTHCARE HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS AND NEXT STEPS. THE NEXT EQUITY REPORT IS SCHEDULED TO BE RELEASED IN 2017.</p>

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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' WEBSITES, (2) DURING PRE-REGISTRATION AND REGISTRATION, PATIENTS WHO ARE REGISTERED AS SELF PAY, OR EXPRESS A FINANCIAL HARDSHIP, ARE INFORMED ABOUT THE HOSPITAL'S CHARITY CARE POLICY AND MAILED OR 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 WHO 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 RESIDENTS OF MONTGOMERY COUNTY (87.6 PERCENT OF TOTAL DISCHARGES IN 2016), MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED SHADY GROVE MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE AREA "CBSA" WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/ CITIES IN 2016 GERMANTOWN (20874, 20876), GAITHERSBURG (20877, 20878, 20879), ROCKVILLE (20850, 20852), MONTGOMERY VILLAGE (20886), POTOMAC (20854) SHADY GROVE MEDICAL CENTER DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES ROCKVILLE (20851, 20853), CLARKSBURG (20871), DERWOOD (20855), SILVER SPRING (20901, 20902, 20904, 20906), DAMASCUS (20872), BOYDS (20841), GAITHERSBURG (20882), POOLESVILLE (20837), OLNEY (20832), BETHESDA (20814, 20817), FREDERICK (21703) ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL PRIMARILY SERVES RESIDENTS OF PRINCE GEORGE'S COUNTY (49.1 PERCENT OF DISCHARGES IN 2016) AND MONTGOMERY COUNTY (37.7 PERCENT OF DISCHARGES IN 2016), MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED WASHINGTON ADVENTIST HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA "CBSA" WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/CITIES IN 2016 COLLEGE PARK (20740), HYATTSVILLE (20783, 20782), RIVERDALE (20737), SILVER SPRING (20903, 20901, 20904, 20910), TAKOMA PARK (20912), LANHAM (20706), BELTSVILLE (20705) WASHINGTON ADVENTIST HOSPITAL DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES BLADENBURG (20710), BRENTWOOD (20722), CAPITOL HEIGHTS (20743), GERMANTOWN (20874), GREENBELT (20770), HYATTSVILLE (20784, 20781, 20785), LAUREL (20707, 20708), MOUNT RAINIER (20712), ROCKVILLE (20850), UPPER MARLBORO (20774), WASHINGTON (20011, 20012, 20019, 20002), DISTRICT HEIGHTS (20747), SILVER SPRING (20905, 20902, 20906), BURTONSVILLE (20866), FORT WASHINGTON (20744), OXON HILL (20745), TEMPLE HILLS (20748) ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES - ROCKVILLE PRIMARILY SERVES RESIDENTS OF MONTGOMERY COUNTY (62.06 PERCENT OF DISCHARGES IN 2016), MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED ITS COMMUNITY BENEFIT SERVICE AREA "CBSA" WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/CITIES IN 2016 ROCKVILLE (20850, 20851, 20852, 20853), GERMANTOWN (20874, 20876), GAITHERSBURG (20877, 20878, 20879), MONTGOMERY VILLAGE (20886), SILVER SPRING (20901, 20902, 20904, 20906, 20910), POTOMAC (20854), DERWOOD (20855), DAMASCUS (20872), OLNEY (20832), CLARKSBURG (20871), BETHESDA (20817) ADVENTIST BEHAVIORAL HEALTH AND WELLNESS SERVICES - ROCKVILLE DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES BELTSVILLE (20705), BETHESDA (20814, 20816), BOWIE (20721, 20715, 20716, 20720), BOYDS (20841), CAPITOL HEIGHTS (20743), CHEVY CHASE (20815), CLINTON (20735), COLUMBIA (21044, 21045), DISTRICT HEIGHTS (20747), FREDERICK (21701, 21702, 21703), GREENBELT (20770), HYATTSVILLE (20782, 20785, 20783, 20784), KENSINGTON (20895), LANHAM (20706), LAUREL (20723, 20707), POOLESVILLE (20837), SILVER SPRING (20905, 20903), TAKOMA PARK (20912), TEMPLE HILLS (20748), UPPER MARLBORO (20772, 20774), GAITHERSBURG (20882), OXON HILL (20745), FORT WASHINGTON (20744), SUITLAND (20746), WASHINGTON (20011, 20020, 20019, 20012), PASADENA (21122), MOUNT AIRY (21771), WALDORF (20601), WHITE PLAINS (20695), ANNAPOLIS (21401, 21403), ARNOLD (21012), BROOKVILLE (20833), BRYANS ROAD (20616), BURTONSVILLE (20866), COLLEGE PARK (20740), ELLICOTT CITY (21043), GLEN BURNIE (21060, 21061), G WYNN OAK (21207), HAGERSTOWN (21740), HALETHORPE (21227), JESSUP (20794), LA PLATA (20646), PIKESVILLE (21208), RIVERDALE (20737), SALISBURY (21804), SEVERN (21144), SEVERNA PARK (21146) ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE PRIMARILY SERVES RESIDENTS OF WICOMICO COUNTY (26.23 PERCENT OF DISCHARGES IN 2016) AND DORCHESTER COUNTY (13.11 PERCENT OF DISCHARGES IN 2016), MARYLAND APPROXIMATELY 85 PERCENT OF DISCHARGES COME FROM ITS TOTAL SERVICE AREA, WHICH IS CONSIDERED ITS COMMUNITY BENEFIT SERVICE AREA "CBSA" WITHIN THAT AREA, 60 PERCENT OF DISCHARGES ARE FROM THE PRIMARY SERVICE AREA, WHICH INCLUDED THE FOLLOWING ZIP CODES/CITIES IN 2016 CAMBRIDGE (21613), SALISBURY (21804, 21801), BERLIN (21811), PRINCESS ANNE (21853), DENTON (21629), FRUITLAND (21826), FEDERSBURG (21632), HURLOCK (21643), LUSBY (20657), EASTON (21601), CRISFIELD (21817), STEVENSVILLE (21666), CHESTER (21619) BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE DRAWS 25 PERCENT OF DISCHARGES FROM ITS SECONDARY SERVICE AREA</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p> VICE AREA INCLUDING THE FOLLOWING ZIP CODES/CITIES ANNAPOLIS (21401, 21403), HEBRON (21830), SNOW HILL (21863), PRESTON (21655), RIDGELY (21660), CENTREVILLE (21617), SEVERNA PARK (21146), SAINT LEONARD (20685), POCOMOKE CITY (21851), MARDELA SPRINGS (21837), GREENSBORO (21639), HUNTINGTON (20639), EAST NEW MARKET (21631), EDGEWATER (21037), CROFTON (21114) , TRAPPE (21673), PARSONSBURG (21849), ELKTON (21921), ARNOLD (21012), EDEN (21822), CHESTERTOWN (21620), CORDOVA (21625), LOTHIAN (20711), OWINGS (20736) ADVENTIST HEALTHCARE SERVICES ONE OF THE MOST ETHNICALLY DIVERSE COMMUNITIES IN THE UNITED STATES, NON-HISPANIC WHITE S NOW COMPRISE ONLY 44.7% OF THE POPULATION OF MONTGOMERY COUNTY, MD , A DECREASE OF MORE THAN 20% OVER THE LAST TWO DECADES FOR THE FIRST TIME, MINORITIES ACCOUNT FOR MORE THAN HALF OF THE COUNTY'S POPULATION, MAKING IT ONE OF ONLY 364 "MAJORITY-MINORITY" COUNTIES IN THE NATION ACCORDING TO THE U.S. CENSUS BUREAU, THE PERCENTAGE OF HISPANICS OR LATINOS IN MONTGOMERY COUNTY IS NEARLY DOUBLE THE PERCENTAGE OF HISPANICS OR LATINOS IN THE STATE OF MARYLAND 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 MARYLAND RESIDE IN MONTGOMERY COUNTY MONTGOMERY COUNTY'S FOREIGN-BORN POPULATION HAS GROWN FROM 12% IN 1980 TO CURRENTLY MORE THAN 32.6% 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 908,049 RESIDENTS, MAKING IT THE THIRD MOST POPULATED JURISDICTION IN THE WASHINGTON METROPOLITAN AREA SINCE 2000, IT HAS EXPERIENCED THE SECOND-LARGEST POPULATION GROWTH IN MARYLAND, DUE LARGELY OR IN PART TO AN INCREASE IN HISPANIC RESIDENTS EVERY RACE OR ETHNICITY, INCLUDING BLACK OR AFRICAN AMERICAN, ASIAN AND PACIFIC ISLANDER, HISPANIC OR LATINO , MULTIPLE RACES, AND OTHER RACES, HAS INCREASED ITS PRESENCE IN THE PAST DECADE, EXCEPT THE WHITE POPULATION, WHICH HAS DECREASED BY OVER 23 PERCENT PRINCE GEORGE'S COUNTY'S FOREIGN-BORN POPULATION HAS ALSO STEADILY INCREASED OVER THE LAST TWO DECADES, FROM 2000 - 2007 IT INCREASED AT THE HIGHEST RATE IN MARYLAND - 199.9 PERCENT COMPARED TO A STATE AVERAGE OF 70.7 PERCENT CURRENTLY, 21.2 PERCENT OF THE COUNTY'S RESIDENTS ARE FOREIGN-BORN IMMIGRANTS CONTRIBUTE GREATLY TO OUR COMMUNITY AND OUR HOSPITAL PROVIDERS ARE COMMITTED TO UNDERSTANDING THEIR NEEDS AND WORKING TO TREAT THEM IN A CULTURALLY COMPETENT MANNER OVER THE PAST DECADE, THE POPULATIONS OF WICOMICO COUNTY AND DORCHESTER COUNTY HAVE ALSO CONTINUED TO RISE RACIAL AND ETHNIC DIVERSITY IS ALSO INCREASING IN BOTH COUNTIES THE MINORITY POPULATION IS 36.6 PERCENT IN BOTH WICOMICO AND DORCHESTER COUNTIES </p>

990 Schedule H, Supplemental Information

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 2016, INCLUDING HEALTH EDUCATION/LECTURES, HEALTH SCREENINGS, SUPPORT GROUPS, AS WELL AS SERVING ON COMMUNITY BOARDS AND COMMITTEES AND SUPPORTING MONTGOMERY COUNTY'S SAFETY NET CLINICS FOR UNINSURED AND UNDERINSURED RESIDENTS. WE FOCUS ON PREVENTION AND MANAGEMENT OF CHRONIC DISEASES PREVALENT IN THE COMMUNITIES WE SERVE, AS WELL AS OUTREACH AND CULTURALLY COMPETENT SERVICES TO VULNERABLE POPULATIONS > A VARIETY OF HEALTH SCREENINGS WERE HELD IN COMMUNITY SETTINGS, SUCH AS SENIOR LIVING COMMUNITIES, LOW-INCOME APARTMENT COMPLEXES, COMMUNITY AND SENIOR CENTERS, SCHOOLS, SHOPPING CENTERS/MALLS, FARMER'S MARKETS, BARBER SHOPS/BEAUTY SALONS AND OTHER BUSINESSES, AND RELIGIOUS CONGREGATIONS > MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED APPROXIMATELY 9,625 ENCOUNTERS IN 610 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 494 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 2016 TO LOW-INCOME AND UNINSURED PATIENTS. 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 > THROUGH ADVENTIST HEALTHCARE'S COMMUNITY PARTNERSHIP FUND, GRANT AND SPONSORSHIP FUNDING IS PROVIDED TO NON-PROFIT ORGANIZATIONS IN THE COMMUNITY ACROSS THREE FUNDING OBJECTIVES: HEALTH AND WELLNESS, PARTNERSHIPS, AND CAPACITY BUILDING. FUNDING IS AWARDED TO ORGANIZATIONS ADDRESSING NEEDS IDENTIFIED IN ONE OF AHC'S COMMUNITY HEALTH NEEDS ASSESSMENTS. 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>

990 Schedule H, Supplemental Information

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 2016, APPROXIMATELY 913,486 RESIDENTS CAME TO ONE OF OUR FACILITIES OR ATTENDED A HEALTH CLASS OR PROGRAM WE ALSO PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT OF MORE THAN \$83.3 MILLION AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 5,300 EMPLOYEES AND ALMOST 1,625 VOLUNTEERS THROUGHOUT ADVENTIST HEALTHCARE WHO PROVIDE COMPASSIONATE, HIGH-QUALITY CARE EACH AND EVERY DAY IN ADDITION TO PROVIDING CHARITY CARE AT OUR FACILITIES, ADVENTIST HEALTHCARE IS INVOLVED IN NUMEROUS OUTREACH INITIATIVES DESIGNED TO IMPROVE ACCESS TO HEALTH CARE FOR LOW-INCOME AND UNINSURED INDIVIDUALS, AS WELL AS HISTORICALLY UNDER-SERVED COMMUNITIES INCLUDING MINORITIES AND IMMIGRANTS OUR GOAL IS EFFECTIVE PREVENTION, TREATMENT AND CARE PROGRAMS FOR ALL INDIVIDUALS, REGARDLESS OF THEIR ECONOMIC, CULTURAL, LINGUISTIC OR DEMOGRAPHIC CHARACTERISTICS VISIT WWW.ADVENTISTHEALTHCARE.COM TO LEARN EVEN MORE ABOUT OUR SERVICES AND OUR LONGSTANDING BELIEF THAT A HEALTHY LIFESTYLE IS THE BEST WAY TO PREVENT DISEASE, AND THAT PREVENTION IS MUCH BETTER THAN A CURE</p>

990 Schedule H, Supplemental Information

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

Additional Data

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

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6											
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		AHC WAS THE SOLE MEMBER THROUGH 3/31/2016	
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SHADY GROVE MEDICAL CENTER	<p>PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2016 THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT F ROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES (1) HEALTHY MONTGOMERY SHADY GROVE MEDICAL CENTER, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH H EALTHY MONTGOMERY, WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY CO UNTY HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY BASE D STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS THE GROU P WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZ ED NEEDS IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY A REAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY THE DASHBOARD ENCOMPASSES IND ICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS S GMC CONTRIBUTES \$25,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY IN A DDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING TH E HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP REPRESENTA TIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE, BEHAVIORAL HEALTH WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE IN COMPLETING THIS COMMUNITY HEALTH NEEDS ASSESSMENT, SGMC UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSID ERATION WHEN COMPLETING THE PRIORITIZATION PROCESS THE HEALTHY MONTGOMERY COMMUNITY CONVE RSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS, W ERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY SGMC, A S DESCRIBED IN THE PREVIOUS SECTION (2) DIRECT INPUT FROM THE COMMUNITY FROM JUNE-NOVEMBE R OF 2015, A 19 ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE NEEDS , STRENGTHS, AND RESOURCES IN THE COMMUNITY THE SURVEY CONSISTED OF THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPHICS A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED THE HEALTHY MONTGOMERY COMMUNITY C ONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATION S, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY SGM C THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS YOUTH, SENIORS, PEOPLE WITH D ISABILITIES, HOMELESS MEN, HOMELESS WOMEN, LATINO COMMUNITY (TOOK PLACE IN SPANISH), KOREA N COMMUNITY (TOOK PLACE IN KOREAN), CHINESE COMMUNITY (TOOK PLACE IN MANDARIN), VIETNAMESE COMMUNITY (TOOK PLACE IN VIET</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SHADY GROVE MEDICAL CENTER	NAMESE), ASIAN AMERICAN HEALTH INITIATIVE, AFRICAN AMERICAN HEALTH PROGRAM, AFRICAN ADVISO RY GROUP, AND CARIBBEAN ADVISORY, FAITH COMMUNITY, GENERAL PUBLIC EAST COUNTY, GENERAL PU BLIC SOUTH COUNTY, GENERAL PUBLIC UP COUNTY A DETAILED OVERVIEW OF THE METHODS USED TO C ONDUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULT S OF THE ANALYSIS CAN BE FOUND IN SECTION IV, PART A PRIMARY DATA FINDINGS (3) CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD THE CENTER FOR HEALTH EQUITY AND WELLNESS ADVI SORY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS O F THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS THE BOARD WAS CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY COMMUNITY NEEDS, A ND TO HELP ASSES AND DIRECT OUR RESPONSE TO THOSE NEEDS THE BOARD WAS CONSULTED AT MULTIP LE POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT > APRIL 2015 A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT > MAY 2015 A PROGRESS U PDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD AT WHICH TIME THE Y WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMMENDATIONS FOR FUTURE DIRECTIONS > OCTOBER 2015 A TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NE EDS ASSESSMENT WAS PRESENTED FOR INPUT > MAY 2016 A DETAILED PRESENTATION WAS DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY F OR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE BOARD PROVIDED INPUT ON THE H EALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVED POPULATIONS IN THE COMMUNITY THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WE LLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIONS IN THE COM MUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIELD ADVISORY BOARD MEMBERS INCLUDE > CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES,> CAROLE WORKING, PR INCIPAL, QUINCE ORCHARD HIGH SCHOOL,> CHRISTOPHER KING, PHD, DIRECTOR, EXPERIENTIAL LEARNI NG, GEORGETOWN UNIVERSITY,> DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENTER,> HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS,> JO CIMINO, DIRECTOR, CASE MANAGEMENT, ADVENT IST HEALTHCARE,> JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER,> KATHERI NE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE,> KEVIN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER,> LESLIE GRAHAM, PRESIDENT AND CEO, PRIMARY CARE COALITION,> LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED, > MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, MARYLAND HOSPITAL A SSOCIATION,> OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH,> PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATIVE,> SONIA MORA, MPH, PROGRAM MANAGER, LATINO H

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SHADY GROVE MEDICAL CENTER	EALTH INITIATIVE,> STEPHEN B THOMAS, PHD, DIRECTOR, MARYLAND CENTER FOR HEALTH EQUITY,> S USAN GLOVER, SR VP QUALITY, ADVENTIST HEALTHCARE,> UMA AHLUWALIA, DIRECTOR, MONTGOMERY CO UNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES,> HEATHER ROSS, MHS, PROGRAM MANAGER, AFRICAN AMERICAN HEALTH PROGRAM

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
WASHINGTON ADVENTIST HOSPITAL	<p>PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2016 THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT F ROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES (1) HEALTHY MONTGOMERY WASHINGTON ADVENTIST HOSPITAL, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WIT H HEALTHY MONTGOMERY, WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY COUNTY HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEM S, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY B ASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS THE G ROUNP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORI TIZED NEEDS IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORIT Y AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY THE DASHBOARD ENCOMPASSES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS WAH CONTRIBUTES \$25,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY A N ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP REPRESEN TATIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE, BEHAVIORAL HEALT H WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE IN COMPLETING THIS COMMUNIT Y HEALTH NEEDS ASSESSMENT, WAH UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CONSI DERATION WHEN COMPLETING THE PRIORITIZATION PROCESS THE HEALTHY MONTGOMERY COMMUNITY CONV ERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY WAH, A S DESCRIBED IN THE PREVIOUS SECTION (2) DIRECT INPUT FROM THE COMMUNITY FROM JUNE-NOVEMBE R OF 2015, A 19 ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE NEEDS , STRENGTHS, AND RESOURCES IN THE COMMUNITY THE SURVEY CONSISTED OF THREE PARTS INCLUDING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPHICS A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED THE HEALTHY MONTGOMERY COMMUNITY C ONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATION S, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY WAH THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS YOUTH, SENIORS, PEOPLE WITH DIS ABILITIES, HOMELESS MEN, HOMELESS WOMEN, LATINO COMMUNITY (TOOK PLACE IN SPANISH), KOREAN COMMUNITY (TOOK PLACE IN KOREAN), CHINESE COMMUNITY (TOOK PLACE IN MANDARIN), VIETNAMESE C OMMUNITY (TOOK PLACE IN VIETNA</p>

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WASHINGTON ADVENTIST HOSPITAL	MESE), ASIAN AMERICAN HEALTH INITIATIVE, AFRICAN AMERICAN HEALTH PROGRAM, AFRICAN ADVISORY GROUP, AND CARIBBEAN ADVISORY, FAITH COMMUNITY, GENERAL PUBLIC EAST COUNTY, GENERAL PUBL IC SOUTH COUNTY, GENERAL PUBLIC UP COUNTY A DETAILED OVERVIEW OF THE METHODS USED TO CON DUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE ANALYSIS CAN BE FOUND IN SECTION IV, PART A PRIMARY DATA FINDINGS (3) CENTER FOR H EALTH EQUITY AND WELLNESS ADVISORY BOARD THE CENTER FOR HEALTH EQUITY AND WELLNESS ADVISO RY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS OF THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS THE BOARD WAS CONVENED TO HE LP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY COMMUNITY NEEDS, AND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE BOARD WAS CONSULTED AT MULTIPL E POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT > APRIL 2015 A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT > MAY 2015 A PROGRESS U PDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD AT WHICH TIME THE Y WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMMENDATIONS FOR FUTURE DIRECTIONS > OCTOBER 2015 A TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NE EDS ASSESSMENT WAS PRESENTED FOR INPUT > MAY 2016 A DETAILED PRESENTATION WAS DELIVERED OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY F OR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE BOARD PROVIDED INPUT ON THE H EALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVED POPULATIONS IN THE COMMUNITY THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WE LLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIONS IN THE COM MUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIELD ADVISORY BOARD MEMBERS INCLUDE > CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES,> CAROLE WORKING, PRI NCIPAL, QUINCE ORCHARD HIGH SCHOOL,> CHRISTOPHER KING, PHD, DIRECTOR, EXPERIENTIAL LEARNIN G, GEORGETOWN UNIVERSITY,> DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENTER,> HANNAH MACK, LEARNING AND INNOVATION MANAGER, COOK ROSS,> JO CIMINO, DIRECTOR, CASE MANAGEMENT, ADVENTI ST HEALTHCARE,> JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER,> KATHERIN E BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE,> KEVIN SMOTHERS, M D, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER,> LESLIE GRAHAM, PRESIDENT AND CEO, P RIMARY CARE COALITION,> LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED,> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, MARYLAND HOSPITAL AS SOCIATION,> OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH,> PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATIVE,> SONIA MORA, M PH, PROGRAM MANAGER, LATINO HE

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

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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

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ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>PART V, SECTION B, LINE 5 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2016 THROUGHOUT THE COMPLETION OF THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT F ROM THE COMMUNITY WAS SOLICITED FROM MULTIPLE SOURCES (1) HEALTHY MONTGOMERY ADVENTIST H EALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY HOSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY, WHICH SERVES AS THE LOCAL HEALTH IMPROVEMENT COALITION IN MONTGOMERY COUNTY HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SYSTEMS, MINORI TY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNITY BASED STAK EHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS THE GROUP WORK S TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PRIORITIZED NEE DS IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRIORITY AREAS A S WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY THE DASHBOARD ENCOMPASSES INDICATOR S THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS ADVENTI ST HEALTHCARE CONTRIBUTES ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTIST HEALTHCARE PLAY A N ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTION FOR THE GROUP REPRESEN TATIVES FROM AHC HAVE ALSO PLAYED ROLES IN THE DATA PROJECT SUBCOMMITTEE, BEHAVIORAL HEALT H WORK GROUP, AND COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE IN COMPLETING THIS COMMUNIT Y HEALTH NEEDS ASSESSMENT, REHAB UTILIZED THE HEALTHY MONTGOMERY PRIORITY AREAS NOT ONLY A S A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNITY BUT ALSO AS A FACTOR FOR CON SIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS THE HEALTHY MONTGOMERY COMMUNITY CO NVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULATIONS , WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY REHA B, AS DESCRIBED IN THE PREVIOUS SECTION (2) DIRECT INPUT FROM THE COMMUNITY FROM JUNE-NOV EMBER OF 2015, A 19 ITEM SURVEY WAS ADMINISTERED IN THE COMMUNITY TO GARNER INPUT ON THE N EEDS, STRENGTHS, AND RESOURCES IN THE COMMUNITY THE SURVEY CONSISTED OF THREE PARTS INCLU DING HEALTH STATUS AND ACCESS TO CARE, COMMUNITY HEALTH NEEDS AND STRENGTHS, AND DEMOGRAPH ICS A TOTAL OF 1,185 RESPONSES WERE RECEIVED AND ANALYZED THE HEALTHY MONTGOMERY COMMUNI TY CONVERSATIONS, WHICH PROVIDED INPUT FROM MINORITY, UNDERSERVED AND HARD TO REACH POPULA TIONS, WERE ALSO UTILIZED AS A SUPPLEMENT TO THE PRIMARY SURVEY DATA THAT WAS COLLECTED BY REHAB THE COMMUNITY CONVERSATIONS CONSISTED OF 15 FOCUS GROUPS YOUTH, SENIORS, PEOPLE W ITH DISABILITIES, HOMELESS MEN, HOMELESS WOMEN, LATINO COMMUNITY (TOOK PLACE IN SPANISH), KOREAN COMMUNITY (TOOK PLACE IN KOREAN), CHINESE COMMUNITY (TOOK PLACE IN MANDARIN), VIETN AMESE COMMUNITY (TOOK PLACE IN</p>

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ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>VIETNAMESE), ASIAN AMERICAN HEALTH INITIATIVE, AFRICAN AMERICAN HEALTH PROGRAM, AFRICAN A DVISORY GROUP, AND CARIBBEAN ADVISORY, FAITH COMMUNITY, GENERAL PUBLIC EAST COUNTY, GENER AL PUBLIC SOUTH COUNTY, GENERAL PUBLIC UP COUNTY A DETAILED OVERVIEW OF THE METHODS USE D TO CONDUCT THE SURVEY AND COMPLETE THE PRIMARY DATA ANALYSIS IS DESCRIBED ABOVE AND THE RESULTS OF THE ANALYSIS CAN BE FOUND IN SECTION IV, PART A PRIMARY DATA FINDINGS CENTER F OR HEALTH EQUITY AND WELLNESS ADVISORY BOARDTHE CENTER FOR HEALTH EQUITY AND WELLNESS ADVI SORY BOARD IS COMPRISED OF STAKEHOLDERS WHO REPRESENT AND ARE ABLE TO SPEAK TO THE NEEDS O F THE COMMUNITY INCLUDING MINORITY AND UNDERSERVED POPULATIONS THE BOARD WAS CONVENED TO HELP GUIDE EFFORTS TO REDUCE AND ELIMINATE HEALTH DISPARITIES, IDENTIFY COMMUNITY NEEDS, A ND TO HELP ASSESS AND DIRECT OUR RESPONSE TO THOSE NEEDS THE BOARD WAS CONSULTED AT MULTI PLE POINTS THROUGHOUT THE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT > APRIL 201 5 A DRAFT OF THE COMMUNITY SURVEY WAS SENT TO THE BOARD FOR INPUT > MAY 2015 A PROGRESS UPDATE ON THE 2014-2016 IMPLEMENTATION STRATEGY WAS PROVIDED TO THE BOARD AT WHICH TIME T HEY WERE ABLE TO PROVIDE INPUT ON THE STRATEGIES IMPLEMENTED AND RECOMMENDATIONS FOR FUTUR E DIRECTIONS > OCTOBER 2015 A TIMELINE AND FRAMEWORK FOR THE 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS PRESENTED FOR INPUT > MAY 2016 A DETAILED PRESENTATION WAS DELIVERE D OUTLINING THE INITIAL FINDINGS FROM THE PRIMARY DATA ANALYSIS AS WELL AS THE METHODOLOGY FOR THE OVERALL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT THE BOARD PROVIDED INPUT ON THE HEALTH NEEDS AND BARRIERS THEY VIEWED AS MOST SIGNIFICANT FOR THE MINORITY AND UNDERSERVE D POPULATIONS IN THE COMMUNITY THE MEMBERS OF THE 2015-2017 CENTER FOR HEALTH EQUITY AND WELLNESS ADVISORY BOARD REPRESENT A DIVERSE GROUP OF STAKEHOLDERS AND POPULATIONS IN THE C OMMUNITY AND PROVIDE A WEALTH OF EXPERTISE IN THE HEALTH AND WELLNESS FIELD ADVISORY BOAR D MEMBERS INCLUDE > CAROL GARVEY, MD, PRINCIPAL, GARVEY AND ASSOCIATES,> CAROLE WORKING, P RINCIPAL, QUINCE ORCHARD HIGH SCHOOL,> CHRISTOPHER KING, PHD, DIRECTOR, EXPERIENTIAL LEARN ING, GEORGETOWN UNIVERSITY,> DANIEL COCHRAN, CFO, SHADY GROVE MEDICAL CENTER,> HANNAH MACK , LEARNING AND INNOVATION MANAGER, COOK ROSS,> JO CIMINO, DIRECTOR, CASE MANAGEMENT, ADVEN TIST HEALTHCARE,> JOAN VINCENT, CHIEF NURSING OFFICER, SHADY GROVE MEDICAL CENTER,> KATHER INE BARMER, DIRECTOR, POPULATION HEALTH MANAGEMENT, ADVENTIST HEALTHCARE,> KEVIN SMOTHERS, MD, CHIEF MEDICAL OFFICER, SHADY GROVE MEDICAL CENTER,> LESLIE GRAHAM, PRESIDENT AND CEO, PRIMARY CARE COALITION,> LOIS WESSEL, CFNP, ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED ,> MARK RULLE, EDD, PRESIDENT, MARYLAND HEALTHCARE EDUCATION INSTITUTE, MARYLAND HOSPITAL ASSOCIATION,> OLIVIA CARTER-POKRAS, PHD, PROFESSOR, UNIVERSITY OF MARYLAND SCHOOL OF PUBLI C HEALTH,> PERRY CHAN, MS, PROGRAM MANAGER, ASIAN AMERICAN HEALTH INITIATIVE,> SONIA MORA, MPH, PROGRAM MANAGER, LATINO</p>

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Form and Line Reference	Explanation
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	PART V, SECTION B, LINE 5 BEHAVIORAL HEALTH & WELLNESS SERVICES - EASTERN SHORE (STATE LI CENSE # 09-001) WAS DE-LICENSED IN NOVEMBER 2016, AND AS SUCH DID NOT COMPLETE ANOTHER THR EE YEAR CYCLE CHNA THE LAST CHNA WAS APPROVED BY THE BOARD OF TRUSTEES IN OCTOBER 2013, A ND REPORTS THROUGH 12/31/2016 PER THE SECTION 501 (R)(3) REQUIREMENTS, AN ORGANIZATION THA T CEASES OPERATIONS AND CEASES TO BE LICENSED BEFORE THE END OF THE TAXABLE YEAR IS NOT RE QUIRED TO MEET THE CHNA REQUIREMENTS THUS OUR RESPONSE TO THE CHNA QUESTIONS WILL BE REFL ECTIVE OF THE LAST CHNA COMPLETED IN 2013 THE FOLLOWING NARRATIVE IS BASED ON THE LAST CON DUCTED CHNA IN 2013 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN S HORE (BHWS-ES) BELIEVES THAT MENTAL HEALTH CARE IS BEST DELIVERED THROUGH PROGRAMS AND SER VICES THAT ADDRESS THE NEEDS OF THE COMMUNITY IT SERVES THE LOCAL COMMUNITY ADVISORY BOAR D (CAB) OF BHWS-ES WAS FORMED FOR THE PURPOSE OF PROVIDING BETTER SERVICES FOR OUR RESIDEN TS 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 COMMUNI TY ADVISORY BOARD, BHWS-ES AIMS TO STRENGTHEN ITS EXISTING PROGRAMS AND ADDRESS GAPS IN ME NTAL HEALTH CARE THE COMMUNITY ADVISORY BOARD CONSISTS OF MEMBERS WHO HAVE DEMONSTRATED A N 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 DEPARTM ENT OF JUVENILE SERVICES PROGRAM SUPERVISOR, WICOMICO SOMERSET REGIONAL CORE SERVICE AGENC Y 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, E XECUTIVE DIRECTOR OF ADVENTIST BEHAVIORAL HEALTH EASTERN SHORE, AND BARBARA COLEMAN, SCRIB E THE COMMUNITY ADVISORY BOARD FOR BHWS-ES HELD ITS FIRST MEETING IN NOVEMBER 2012 AND ME ETS QUARTERLY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES EASTERN SHORE C OMMUNITY ADVISORY BOARD MEMBERS (DURING THE LAST CONDUCTED CHNA IN 2013) > AUDRA CHERBONN IER, FAMILY NAVIGATOR, PARENT, MARYLAND COALITION OF FAMILIES,> ADELAIDE (ADDIE) ECKARDT, DELEGATE, HOUSE OF DELEGATES,> REBECCA HUTCHISON, CHILD AND ADOLESCENT COORDINATOR, MID SH ORE MENTAL HEALTH SYSTEMS,> DIANE LANE, EXECUTIVE DIRECTOR AND PARENT, CHESAPEAKE VOYAGERS , INC ,> KENNETH MALIK, CHIEF, CAMBRIDGE POLICE DEPARTMENT ,> CAROL MASDEN, DIRECTOR AND PA RENT, EASTERN SHORE MOBILE CRISIS,> CHRISTOPHER MIELE, PROGRAM SUPERVISOR, DEPARTMENT OF J UVENILE SERVICES,> HEIDI ROCHON, DIRECTOR AND PARENT, MARYLAND COALITTON OF FAMILIES,> DAR LENE SAMPSON, ASSISTANT DIRECTOR OF SERVICES, DORCHESTER COUNTY DEPARTMENT OF SOCIAL SERVI CES,> CHALARRA SESSOMS, CHILD

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	AND ADOLESCENT DIRECTOR, WICOMICO/SOMERSET BEHAVIORAL HEALTH AUTHORITY,> BERNADETT TOWNSEN D, FAMILY NAVIGATOR AND PARENT, MARYLAND COALITION OF FAMILIES,> DEBBIE USAB, DIRECTOR, DO RCHESTER COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION IN ADDITION TO THE ADVISORY BOARD, THE ST AFF 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 PROGR AMS 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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/3949/2017-CHNA-SGMC PDF,OR,WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#SHADY-GROVE-MEDICAL-CENTER, VBHS38JDX8QPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4202/2017-CHNA-SGMC-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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
WASHINGTON ADVENTIST HOSPITAL	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878 PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3950/2017-CHNA-WAH PDF ,OR, HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#WASHINGTON-ADVENTIST-HOSPITAL, VBHS38JDX8Q PART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4203/2017-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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 7D A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878 PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3951/2017-CHNA-PHR PDF ,OR, HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#OTHER-ENTITIES PART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4201/2017-CHNA-PHR-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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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/3952/2017-CHNA-BHWS PDF,OR,HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#OTHER-ENTITIESPART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/4200/2017-CHNA-BHWS-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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 20878 PART V, SECTION B, LINE 7A THE CHNA REPORT CAN BE FOUND ON EITHER ONE OF THESE URLS HTTP //WWW ADVENTISTHEALTHCARE COM/APP/FILES/PUBLIC/3273/2013-CHNA-ABH-ES PDF 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SHADY GROVE MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING ON INCREASING ACCESS TO DIABETES EDUCATION AND CARE FOR UNINSURED AND UNDERINSURED PATIENTS AND COMMUNITY MEMBERS 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 DIABETES SPECIFIC NUTRITION AND COOKING CLASS > 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, > DEVELOPING DIRECT REFERRAL PROCESSES FOR UNINSURED/UNDERINSURED INDIVIDUALS IN NEED OF PRIMARY CARE CONNECTIONS > PROVIDING FREE CONDENSED DIABETES SELF-MANAGEMENT EDUCATION CLASSES FOR UNINSURED/UNDERINSURED COMMUNITY MEMBERS > INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES FOR LOW-INCOME PATIENTS THROUGH A PARTNERSHIP WITH HUNGRY HARVEST THIS PROGRAM INCLUDES FREE BI-WEEKLY FOOD DELIVERIES FOR 90 DAYS ADDITIONAL AREAS OF NEED ADDRESSED BY SGMC WHILE SHADY GROVE MEDICAL CENTER (SGMC) HAS IDENTIFIED DIABETES AS ITS PRIORITY AREA FOR THIS IMPLEMENTATION STRATEGY PERIOD, THE HOSPITAL WILL CONTINUE TO ADDRESS OTHER AREAS OF NEED THROUGH EXISTING COMMUNITY HEALTH OUTREACH PROGRAMS, EDUCATION, SCREENINGS, AND FINANCIAL CONTRIBUTIONS > CANCER CANCER OVERALL SGMC'S CANCER OUTREACH TEAM WORKS WITH COMMUNITY ORGANIZATIONS SUCH AS HOUSING UNITS, COMMUNITY CENTERS, AND FAITH BASED ORGANIZATIONS TO PROVIDE CANCER EDUCATION THIS MAY INCLUDE PRESENTATIONS, DEMONSTRATIONS, AND SCREENINGS SUCH AS CARBON MONOXIDE CANCER SUPPORT GROUPS AND CLASSES ARE ALSO OFFERED GROUPS INCLUDE COOKING CLASSES, LOOK GOOD FEEL BETTER, AND FITNESS AND MEDITATION CLASSES , BREAST THROUGH SGMC'S BREAST CANCER SCREENING PROGRAM, HUNDREDS OF LOW INCOME, UNINSURED/UNDERINSURED WOMEN RECEIVE FREE BREAST CANCER SCREENING SERVICES ANNUALLY , COLORECTAL THROUGH A PARTNERSHIP WITH THE MONTGOMERY COUNTY CANCER CRUSADE, SGMC PROVIDES CONTRACT MANAGEMENT AND REFERRAL SERVICES TO INCREASE ACCESS TO FREE COLORECTAL CANCER SCREENINGS FOR LOW INCOME, UNINSURED/UNDERINSURED INDIVIDUALS 50 YEARS AND 0</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SHADY GROVE MEDICAL CENTER	<p>VER > MATERNAL & CHILD HEALTH BREASTFEEDING EDUCATION, SUPPORT, AND TOGETHERNESS (BEST) WEEKLY SUPPORT GROUP FOR BREASTFEEDING MOMS AND THEIR BABIES A LACTATION CONSULTANT IS P RESENT AT EACH SESSION FOR BREASTFEEDING INFORMATION, SUPPORT, AND ASSISTANCE , DISCOVERIN G MOTHERHOOD WEEKLY SUPPORT GROUP FOR MOMS, BOTH NEW AND EXPERIENCED , WARM LINE FREE OV ER THE PHONE BREASTFEEDING ASSISTANCE AND SUPPORT FROM A CERTIFIED LACTATION CONSULTANT T HE WARM LINE IS OPEN 7 DAYS A WEEK/365 DAYS A YEAR , PERINATAL LOSS GROUP A SIX WEEK SUPP ORT PROGRAM FOR FAMILIES THAT HAVE EXPERIENCED THE LOSS OF A BABY DURING PREGNANCY OR INFANCY THE PROGRAM IS LED BY A REGISTERED NURSE/DOULA WHO IS AN EXPERIENCED BEREAVEMENT SPEC IALIST FOR PERINATAL AND INFANT DEATH > CARDIOVASCULAR OUTREACH SGM C PROVIDES FREE SCREE NINGS, HEALTH EDUCATION, AND LECTURES IN THE COMMUNITY AROUND CARDIOVASCULAR HEALTH REGU LAR BLOOD PRESSURE SCREENINGS AND EDUCATION ARE PROVIDED AT SEVERAL COMMUNITY LOCATIONS AD DITIONAL SCREENINGS, EDUCATION, AND LECTURES ARE PROVIDED AT HEALTH FAIRS AND LOCATIONS SU CH AS SENIOR CENTERS, LOW-INCOME HOUSING UNITS, AND COMMUNITY CENTERS SCREENINGS OFFERED INCLUDE BLOOD PRESSURE, BODY MASS INDEX, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO > FLU SGM C PROVIDES BOTH EDUCATION AND CLINICS IN THE COMMUNITY DURING FLU SEASON , FLU CLINIC S SGM C PROVIDES LOW COST FLU SHOT CLINICS THROUGHOUT THE COUNTY TO CHILDREN, ADULTS, AND SENIOR CENTERS AT VARIOUS LOCATIONS INCLUDING COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BAS ED ORGANIZATIONS, AND LOW-INCOME HOUSING UNITS, AMONG OTHERS , EDUCATION AND OUTREACH SGM C ALSO PROVIDES HEALTH EDUCATION ON COLD AND FLU PREVENTION TO COMMUNITY MEMBERS AT MANY O F THE LOCATIONS LISTED ABOVE > OBESITY SGM C PROVIDES OUTREACH, EDUCATION, AND SCREENINGS AROUND OBESITY, NUTRITION, AND ACTIVE LIVING , SCREENINGS AND EDUCATION SCREENINGS, EDUC ATION, AND LECTURES ARE PROVIDED IN THE COMMUNITY SCREENINGS INCLUDE BMI, BODY FAT PERCEN TAGE, AND WAIST TO HIP RATIO , NUTRITION AND COOKING CLASSES TWO FREE COOKING CLASSES ARE OFFERED TO THE COMMUNITY ONE OF THESE CLASSES IS MORE GEARED TOWARD THOSE WITH OR RECOVE RING FROM CANCER, WHILE THE OTHER HAS MORE OF A FOCUS ON INDIVIDUALS WITH DIABETES IN ADDI TION TO THE ACTION ITEMS LISTED ABOVE, SGM C AS A PART OF ADVENTIST HEALTHCARE IS COMMITTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROU GH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PRO VIDES FUNDING FOR 501(C)(3) NON-PROFIT ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSI ON AND THE FOLLOWING FUNDING OBJECTIVES > HEALTH AND WELLNESS SUPPORT COMMUNITY HEALTH SE RVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,> PARTNERSHIPS LEVERAGE PARTNERSH IPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,> CAPACITY BUILDING IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY WHEN REVIEWING AP</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SHADY GROVE MEDICAL CENTER	<p>PLICATIONS, THE PRIORITIES FOR THE COMMUNITY PARTNERSHIP FUND INCLUDE > ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS, > ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED, > ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION, > ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED AREAS OF NEED NOT DIRECTLY ADDRESSED BY SGMC AND THE RATIONALE SGMC DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT > BEHAVIORAL HEALTH SGMC DOES NOT DIRECTLY ADDRESS BEHAVIORAL HEALTH DUE TO A LACK OF EXPERTISE AND RESOURCES BEHAVIORAL HEALTH IS BEING ADDRESSED BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES, A SPECIALTY CARE HOSPITAL AND WHICH IS PART OF THE ADVENTIST HEALTHCARE SYSTEM SGMC ALSO PARTICIPATES IN THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP ALONG WITH THE OTHER FIVE HOSPITALS OPERATING IN MONTGOMERY COUNTY AS WELL AS COMMUNITY ORGANIZATIONS SUCH AS THE PRIMARY CARE COALITION THE AIM OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE, INCLUDING THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS > ASTHMA SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO ASTHMA DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS > HIV SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS > SOCIAL DETERMINANTS OF HEALTH (HOUSING & EDUCATION) SGMC DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HOUSING AND EDUCATION DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE SGMC'S CHNA & IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#SHADY-GROVE-MEDICAL-CENTER, VBHS38JDX8Q</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
WASHINGTON ADVENTIST HOSPITAL	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEG Y WAS ADOPTED FOCUSING ON INCREASING KNOWLEDGE OF AND ACCESS TO SKILLS AND RESOURCES AROUND D NUTRITION AND PHYSICAL ACTIVITY TO BETTER PREVENT AND MANAGE CHRONIC DISEASE ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IMPLEMENTED STRATEGIES TO ADDRESS CHRON IC DISEASE PREVENTION AND MANAGEMENT STRATEGIES FOR THIS INITIATIVE INCLUDE > LONG BRANCH HEALTH FOOD ACCESS PROGRAM STARTING IN THE SPRING OF 2017, THE LONG BRANCH HEALTHY FOOD ACCESS PROGRAM WILL SERVE LOW-INCOME, FOOD INSECURE RESIDENTS OF THE TAKOMA PARK AND LONG BRANCH COMMUNITIES WHO HAVE UNCONTROLLED DIABETES THE AIM OF THE LBHFAP IS TO IMPROVE THE HEALTH STATUS OF 250 RESIDENTS WHO ARE LOW INCOME (250% OF THE POVERTY LEVEL AND BELOW) A ND DIABETIC (HBA1C > 7) BY DECEMBER 2019 FOR EACH PARTICIPANT, THERE WILL BE 3 MONTHS OF ACTIVE INTERVENTION FOLLOWED BY 9 MONTHS OF MAINTENANCE DURING THE ACTIVE INTERVENTION, C OMMUNITY HEALTH WORKERS (CHWS) WORK WITH PARTICIPANTS TO DEVELOP A TAILORED FOOD ACCESS AN D HEALTHY LIVING PLAN, ASSESS ELIGIBILITY FOR ASSISTANCE PROGRAMS SUCH AS SNAP AND WIC, EN ROLL INTERESTED PARTICIPANTS IN MANNA'S NUTRITION EDUCATION PROGRAM, AND PROVIDE REFERRALS TO PCPS IF PARTICIPANTS DO NOT ALREADY HAVE ONE PARTICIPANTS ALSO RECEIVE WEEKLY FOOD DE LIVERIES FROM HUNGRY HARVEST AND MANNA FOR THREE MONTHS AT 12 MONTHS, CHWS REACH OUT ONCE AGAIN TO PROVIDE ADDITIONAL SUPPORT AND FOLLOW-UP > PARTNERING WITH OUR FAITH COMMUNITY NETWORK TO PROVIDE EDUCATION WORKSHOPS AND RESOURCES AROUND HEALTHY LIVING, INCLUDING HEAL THY EATING AND PHYSICAL ACTIVITY IN PARTICULAR, EDUCATION AND OUTREACH EFFORTS WILL BE TA RGETED TO MINORITY POPULATIONS THAT HAVE EXHIBITED THE LARGEST NEED AND DISPARITIES BASED ON CHNA FINDINGS > INCREASING ACCESS TO FRESH FRUITS AND VEGETABLES FOR LOW-INCOME PATIENT S THROUGH A PARTNERSHIP WITH HUNGRY HARVEST THIS PROGRAM INCLUDES FREE BI-WEEKLY FOOD DEL IVERIES FOR 90 DAYS ADDITIONAL AREAS OF NEED ADDRESSED BY WAH WHILE WASHINGTON ADVENTIST HOSPITAL (WAH) HAS IDENTIFIED OBESITY AS ITS PRIORITY AREA FOR THIS IMPLEMENTATION STRATEG Y PERIOD, THE HOSPITAL WILL CONTINUE TO ADDRESS OTHER AREAS OF NEED THROUGH EXISTING COMMU NITY HEALTH OUTREACH PROGRAMS, EDUCATION, SCREENINGS, AND FINANCIAL CONTRIBUTIONS > CANCER CANCER OVERALL WAH'S CANCER OUTREACH TEAM WORKS WITH COMMUNITY ORGANIZATIONS SUCH AS H OUSING UNITS, COMMUNITY CENTERS, AND FAITH BASED ORGANIZATIONS TO PROVIDE CANCER EDUCATION THIS MAY INCLUDE PRESENTATIONS, DEMONSTRATIONS, AND SCREENINGS SUCH AS CARBON MONOXIDE LOOK GOOD FEEL BETTER IS ALSO OFFERED AT WAH , BREAST THROUGH WAH'S BREAST CANCER SCREENI NG PROGRAM, HUNDREDS OF LOW INCOME, UNINSURED/UNDERINSURED WOMEN RECEIVE FREE BREAST CANCER SCREENING SERVICES ANNUALLY , COLORECTAL THROUGH A PARTNERSHIP WITH THE MONTGOMERY COUN TY CANCER CRUSADE, WAH PROVIDES CONTRACT MANAGEMENT AND REFERRAL SERVICES TO INCREASE ACCE SS TO FREE COLORECTAL CANCER S</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
WASHINGTON ADVENTIST HOSPITAL	<p>SCREENINGS FOR LOW INCOME, UNINSURED/UNDERINSURED INDIVIDUALS 50 YEARS AND OVER > MATERNAL & CHILD HEALTH WAH OFFERS FREE SUPPORT GROUPS AND RESOURCES FOR PARENTS AND FAMILIES HE CHO DE PECHO MONTHLY GROUP PROVIDING SUPPORT AND EDUCATION FOR BREASTFEEDING MOMS AND THE IR BABIES MOTHERS ARE ABLE TO BRING ADDITIONAL FAMILY MEMBERS, CHILDREN, AND SUPPORT PEOP LE THE GROUP IS CONDUCTED IN SPANISH AND A LACTATION CONSULTANT IS PRESENT AT EACH SESSIO N FOR BREASTFEEDING INFORMATION, SUPPORT, AND ASSISTANCE , WARM LINE FREE OVER THE PHONE BREASTFEEDING ASSISTANCE AND SUPPORT FROM A CERTIFIED LACTATION CONSULTANT THE WARM LINE IS OPEN 7 DAYS A WEEK/365 DAYS A YEAR > CARDIOVASCULAR WAH PROVIDES FREE SCREENINGS, HEAL TH EDUCATION, AND LECTURES IN THE COMMUNITY AROUND CARDIOVASCULAR HEALTH REGULAR BLOOD PR ESSURE SCREENINGS AND EDUCATION ARE PROVIDED AT SEVERAL COMMUNITY LOCATIONS ADDITIONAL SC REENINGS, EDUCATION, AND LECTURES ARE PROVIDED AT HEALTH FAIRS AND LOCATIONS SUCH AS SENIO R CENTERS, LOW-INCOME HOUSING UNITS, AND COMMUNITY CENTERS SCREENINGS OFFERED INCLUDE BLO OD PRESSURE, BODY MASS INDEX, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO > FLU WAH PROVI DES BOTH EDUCATION AND CLINICS IN THE COMMUNITY DURING FLU SEASON FLU CLINICS WAH PROVID ES FREE AND LOW COST FLU SHOT CLINICS THROUGHOUT THE COUNTY TO CHILDREN, ADULTS, AND SENIO R CENTERS AT VARIOUS LOCATIONS INCLUDING COMMUNITY CENTERS, SENIOR CENTERS, FAITH-BASED OR GANIZATIONS, AND LOW-INCOME HOUSING UNITS, AMONG OTHERS , EDUCATION AND OUTREACH WAH ALSO PROVIDES HEALTH EDUCATION ON COLD AND FLU PREVENTION TO COMMUNITY MEMBERS AT MANY OF THE LOCATIONS LISTED ABOVE > DIABETES & OBESITY IN ADDITION TO THE INITIATIVES DESCRIBED IN T HE IMPLEMENTATION STRATEGY ABOVE, WAH PROVIDES OUTREACH, EDUCATION, AND SCREENINGS AROUND DIABETES, OBESITY, ACTIVE LIVING, AND HEALTHY EATING , SCREENINGS AND EDUCATION SCREENING S, EDUCATION, AND LECTURES ARE PROVIDED IN THE COMMUNITY SCREENINGS INCLUDE BMI, BODY FAT PERCENTAGE, AND WAIST TO HIP RATIO , DIABETES SELF-MANAGEMENT CLASSES THE STANFORD DIABE TES SELF-MANAGEMENT PROGRAM, AN EVIDENCE-BASED 6 WEEK COMMUNITY BASED PROGRAM IS OFFERED F OR FREE IN BOTH ENGLISH AND SPANISH , ZUMBA CLASSES FREE ZUMBA CLASSES ARE OFFERED OUTDOO RS IN THE COMMUNITY IN ADDITION TO THE ACTION ITEMS LISTED ABOVE, WAH AS A PART OF ADVENTI ST HEALTHCARE IS COMMITTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBE ING OF OUR COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMM UNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT ORGANIZATIONS WHOSE ACTIV ITIES ALIGN WITH OUR MISSION AND THE FOLLOWING FUNDING OBJECTIVES > HEALTH AND WELLNESS S UPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,> PARTNE RSHIPS LEVERAGE PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,> CAPACITY BUILDING IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC A ND WORKFORCE DEVELOPMENT, AND</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
WASHINGTON ADVENTIST HOSPITAL	<p>ADVOCACY WHEN REVIEWING APPLICATIONS, THE PRIORITIES FOR THE COMMUNITY PARTNERSHIP FUND IN CLUDE > ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS,> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST HEALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED, > ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION,> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL AND THE RATIONALE WAH DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT > BEHAVIORAL HEALTH WAH DOES NOT DIRECTLY ADDRESS BEHAVIORAL HEALTH DUE TO A LACK OF RESOURCES BEHAVIORAL HEALTH IS BEING ADDRESSED BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES, A SPECIALTY CARE HOSPITAL AND WHICH IS PART OF THE ADVENTIST HEALTHCARE SYSTEM WAH ALSO PARTICIPATES IN THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP ALONG WITH THE OTHER FIVE HOSPITALS OPERATING IN MONTGOMERY COUNTY AS WELL AS COMMUNITY ORGANIZATIONS SUCH AS THE PRIMARY CARE COALITION THE AIM OF THE PARTNERSHIP IS TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF AVOIDABLE HOSPITAL USE, INCLUDING THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS ,> ASTHMA WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO ASTHMA DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE , AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS ,> HIV WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HIV/AIDS DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS ,> SOCIAL DETERMINANTS OF HEALTH (HOUSING & EDUCATION) WAH DOES NOT CURRENTLY PROVIDE COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS SPECIFIC TO HOUSING AND EDUCATION DUE TO LIMITED FINANCIAL RESOURCES, EXPERTISE, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE WASHINGTON ADVENTIST HOSPITAL'S CHNA AND IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE HTTP //WWW ADVENTISTHEALTHCARE COM /ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#WASHINGTON-ADVENTIST-HOSPITAL, VBHS38JDX8Q</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 PL AN 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 > ID</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
HACKETTSTOWN COMMUNITY HOSPITAL	<p>ENTIFY TARGET GROUPS TO RECEIVE TRAINING SUCH AS STUDENT ASSISTANCE COUNSELORS, CLERGY, AN D LOCAL FIRST AID SQUADS > ENGAGE GROUPS TO BE TRAINED AND COLLECT DATA ON THE NEEDS OF T HE GROUP HOLD TRAINING FOR 25 PARTICIPANTS IN YEAR ONE PLAN TO EVALUATE - EVALUATE THE S UCCCESS OF THE PROGRAM BY FEEDBACK FROM PARTICIPANTS POTENTIAL PARTNERS - MENTAL HEALTH WO RKGROUP, HACKETTSTOWN MEDICAL CENTER'S COUNSELING AND ADDICTION CENTER, CENTER FOR HEALTHI ER LIVING, FAMILY GUIDANCE, NAMI CHRONIC DISEASE MANAGEMENT/COORDINATION OF CARE GOAL - REDUCE RISK FACTORS FOR CHRONIC DISEASE AND IMPROVE MANAGEMENT OF DISEASE CONDITIONS THROU GH PROMOTION AND EDUCATION OF HEALTHY LIFESTYLES OBJECTIVE - INCREASE THE NUMBER OF PARTI CIPANTS ATTENDING CHRONIC DISEASE EDUCATION PROGRAMS AND SUPPORT GROUPS ACTIONS - > PROVI DE AT LEAST 4 EDUCATIONAL OPPORTUNITIES FOR THOSE DIAGNOSED WITH CHRONIC DISEASES SUCH AS DIABETES, CARDIOVASCULAR DISEASE AND PULMONARY DISEASE > WORK WITH LOCAL COMMUNITY RESOUR CES AND PHYSICIANS TO REFER PATIENTS TO SUPPORT GROUPS > INCREASE ATTENDANCE AT THE HEALT HY HEARTS, BETTER BREATHER'S CLUB AND DIABETES SUPPORT GROUPS PLAN TO EVALUATE - > DOCUME NT THE NUMBER OF EDUCATIONAL PROGRAMS > EVALUATE THE NUMBER OF PEOPLE ATTENDING THE PROGR AMS VERSUS ATTENDANCE IN THE PAST > EVALUATE THE NUMBER OF PEOPLE REFERRED TO SUPPORT GRO UPS THROUGH COMMUNITY AGENCIES AND PHYSICIANS BY SURVEY POTENTIAL PARTNERS - HACKETTSTOWN MEDICAL CENTER, LOCAL HEALTH DEPARTMENTS, ZUFALL HEALTH CLINIC, LOCAL PRIMARY CARE PHYSIC IANS OBJECTIVE - PARTNER WITH COMMUNITY AGENCIES TO PROVIDE 3 HEALTH SCREENINGS AND 3 EDU CATION EVENTS TO THE LOW INCOME AND UNINSURED POPULATION ACTIONS - > IDENTIFY LOCAL AGENCI ES TO COORDINATE HEALTH EDUCATION PROGRAMS AND SCREENINGS > PROVIDE AT LEAST 3 SCREENINGS AND 3 COMMUNITY EDUCATION PROGRAMS TO IDENTIFY THOSE AT RISK FOR CHRONIC DISEASES > TARG ET PROGRAMS AND SCREENINGS TO THE LOW INCOME AND UNINSURED POPULATION PLAN TO EVALUATE - DOCUMENT THE COMPLETION OF 3 COMMUNITY EDUCATION AND SCREENING PROGRAMS > EVALUATE THE NU MBER 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 HACKETT STOWN MEDICAL CENTER PLANS TO ADDRESS ALL OF THE HEALTH PRIORITIES AS IDENTIFIED THROUGH T HE COMMUNITY HEALTH NEEDS ASSESSMENT AND PRIORITIZATION SESSION COORDINATION OF CARE WILL FOCUS ON CHRONIC DISEASE MANAGEMENT</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEG Y WAS ADOPTED FOCUSING ON CONCUSSION CARE ADVENTIST HEALTHCARE REHABILITATION HAS IMPLEMEN TED AN INITIATIVE TO INCREASE AWARENESS OF, AND EDUCATION AROUND, CONCUSSION FOR STUDENT A THLETES ADVENTIST HEALTHCARE REHABILITATION HAS PARTNERED WITH MONTGOMERY COUNTY PUBLIC S CHOO LS TO PROVIDE BASELINE CONCUSSION TESTING AND ATHLETIC TRAINERS IN 13 OF 25 HIGH SCHOO LS BASELINE TESTING IS A PRE-SEASON EXAM CONDUCTED BY TRAINED PROFESSIONALS TO ASSESS AN ATHLETE'S COGNITIVE FUNCTIONS INCLUDING LEARNING AND MEMORY SKILLS, ABILITY TO CONCENTRATE AND PROBLEM SOLVING SKILLS IN THE EVENT THAT THE ATHLETE SUFFERS A CONCUSSION, THE RESUL TS FROM THESE TESTS CAN BE USED IN COMPARISON WITH SIMILAR POST-INJURY TESTS ADVENTIST HE ALTHCARE REHABILITATION USES IMPACT (IMMEDIATE POST-CONCUSSION ASSESSMENT COGNITIVE TEST), A WEB-BASED, COMPUTERIZED TOOL USED TO MEASURE MEMORY, PROCESSING SPEED, REACTION TIME, A TTENTION SPAN AND PROBLEM SOLVING SKILLS IN ADDITION TO THE BASELINE TESTING, ADVENTIST H EALTHCARE REHABILITATION HAS IMPLEMENTED AN ATHLETIC TRAINER PROGRAM AT EACH OF THE 13 SCH OOLS THIS HAS INCLUDED TRAINING AND PLACING AN ATHLETIC TRAINER IN EACH OF THE SCHOOLS TO ASSIST WITH CONCUSSION AWARENESS AND EDUCATION AS WELL AS TIMELY ON- SITE INJURY PREVENTIO N AND MANAGEMENT SPECIFIC PROGRAM ACTIVITIES INCLUDE > EDUCATION SESSIONS FOR STUDENTS TO INCREASE KNOWLEDGE AND AWARENESS OF CONCUSSION SYMPTOMS, ACUTE TREATMENTS, IMPORTANCE OF RECOVERY, AND EFFECTS ON EVERY DAY ACTIVITIES BEYOND SPORTS,> IMPLEMENTING IMPACT BASELINE TESTING FOR STUDENT ATHLETES IN 13 MONTGOMERY COUNTY HIGH SCHOOLS (WITH EACH STUDENT BASE LINE TESTED EVERY 2 YEARS),> MAINTAINING AND MAKING AVAILABLE BASELINE TEST RESULTS TO STU DENTS, PARENTS, AND STUDENTS' HEALTH CARE PROVIDERS AT NO COST,> PROVIDING RETESTS FOLLOWI NG A CONCUSSION AT NO COST,> PROVIDING FOLLOW-UP TESTING AND ANALYSIS FOR STUDENTS AS NEED ED AT A REASONABLE RATE,> TRAINING AND PLACING FULL- TIME ATHLETIC TRAINERS IN 13 MONTGOMER Y 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 EVALUA TION AND DIAGNOSIS, IMMEDIATE CARE, TREATMENT, REHABILITATION, AND RECONDITIONING, ORGANIZ ATION AND ADMINISTRATION, AND PROFESSIONAL RESPONSIBILITIES ,> IN ADDITION, TRAINERS ASSIS T IN IMPLEMENTING SCHOOL AND SYSTEM WIDE RESPONSIBILITIES RELATED TO THE HEALTH AND SAFETY OF STUDENT ATHLETES ,> PROVIDING AMERICAN HEART ASSOCIATION CPR/AED RECERTIFICATION FOR A THLETIC STAFF AT 13 MONTGOMERY COUNTY HIGH SCHOOLS OTHER AREAS OF NEED ADDRESSED BY ADVENT IST HEALTHCARE REHABILITATIONWHILE ADVENTIST HEALTHCARE REHABILITATION HAS IDENTIFIED CONC USSION CARE AND PREVENTION AS ITS PRIORITY AREA FOR THIS IMPLEMENTATION STRATEGY PERIOD, T HE HOSPITAL WILL CONTINUE TO A

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	DDRESS OTHER AREAS OF NEED THROUGH EXISTING COMMUNITY HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL CONTRIBUTIONS > TRAUMATIC BRAIN INJURY IN ADDITION TO THE ACTIVITIES DESC RIBED IN THE IMPLEMENTATION STRATEGY ABOVE, ADVENTIST HEALTHCARE REHABILITATION PROVIDES A DDITIONAL SUPPORT IN THE COMMUNITY AROUND TRAUMATIC BRAIN INJURY , BRAIN INJURY SUPPORT GR OUP FOR THOSE WITH BOTH TRAUMATIC AND NON-TRAUMATIC BRAIN INJURIES, THIS GROUP PROVIDES S UPPORT AND EDUCATION AS WELL AS GUIDANCE AROUND AVAILABLE COMMUNITY RESOURCES PARTICIPANT S ARE ENCOURAGED TO BRING FAMILY AND FRIENDS , GRUPO DE APOYO PARA PERSONAS CON UNA LESI N CEREBRAL IN ADDITION TO THE ENGLISH LANGUAGE BRAIN INJURY SUPPORT GROUP, AN ADDITIONAL G ROUP IS OFFERED IN SPANISH > TRAUMATIC BRAIN INJURY, STROKE, & NEUROLOGY ADVENTIST HEALT HCARE REHABILITATION ALSO OFFERS PROGRAMS TO SUPPORT INDIVIDUALS WITH COGNITIVE AND SPEECH -LANGUAGE NEEDS , COGNITIVE GAME NIGHT LED BY A SPEECH-LANGUAGE PATHOLOGIST, GAME NIGHTS PROVIDE A FUN ENVIRONMENT FOR COGNITIVE STIMULATING GAMES EDUCATION AND DISCUSSION ARE AL SO PROVIDED AROUND COGNITIVE STRATEGIES AS WELL AS METHODS FOR CONTINUING COGNITIVE REHABI LITATION AT HOME , COMMUNITY APHASIA GROUP LED BY A SPEECH- LANGUAGE PATHOLOGIST, THIS GRO UP PROVIDES OPPORTUNITIES FOR INDIVIDUALS TO WORK ON SUCCESSFUL COMMUNICATION AND SOCIAL I NTERACTION IN A SUPPORTIVE, POSITIVE, AND SMALL GROUP SETTING > AMPUTEE AMPUTEE SUPPORT G ROUP THIS GROUP FOCUSES ON THE EMOTIONS AND CHALLENGES OF LIVING LIFE AS AN AMPUTEE IT I S THE GROUP'S FOCUS TO BE POSITIVE, CREATIVE AND RESOURCEFUL IN EXAMINING AN AMPUTEE'S EXP ERIENCES MANY TOPICS ARE DISCUSSED INCLUDING PROSTHETIC DEVELOPMENT, THERAPEUTIC DEVICES AND TRAINING AS WELL AS EMOTIONAL COUNSELING AND SUPPORT IN ADDITION TO THE ACTION ITEMS L ISTED ABOVE, ADVENTIST HEALTHCARE REHABILITATION AS A PART OF ADVENTIST HEALTHCARE IS COMM ITTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUN D PROVIDES FUNDING FOR 501(C) (3) NON-PROFIT ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING FUNDING OBJECTIVES > HEALTH AND WELLNESS SUPPORT COMMUNITY HEAL TH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,> PARTNERSHIPS LEVERAGE PART NERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,> CAPACITY BUILDING IM PROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPM ENT, AND ADVOCACY WHEN REVIEWING APPLICATIONS, THE PRIORITIES FOR THE COMMUNITY PARTNERSHI P FUND INCLUDE > ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR HOSPITA LS' COMMUNITY HEALTH NEEDS ASSESSMENTS,> ACTIVITIES THAT TARGET POPULATIONS IN ADVENTIST H EALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UND ERSERVED,> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION,> ACT IVITIES THAT HAVE A MEASURABLE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	<p>IMPACT ON THE COMMUNITY BEING SERVED AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE PHYSICAL HEALTH AND REHABILITATION AND THE RATIONALE ADVENTIST HEALTHCARE REHABILITATION DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED INCLUDED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT > SPINAL CORD INJURY, LYMPHEDEMA, AND ORTHOPEDICS ADVENTIST HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO SPINAL CORD INJURY, LYMPHEDEMA, AND ORTHOPEDICS DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS ,> CARDIOVASCULAR HEALTH, CANCER, OBESITY, AND DIABETES ADVENTIST HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO CHRONIC DISEASE DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS CHRONIC DISEASE IS BEING ADDRESSED BY OTHER ORGANIZATIONS IN THE COMMUNITY INCLUDING WASHINGTON ADVENTIST HOSPITAL AND SHADY GROVE MEDICAL CENTER, BOTH OF WHICH ARE PART OF THE ADVENTIST HEALTHCARE SYSTEM ,> SOCIAL DETERMINANTS OF HEALTH (HOUSING, FOOD ACCESS, EDUCATION) ADVENTIST HEALTHCARE REHABILITATION DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO HOUSING, FOOD ACCESS, AND EDUCATION DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS FOR ADDITIONAL DETAILS INCLUDING THE CHNA FINDINGS, GOALS, AND RELEVANT LOCALLY AVAILABLE RESOURCES PLEASE SEE ADVENTIST HEALTHCARE REHABILITATION'S CHNA AND IMPLEMENTATION STRATEGY WHICH CAN BE FOUND HERE</p> <p>HTTP //WWW ADVENTISTHEALTHCARE COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#OTHER-ENTITIES</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	<p>PART V, SECTION B, LINE 11 BASED ON THE CHNA COMPLETED IN 2016, AN IMPLEMENTATION STRATEGY WAS ADOPTED FOCUSING INCREASING AWARENESS AROUND MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, NEEDS, AND RESOURCES, AND REDUCING STIGMAS AROUND ACCESSING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES STRATEGIES FOR THIS INITIATIVE INCLUDE > PROVIDING SUPPORT AND EDUCATION AROUND MENTAL HEALTH AND SUBSTANCE ABUSE FOR ADOLESCENTS ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES WILL PROVIDE MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES FOR ADOLESCENTS AND FAMILIES IN PARTNERSHIP WITH MONTGOMERY COUNTY SCHOOLS THIS WILL INCLUDE PROVIDING EDUCATION AND SUPPORT AROUND SYMPTOMS TO LOOK OUT FOR, PREVENTION, TREATMENT AND CARE OPTIONS, COPING STRATEGIES, AND AVAILABLE COMMUNITY RESOURCES ADDITIONALLY, THIS PROGRAM WILL FACILITATE A SAFE SPACE FOR QUESTIONS AND DISCUSSION > PROVIDING SUPPORT AND EDUCATION AROUND MENTAL HEALTH AND SUBSTANCE ABUSE FOR COMMUNITY MEMBERS (ADOLESCENTS AND ADULTS) ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES WILL PROVIDE EDUCATIONAL SUPPORT GROUPS FOR COMMUNITY MEMBERS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE SUPPORT GROUP TOPICS WILL INCLUDE AREAS SUCH AS SYMPTOMS TO LOOK OUT FOR, PREVENTION, TREATMENT AND CARE OPTIONS, AND COPING STRATEGIES A LARGE FOCUS OF THE GROUPS WILL ALSO BE ON INCREASING AWARENESS OF AND ACCESS TO, COMMUNITY RESOURCES IN ORDER TO HELP DEMYSTIFY THE MENTAL HEALTH AND SUBSTANCE ABUSE CARE CONTINUUM NO MATTER THE STAGE OF CARE SESSIONS WILL BE HELD OUTSIDE OF THE BEHAVIORAL HEALTH HOSPITAL TO INCREASE ACCESS AND COMFORT FOR ATTENDEES A REASON OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES ROCKVILLE AND THE RATIONALE BH&WS DOES NOT DIRECTLY ADDRESS THE AREAS OF NEED LISTED BELOW THROUGH ONGOING EDUCATION OR PROGRAMMING HOWEVER, THESE AREAS MAY BE ADDRESSED THROUGH THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND WHICH AIMS TO PROVIDE FUNDING FOR COMMUNITY ORGANIZATIONS WORKING TO ADDRESS NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT > SUICIDE, DUAL-DIAGNOSIS, DEMENTIA/ALZHEIMER'S, DOMESTIC VIOLENCE, TOBACCO, AND SOCIAL DETERMINANTS (EDUCATION, HOUSING, FOOD ACCESS) BH&WS DOES NOT CURRENTLY PROVIDE ONGOING COMMUNITY OUTREACH OR PROGRAMS SPECIFIC TO SUICIDE, DUAL-DIAGNOSIS, DEMENTIA/ALZHEIMER'S, DOMESTIC VIOLENCE, OR TOBACCO DUE TO LIMITED RESOURCES, AND A FOCUS ON AREAS THAT WERE IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS BH&WS AS A PART OF ADVENTIST HEALTHCARE IS COMMITTED TO PROVIDING FINANCIAL SUPPORT TO IMPROVE THE HEALTH AND WELLBEING OF OUR COMMUNITY THROUGH THE COMMUNITY PARTNERSHIP FUND THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING FOR 501(C)(3) NON-PROFIT ORGANIZATIONS WHOSE ACTIVITIES ALIGN WITH OUR MISSION AND THE FOLLOWING FUNDING OBJECTIVES > HEALTH AND WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS,> PARTNERSHIPS LEVERAGING</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	E PARTNERSHIPS TO ADDRESS SOCIOECONOMIC DISADVANTAGES THAT AFFECT HEALTH,> CAPACITY BUILDI NG IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DE VELOPMENT, AND ADVOCACY WHEN REVIEWING APPLICATIONS, THE PRIORITIES FOR THE COMMUNITY PART NERSHIP FUND INCLUDE > ACTIVITIES THAT ADDRESS A PRIORITY AREA OF NEED IDENTIFIED IN OUR H OSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENTS,> ACTIVITIES THAT TARGET POPULATIONS IN ADVEN TIST HEALTHCARE'S SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICAL LY UNDERSERVED,> ACTIVITIES THAT ALIGN WITH ADVENTIST HEALTHCARE'S COMMUNITY-BASED MISSION ,> ACTIVITIES THAT HAVE A MEASURABLE IMPACT ON THE COMMUNITY BEING SERVED

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	<p>PART V, SECTION B, LINE 11 ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AND WELLNESS SERVICES - EASTERN SHORE IN 2016 FOCUSED ITS EFFORTS ON POST-TREATMENT SUPPORT FOR ADOLESCENTS AND T HEIR FAMILIES THE PRIMARY OBJECTIVE OF THIS INITIATIVE WAS TO PROVIDE PARENTS AND FAMILIE S 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 > PROVI DING PARENTS/GUARDIANS OF DISCHARGED ADOLESCENTS WITH INFORMATION INCLUDING RESOURCES, INFORMATION, AND TIPS FOR PARENTS ON ASSISTING ADOLESCENTS ON THE TRANSITION FROM CARE , RES OURCES, 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 A DDITIONAL SUPPORT > IN ADDITION, ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICE S EASTERN SHORE PARTICIPATED IN EASTERN SHORE SCHOOL MENTAL HEALTH COALITION'S 6TH ANNUAL CONFERENCE AS A SPONSOR THE CONFERENCE WAS OPEN TO COMMUNITY MEMBERS, FAMILIES, AND PROFE SSIONALS AREAS OF NEED NOT DIRECTLY ADDRESSED BY ADVENTIST HEALTHCARE BEHAVIORAL HEALTH AN D 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, G OVERNMENT 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 STROK E AS THEY FALL OUTSIDE THE SCOPE OF THE HOSPITAL AS A BEHAVIORAL HEALTH CENTER HEART DISE ASE AND STROKE SERVICES ARE ALREADY PROVIDED BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMU NITY ENTITIES IN THE ABHW EASTERN SHORE SERVICE AREA > DIABETES ABHW EASTERN SHORE DOES N OT 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 PROVIDE D BY OTHER LOCAL HOSPITAL, GOVERNMENT AND COMMUNITY ENTITIES IN THE ABHW EASTERN SHORE SER VICE 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 T HOSE 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 HOSP ITAL 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 EA STERN SHORE SERVICE AREA > HIV</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	/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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT FINANCIAL SERVICES OFFICE PART V, SECTION B, LINE 16A HTTP //WWW ADVENTISTHEALTHCARE COM/LOCATIONS/SHADY-GROVE-MEDICAL- CENTER/INFO/PATIENTS/BILLING/CHARITY-CARE/# VZ1MJF9VHHWPART V, SECTION B, LINE 16B SAME URL AS LISTED ON LINE 16APART V, SECTION B, LINE 16C SAME URL 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
WASHINGTON ADVENTIST HOSPITAL	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
BEHAVIORAL HEALTH&WELLNESS SERVICES-ROCK	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
BEHAVIORAL HEALTH&WELLNESS SVS-E SHORE	PART V, SECTION B, LINE 16J THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT 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

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Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

34

3

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

4

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	<p>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 WHO 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). GRANT MONITORING: ALL GRANTEEES RECEIVING \$5,000 AND ABOVE ARE ASKED TO COMPLETE BOTH A MID-YEAR PROGRESS REPORT AS WELL AS A FINAL, END OF YEAR REPORT. FOR THE MID-YEAR REPORT, GRANTEEES ARE ASKED TO DESCRIBE THE FOLLOWING: > ACCOMPLISHMENTS MADE TO DATE, > CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED, > CHALLENGES OR DELAYS THAT HAVE BEEN ENCOUNTERED, > EXPENDITURE OF FUNDS THUS FAR, > ESTIMATED EXPENDITURES FOR THE DURATION OF THE GRANT PERIOD. FOR THE FINAL REPORT, GRANTEEES ARE ASKED TO DESCRIBE THE FOLLOWING: > THE WORK THAT WAS COMPLETED, > CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED, > CHALLENGES OR DELAYS THAT WERE ENCOUNTERED, > EXPENDITURE OF GRANT FUNDS. THE INFORMATION PROVIDED IN THESE REPORTS IS UTILIZED TO EVALUATE THE OVERALL IMPACT OF THE GRANTEE AND THE FUNDING PROVIDED. IT IS ALSO USED TO INFORM DECISION MAKING IN REGARDS TO FUTURE FUNDING AND PARTNERSHIP ENDEAVORS WITH EACH GRANTEE.</p>

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
ADVENTIST HEALTH POLICY ASSOCIATION INC 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714	27-3566344	501-(C)-(6)	30,485				ADVENTIST HEALTHCARE PROVIDED CONTRIBUTIONS TO THIS TAX EXEMPT ENTITY TO HELP IN THEIR MISSION TO SERVE AS THE UNITED ADVOCACY AND POLICY VOICE FOR ITS MEMBERS
AMERICAN HEART ASSOCIATION 4301 N FAIRFAX DR SUITE 530 ARLINGTON, VA 22203	13-5613797	501-(C)-(3)	5,000				SPONSORSHIP TOWARDS THE GREATER WASHINGTON HEART WALK FUNDS SUPPORT AMERICAN HEART ASSOCIATION IN HEART DISEASE RESEARCH AND ELIMINATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMERICAN RED CROSS PO BOX 33093 NEWARK, NJ 071880093	53-0196605	501-(C)-(3)	10,000				SUPPORT FOR AMERICAN RED CROSS DISASTER RELIEF OF THE FLOWER BRANCH APARTMENTS
CARE FOR YOUR HEALTH INC 13925 NEW HAMPSHIRE AVE SILVER SPRING, MD 20904	26-3333964	501-(C)-(3)	8,000				DONATION OF FUNDS WILL BE GOING TOWARDS SUPPORTING THE ADDITION OF A NEW NURSE PRACTITIONER AT THE NEW PRACTICE

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
CASA OF MARYLAND INC 310 TULIP AVENUE TAKOMA PARK, MD 20917	52-1372972	501-(C)-(3)	115,000				\$110,000 SUPPORTED A LEARNING PROGRAM FOR IMMIGRANT FAMILIES, \$5,000 WENT TOWARDS THE PLATINUM SPONSORSHIP OF 2016 JUSTICE AWARDS (AN EVENT WHOSE PROCEEDS GO TOWARDS PROVIDING SERVICES FOR IMMIGRANT FAMILIES)
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, ELECTRONICE MEDICAL RECORDS/ E-CLINICAL WORKS IMPLEMENTATION - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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)	5,000				SPONSORSHIP FOR GALA TO SUPPORT COUNSELING, EDUCATION, AND CONSULTATION SERVICES FOR UNDERINSURED/UNINSURED CLIENTS SEEKING PROFESSIONAL COUNSELING SERVICES
COLUMBIA UNION CONFERENCE 5427 TWIN KNOLLS RD COLUMBIA, MD 21045	52-0664576	501-(C)-(3)	225,000				CONTRIBUTION TOWARDS PURPOSE OF MISSION WORK, YOUTH MINISTRY AND HEALTH AND WELLNESS OUTREACH

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

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COLUMBIA UNION CONFERENCE PO BOX 204661 DALLAS, TX 753204661	52-0664576	501-(C)-(3)	16,000				DONATION MADE TOWARDS MEDICAL SUPPLIES
COMMUNITY HEALTH AND EMPOWERMENT INC 8545 PINEY BRANCH RD SUITE B SILVER SPRING, MD 20910	27-3662468	501-(C)-(3)	20,750				\$20,000 WENT TO ESTABLISH A BI-DIRECTIONAL PARTNERSHIP BETWEEN TAKOMA PARK/LONG BRANCH CARE PROVIDERS AND FOOD ACCESS PROVIDERS, WITH LIFESTYLE TRAINING AND SUPPORT FROM COMMUNITY HEALTH AND EMPOWERMENT INC COMMUNITY HEALTH WORKERS, \$750 WENT TOWARDS FLOWER BRANCH FIRE VICTIMS TO PROMOTE HEALTH IN THE AFTERMATH OF A DISASTER

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

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COMMUNITY MINISTRIES OF ROCKVILLE 1010 GRANDIN AVE STE A1 ROCKVILLE, MD 20851	52-0910334	501-(C)-(3)	5,000				DONATION TO MANSFIELD KASEMAN HEALTH CLINIC - SERVING UNINSURED AND UNDERINSURED RESIDENTS OF ROCKVILLE AND MONTGOMERY COUNTY WITH PRIMARY CARE, HEALTH EDUCATION AND SOCIAL SERVICES
CROHN'S & COLITIS FOUNDATION OF AMERICA 108 N ALFRED STREET LOWER LEVEL ALEXANDRIA, VA 22314	13-6193105	501-(C)-(3)	5,000				SILVER SPONSORSHIP OF GREATER WASHINGTON DC TAKE STEPS WALK 2016 SUPPORTING A CURE FOR CROHN'S DISEASE

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

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GREATER WASHINGTON BOARD OF TRADE 1129 20TH STREET NW SUITE 200 WASHINGTON, DC 20036	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
HOLY CROSS HOSPITAL 1500 FOREST GLEN RD SILVER SPRING, MD 20910	20-8428450	501-(C)-(3)	5,000				DONATION TO THE KEVIN J SEXTON FUND TO INCREASE ACCESS AND IMPROVE COMMUNITY HEALTH

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IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501-(C)-(3)	10,000				DONATIONS TO HELP IDENTITY CONTINUE TO SUPPORT MIDDLE SCHOOL AND HIGH SCHOOL YOUTH AND THEIR PARENTS WITH RESILIENCE AGAINST NEGATIVE BEHAVIORS
INSTITUTE FOR PUBLIC HEALTH INNOVATION 1301 CONNECTICUTT AVE NW STE 200 WASHINGTON, DC 20036	46-3039129	501-(C)-(3)	50,000				TO SUPPORT THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES' CONTINUED ENGAGEMENT WITH THE INSTITUTE FOR PUBLIC HEALTH INNOVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KETTERING MEDICAL CENTER 3535 SOUTHERN BLVD KETTERING, OH 45429	31-0621866	501-(C)-(3)	5,000				CAMPAIGN FOR A NEW CANCER CENTER AT KETTERING MEDICAL CENTER THEY ARE A SISTER ORGANIZATION OPERATED UNDER THE SEVENTH DAY ADVENTIST CHURCH IN DAYTON, OH
LEADERSHIP MONTGOMERY EDUCATION FOUNDATION INC 5910 EXECUTIVE BLVD 200 ROCKVILLE, MD 20852	52-1627257	501-(C)-(3)	30,000				SUPPORTED INITIATIVES THAT FOSTER COLLABORATIONS, PROMOTES HEALTHCARE CAREERS AND POLICY ADVOCACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO ROADNW WASHINGTON, DC 20009	52-1594116	501-(C)-(3)	5,000				PROVIDED DONATIONS TOWARDS A GOLF CLASSIC TO RAISE FUNDS FOR MATERNAL AND CHILD CARE SERVICES
MEDCHI THE MARYLAND STATE MED SOCIETY PO BOX 64101 BALTIMORE, MD 212644101	52-0410730	501-(C)-(6)	10,000				PROVIDED SUPPORT TOWARDS A PRESIDENTIAL GALA TO HELP IN THEIR MISSION OF FURTHERING THE EDUCATION OF MEMBERS OF THE MEDICAL PROFESSION THROUGH CONFERENCES, MEETINGS, AND PUBLICATIONS

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)	15,000				HEART OF MERCY GALA (\$10,000) AND GOLF CLASSIC (\$5,000) - PROJECTS THAT WILL RESULT IN THE EXPANSION OF HEALTH SERVICES PARTICULARLY IN SERVICING THE UNDERSERVED AND UNINSURED AREAS
MGH HEALTH FOUNDATION INC 18101 PRINCE PHILLIP DRIVE OLNEY, MD 20832	52-1129959	501-(C)-(3)	5,000				DONATION TO THE DR ARTHUR SCHOENGOLD ANGEL FUND, WITH FUNDS GOING TOWARDS HELPING CAUSES AT MEDSTAR MONTGOMERY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 208141620	23-7022588	501-(C)-(3)	299,900				DONATIONS TO SUPPORT MEDICAL SERVICES FOR LOW-INCOME, UNINSURED RESIDENTS IN THE ADVENTIST HEALTHCARE SERVICE AREAS
MONTGOMERY HOSPICE 1450 RESEARCH BLVD SUITE 310 ROCKVILLE, MD 20850	52-1114719	501-(C)-(3)	5,000				CONTRIBUTION TOWARDS 2016 BEREAVEMENT CONFERENCE TO ASSIST IN CRISIS RESPONSE, TRAUMA AND GRIEF SUPPORT IN THE COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL ASSOC OF HEALTH SERVICES EXECUTIVES 1050 CONNECTICUT AVE NW 5TH FL WASHINGTON, DC 20036	62-1312239	501-(C)-(3)	5,000				2016 FRIEND LEVEL SPONSOR FOR THE ANNUAL EDUCATIONAL CONFERENCE
POTOMAC CONFERENCE CORP OF SEVENTH DAY 12004 CHERRY HILL ROAD SILVER SPRING, MD 20904	23-7229478	501-(C)-(3)	5,000				TO SPONSOR THE CHILDHOOD OBESITY INTERVENTION CAMPAIGN USING ECOLOGICAL APPROACH (CHOICE) 10 WEEK PROGRAM

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

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PRINCE GEORGES COUNT FIRE CHIEFS-CAC INC PO BOX 2338 LANDOVER HILLS, MD 20784	46-5341968	501-(C)-(3)	31,000				REPLACEMENT OF 50 MODEMS AND SUBSCRIPTIONS OF 5 YEARS OF DATA SERVICE TO BE USED BY EMS CARDIAC MONITORS
REBUILDING TOGETHER MONTGOMERY COUNTY 3925 PLYERS MIL ROAD SUITE 202 KENSINGTON, MD 20895	52-1667026	501-(C)-(3)	30,000				PLATINUM SPONSORSHIP OF THE 25TH ANNIVERSARY BREAKFAST, FUNDS PROVIDING SUPPORT TOWARDS HOME REPAIR AND MODIFICATION SERVICES TO ELIGIBLE ADVENTIST HEALTHCARE PATIENTS WHO ARE RESIDENTS OF MONTGOMERY COUNTY

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

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RIDERWOOD VILLAGE INC 3110 GRACEFIELD RD SILVER SPRING, MD 20904	52-2126753	501-(C)-(3)	10,000				SPONSORED THE BENEVOLENT CARE GALA EVENT WITH FUNDS BENEFITING RIDERWOOD RESIDENTS WHO CANNOT PAY FOR HOME AND MEDICAL EXPENSES
SLIGO SEVENTH-DAY ADVENTIST CHURCH 7700 CARROLL AVENUE TAKOMA PARK, MD 20912	52-0807773	501-(C)-(3)	14,819				DONATIONS TO ASSIST IN HELPING THE CHURCH AND A \$500 DONATION TOWARDS THE ANNUAL SLIGO 5K WALK-A-THON TO HELP RAISE FUNDS FOR CHILD FIRST MONTGOMERY AND "LEAVE A LEARNING LEGACY"

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
SPENCERVILLE ADVENTIST ACADEMY 15930 GOOD HOPE ROAD SILVER SPRING, MD 20904	52-1714576	501-(C)-(3)	45,000				SPONSORSHIP OF 2016 FALL FESTIVAL, SCHOOL HEALTH FITNESS SPONSORSHIP OF WALK/RUN EVENT, GYMNASIUM RENOVATION FOR HEALTH AND FITNESS SAFETY REASONS
STRATHMORE HALL FOUNDATION INC 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1233092	501-(C)-(3)	13,312				2016 ANNUAL GALA TO SUPPORT MANY INITIATIVES, SUCH AS HELPING STUDENTS LEARN MUSIC SKILLS, TEAMWORK, COMMITMENT AND DISCIPLINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIVING LEGENDS AWARDS FOR SERVICE TO HUMANITY 5401 BROADWATER LN CLARKSVILLE, MD 21029	47-5532954	501-(C)-(3)	5,000				SPONSORSHIP OF ADVOCACY FOCUS OF UNDERSERVED MINORITY POPULATIONS
THE SHEPHERD'S TABLE INC 8210 DIXON AVE SILVER SPRING, MD 20910	52-1381738	501-(C)-(3)	5,000				SPONSORSHIP OF FOOD SERVICE PROGRAM

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THE UNIVERSITIES OF SHADY GROVE 9636 GUDELSKY DRIVE ROCKVILLE, MD 20850	52-6002033	MARYLAND STATE AGENC	17,635				DONATIONS TOWARDS THE FRONTIERS IN SCIENCE AND MEDICINE DAY FOR THE BENEFIT OF STUDENTS' INTERESTS IN SCIENCE AND MEDICINE CAREERS
WALLA WALLA GENERAL HOSPITAL 1025 S 2ND AVE WALLA WALLA, WA 99362	91-0617726	501-(C)-(3)	6,000				CORPORATE SPONSORSHIP FOR CONFERENCE AND FUNDS GOING TOWARDS EDUCATING AND MENTORING HEALTHCARE HUMAN RESOURCE CURRENT AND FUTURE LEADERS

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

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WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVE TAKOMA PARK, MD 20912	52-0643528	501-(C)-(3)	104,500				\$100,000 TOWARDS THE SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, SCIENCE AND WELLNESS, \$2,000 TOWARDS THE SILVER SPONSORSHIP OF FAMILY FUN FESTIVAL TO PROMOTE COMMUNITY SAFETY, EDUCATION AND WELLNESS
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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	209,263				FACILITY RENT FOR SPACE AT THE ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER AND GIFTS TOWARDS THE FOUNDATION GOLF TOURNAMENT
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1692158	501-(C)-(3)	140,143				CONSULTING SERVICES PROVIDED TO THE FOUNDATION AND GIFTS TOWARDS THE ADVENTIST HEALTHCARE GALA THAT BENEFITED THE FOUNDATION

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SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1216429	501-(C)-(3)	16,000				FUNDS GOING TOWARDS GREATEST AREA OF NEED AT SHADY GROVE MEDICAL CENTER
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1692158	501-(C)-(3)	10,000				FUNDS GOING TOWARDS GREATEST AREA OF NEED AT WASHINGTON ADVENTIST HOSPITAL

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

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 CLUB EXPENSES. HOWEVER, ADVENTIST HEALTHCARE OWNS A CORPORATE MEMBERSHIP AT A LOCAL GOLF CLUB, IN WHICH THREE ADVENTIST HEALTHCARE EMPLOYEES CAN BE DESIGNATED TO USE THE FACILITIES. CLUB EXPENSES ARE PAID BY ADVENTIST HEALTHCARE, BUT ARE TREATED AS TAXABLE INCOME TO THE RESPECTIVE ADVENTIST HEALTHCARE EMPLOYEES, SUBJECT TO FEDERAL AND STATE TAX WITHHOLDINGS. THE CLUB EXPENDITURES ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, IN ACCORDANCE WITH IRS INTERMEDIATE SANCTION GUIDELINES.
PART I, LINE 3	COMPENSATION DEFINED. THE COMPENSATION REPORTED FOR THE EMPLOYEES SET FORTH ON SCHEDULE J IS COMPRISED OF THE FOLLOWING: BASE COMPENSATION INCLUDES NONDISCRETIONARY PAYMENTS, AGREED UPON IN ADVANCE, CONTINGENT ONLY UPON THE PAYEE'S PERFORMANCE OF AGREED-UPON SERVICES (SUCH AS SALARY OR FEES). INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS, EMPLOYEE AND CUSTOMER ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL PERFORMANCE, AMONG OTHER THINGS. OTHER REPORTABLE COMPENSATION INCLUDES AN EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015. PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED OR SOONER BASED ON CERTAIN EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED. THE FIRST PAYMENT ON THE EXECUTIVE RETENTION PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015, WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2017, AND CONTRIBUTIONS ACCUMULATED IN 2016 WILL GENERALLY 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 WHO LEAVE OUR ORGANIZATION), IMPUTED VALUE OF LIFE INSURANCE BENEFITS, TAXABLE PAYABLE PAY, AND SEVERANCE, AS APPLICABLE. CERTAIN EXECUTIVES CAN ALSO RECEIVE REPORTABLE COMPENSATION THROUGH A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP); ONCE THEY HAVE VESTED IN THE PLAN, HOWEVER, EXECUTIVES LISTED ON THIS TAX RETURN HAVE NOT YET RECEIVED THIS BENEFIT SINCE THEY HAVE MET THE VESTING REQUIREMENTS. NON-TAXABLE BENEFITS INCLUDE 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 SAFEGUARDS EMBODIED IN IRS REGULATIONS. COMPENSATION FOR ADVENTIST HEALTHCARE OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE HIGHEST COMPENSATED EMPLOYEES IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE BOARD OF TRUSTEES. IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT WHO PROVIDES A SUMMARY OF HEALTH CARE SALARIES AND BENEFITS FOR COMPARABLE-SIZED ORGANIZATIONS BOTH NATIONALLY AND IN THE BALTIMORE-WASHINGTON REGION. TO FURTHER ENSURE REASONABLENESS, BOTH COMPENSATION AND BENEFITS ARE TARGETED AT THE 50TH PERCENTILE (OR MEDIAN) OF THE MARKET.
PART I, LINE 4B	CERTAIN EMPLOYEES RECEIVED COMPENSATION FROM AN EXECUTIVE RETENTION 457F PLAN, WHICH BECAME EFFECTIVE ON JANUARY 1, 2015. PRE-TAX CONTRIBUTIONS ARE ACCUMULATED ANNUALLY AND ARE DISTRIBUTED ON JANUARY 1ST OF THE 2ND YEAR, IF STILL EMPLOYED OR SOONER BASED ON CERTAIN EXCEPTIONS. THERE IS TYPICALLY A 2-YEAR DEFERRAL PERIOD BEFORE PAYMENTS ARE RELEASED. THE FIRST PAYMENT ON THE EXECUTIVE RETENTION PLAN, RELATED TO CONTRIBUTIONS ACCUMULATED IN 2015, WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2017, AND CONTRIBUTIONS ACCUMULATED IN 2016 WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2018. THE FOLLOWING EMPLOYEES LISTED BELOW RECEIVED EARLY LUMP-SUM CASH PAYMENTS ON THEIR 457F PLANS: JASON COE \$39,388; JAMES DAMRON \$50,412; JOAN VINCENT \$53,082.

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				
1ROSEMARIE MELENDEZ BOARD MEMBER	(i)	126,781	19,682	164	7,054	22,798	176,479	0
	(ii)	0	0	0	0	0	0	0
2TERRY FORDE PRESIDENT & CEO, AHC	(i)	858,253	345,275	19,872	192,324	36,308	1,452,032	0
	(ii)	0	0	0	0	0	0	0
3JAMES G LEE EVP & CFO, AHC	(i)	486,641	164,696	5,532	78,265	33,738	768,872	0
	(ii)	0	0	0	0	0	0	0
3JOHN SACKETT EVP & COO OF AHC & PRESIDENT OF SGMCM	(i)	528,948	180,270	6,396	105,519	48,486	869,619	0
	(ii)	0	0	0	0	0	0	0
4ERIK WANGSNES PRESIDENT, WAH	(i)	398,917	101,245	5,177	87,247	33,280	625,866	0
	(ii)	0	0	0	0	0	0	0
5JASON C COE PRESIDENT, HRMC	(i)	65,297	247,095	40,269	3,322	16,253	372,236	38,327
	(ii)	0	0	0	0	0	0	0
6KEITH BALLENGER VP, HOME HEALTH	(i)	183,081	46,758	8,297	32,225	22,402	292,763	0
	(ii)	0	0	0	0	0	0	0
7JAMES DAMRON VP & CHIEF DEVELOPMENT OFFICER, AHC	(i)	248,986	47,437	52,165	9,120	15,360	373,068	0
	(ii)	0	0	0	0	0	0	0
8KENNETH B DESTEFANO VP & GENERAL COUNSEL, AHC	(i)	346,392	93,928	8,402	48,565	29,422	526,709	0
	(ii)	0	0	0	0	0	0	0
9MAUREEN DYMOND VP, FINANCIAL OPERATIONS, AHC	(i)	201,411	55,138	3,269	29,506	30,404	319,728	0
	(ii)	0	0	0	0	0	0	0
10PATRICK GARRETT SVP & PHYSICIAN INTEGRATION, AHC	(i)	376,205	137,471	5,903	103,155	15,061	637,795	0
	(ii)	0	0	0	0	0	0	0
11CHRISTOPHER GHION VP, CHIEF INFORMATION OFFICER, AHC	(i)	280,101	71,347	2,494	68,684	5,642	428,268	0
	(ii)	0	0	0	0	0	0	0
12SUSAN L GLOVER SVP & SYSTEM QUALITY, AHC	(i)	294,169	97,549	4,819	57,189	30,592	484,318	0
	(ii)	0	0	0	0	0	0	0
13THOMAS GRANT VP, PUBLIC RELATIONS&MARKETING, AHC	(i)	207,422	55,410	3,520	51,275	4,386	322,013	0
	(ii)	0	0	0	0	0	0	0
14DEBRA ILLIG VP, CLINICAL EFFECT &PATIENT SAFETY,	(i)	185,236	48,710	2,624	35,152	19,936	291,658	0
	(ii)	0	0	0	0	0	0	0
15MARTA BRITO PEREZ SVP & CHIEF HR OFFICER, AHC	(i)	332,015	111,787	4,880	73,321	31,678	553,681	0
	(ii)	0	0	0	0	0	0	0
16KRISTEN PULIO VP, REVENUE MANAGEMENT, AHC	(i)	219,145	58,483	3,120	52,875	8,340	341,963	0
	(ii)	0	0	0	0	0	0	0
17BRENT REITZ VP & ADMINISTRATOR, ARHM	(i)	277,052	68,451	3,457	56,731	26,447	432,138	0
	(ii)	0	0	0	0	0	0	0
18EUNMEE SHIM VP,BUS DEV &STRATEGIC PLANNING, AHC	(i)	297,883	79,834	10,511	62,248	29,660	480,136	0
	(ii)	0	0	0	0	0	0	0
19CARLOS VARGAS VP, HUMAN RESOURCES, AHC	(i)	208,747	38,206	2,365	42,230	24,994	316,542	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				
21KEVIN YOUNG PRESIDENT, BHWS	(i)	299,676	0	4,311	62,989	27,746	394,722	0
	(ii)	0	0	0	0	- 0	- 0	0
1DANIEL L COCHRAN VP & CFO, SGMC	(i)	321,133	87,238	4,323	74,759	21,312	508,765	0
	(ii)	0	0	0	0	- 0	- 0	0
2MARISSA CUMMINGS LESLIE MEDICAL DIRECTOR	(i)	277,926	10,000	269	10,781	9,148	308,124	0
	(ii)	0	0	0	0	- 0	- 0	0
3DAVID SMITH VP OF OPERATIONS	(i)	236,372	63,295	4,338	50,798	19,296	374,099	0
	(ii)	0	0	0	0	- 0	- 0	0
4KEVIN SMOTHERS VP & CHIEF MEDICAL OFFICER	(i)	408,145	110,888	7,295	88,477	33,666	648,471	0
	(ii)	0	0	0	0	- 0	- 0	0
5JOAN VINCENT CHIEF NURSING OFFICER, SGMC	(i)	241,340	65,555	60,205	12,223	3,573	382,896	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE INC

► 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.

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 (2011 A)	52-0936091	574218CH4	09-01-2011	57,508,761	SEE PART VI		X		X		X
B MHHEFA (2013)	52-0936091	NONEAVAIL	06-12-2013	15,623,500	SEE PART VI		X		X		X
C MHHEFA (2014 A)	52-0936091	NONEAVAIL	02-26-2014	25,000,000	SEE PART VI		X		X		X
D MHHEFA (2016)	52-0936091	574218T37	12-14-2016	407,014,392	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			4,238,533		1,435,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	57,508,761		15,623,500		25,000,000		407,014,392	
4	Gross proceeds in reserve funds	5,860,145						22,347,374	
5	Capitalized interest from proceeds							33,127,437	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	909,734				168,000		3,840,061	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds					24,832,000		14,239,950	
11	Other spent proceeds	53,581,715		15,623,500				125,559,463	
12	Other unspent proceeds							207,900,107	
13	Year of substantial completion	2005		1982		2014		2019	
		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	1 730 %		0 %		0 030 %		0 %	
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	1 730 %		0 %		0 030 %		0 %	
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								
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		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, II, & IV	<p>PART I BOND ISSUES BOND A COLUMN (A) ISSUER NAME MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (MHHEFA) 2011A COLUMN (F) DESCRIPTION OF PURPOSE REFUNDING SERIES 2 003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05 THE SERIES 2003B, 2004 AND 20 05 WERE USED FOR CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SG, ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER EQUIPMENT AT W AH, 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, EQUIPME NT FOR ARHM AND SG NURSING, PLANNING AND DESIGN COSTS RELATED TO SG TOWER, COST OF ACQUISI TION OF AN INTEREST IN ARHM, BOND B COLUMN (A) ISSUER NAME MHHEFA 2013 COLUMN (F) DESCRIP TION OF PURPOSE REFUND OF 2003 A BONDS REFUND 1991 A FOR THE "1991 A-1 PROJECT" - PROJEC TS FINANCED OR REFINANCED WITH THE PROCEEDS OF THE 1983 BONDS, INCLUDING CONSTRUCTION, REN OVATION AND EQUIPPING OF FACILITIES AT WAH, BOND C COLUMN (A) ISSUE NAME MHHEFA 2014A CO LUMN (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 EXPANS ION, INTERIOR WAY/EXTERIOR WAY FINDING, SGMC BASED IT PROJECTS (GE VIEWPOINT, I-HEAL, AERO SCOUT), 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 ADVEN TIST HOSPITAL - ULTRASOUND EQUIPMENT, AHC-WAH CERTIFICATE OF NEED EXPENSES, BOND D COLUMN (A) ISSUE NAME MHHEFA 2016 COLUMN (F) DESCRIPTION OF PURPOSE THE 2016 BONDS WERE ISSUED TO FINANCE THE CONSTRUCTION OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL THE HOSPITAL WILL BE COMPLETED IN 2019 AND IS EXPECTED TO BE 440,000 SQUARE FEET AND 8 LEVELS THE 2016 BOND S ALSO REFUNDED THE 2005 A AND 2011 B BONDS AND FUNDED THE TERMINATION FEE ASSOCIATED WITH THE 2005 A SWAP 2005 A - SHADY GROVE ADVENTIST HOSPITAL (SGAH) EXPANSION PROJECT - SHADY GROVE (SG) TOWER, RENOVATION TO SURGERY DEPARTMENT, MEDICAL/ONCOLOGY NURSING, MEDICAL NUR SING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEONATAL INTENSIVE CARE UNIT, PO WER PLANT, ROAD AND ENTRANCEWAY, SIGNAGE AND PARKING, OTHER ROUTINE CAPITAL PROJECTS, 2011 B - REFUNDING OF 2004 A AND 2005 B FINANCE AND REFINANCE EXISTING FACILITIES AT ARHM, AC QUISITION OF LIFE SCIENCES LAND, FINANCE OR REFINANCE CONSTRUCTION, RENOVATION, PARKING LO TS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCE OR REFINANCE C ERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQU ISITION OF AN INTEREST IN ARHM, ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF AR HM AND WAH, RENOVATION TO WAH</p>

Return Reference	Explanation
PART I, II, & IV	<p>AND SG PART II, PROCEEDS, COLUMN A 2011 A HAS A RESERVE FUND VALUED AT \$5,860,145 AS OF 12/31/2016</p> <p>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, ARBITRAGE, COLUMN A THE ARBITRAGE CALCULATION DATE FOR THE 2011 A BONDS WAS SEPTEMBER 2016</p>

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service
Name of the organization
ADVENTIST HEALTHCARE INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection****Employer identification number**

52-1532556

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	ADVENTIST HEALTHCARE'S 2016 FORM 990 NOW INCLUDES REFERENCES TO THE CONTRACTUAL RELATIONSHIP WITH MEDICAL FACULTY ASSOCIATES, INC ("MFA") ADVENTIST HEALTHCARE, INC , HAS CONTRACTED WITH MFA, AN UNRELATED THIRD PARTY, TO EMPLOY CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE IN PREVIOUS YEARS THE MFA PHYSICIAN NETWORK WAS REPORTED ON THE FORM 990 OF ADVENTIST PHYSICIAN SERVICES, INC D/B/A ADVENTIST HEALTHCARE ADVENTIST MEDICAL GROUP, WHICH IS A RELATED TAX-EXEMPT ORGANIZATION OF ADVENTIST HEALTHCARE, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED</p>	<p>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 THE WASHINGTON, D C REGION 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, SCHOOL PROGRAMS, 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 2016 > 2 ACCOUNTABLE CARE ORGANIZATIONS MID-ATLANTIC PRIMARY CARE ACO, LLC & ONE HEALTH QUALITY ACO, LLC > 5 HOSPITALS 2 ACUTE CARE, 1 ACUTE REHABILITATION, & 2 SPECIALTY > 1,712 PHYSICIANS/MEDICAL STAFF MEMBERS > 5,300 EMPLOYEES (APPROXIMATE) > 6,275 COVERED LIVES/PATIENT CENTERED MEDICAL HOME > 6,445 NEWBORNS > 20,807 SURGERIES > 39,012 ACUTE AND SPECIALTY ADMISSIONS > 76,000 HEALTH AND WELLNESS ENCOUNTERS (APPROXIMATE) > 79,351 VOLUNTEER HOURS > 91,581 HOME HEALTH VISITS > 137,466 EMERGENCY VISITS > 542,172 OUTPATIENT VISITS > 913,400 OVERALL ENCOUNTERS (APPROX) > \$83.3 MILLION COMMUNITY BENEFIT 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 IMPORT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED</p>	<p>ANT 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 S PRING, 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 PROGRA MS 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 C LINIC, INC FORGED AN INNOVATIVE PARTNERSHIP AND OPENED A NEW CLINIC ON THE HOSPITAL'S CAM PUS 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 10 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 MORE THAN 30,000 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 IN TEGRAL 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 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED	<p>HEALTH EQUITY AND COMMUNITY WELLNESS APPROACHES THAT IMPROVE POPULATION HEALTH IN 2016, WE PROVIDED MORE THAN 76,000 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2</p>	<p>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 MEASURABLE OUTCOMES TO EVALUATE HEALTH PROMOTION AND EDUCATION PROGRAMS > REPORT PROGRAM OUTCOMES MONTHLY AND WHEN APPLICABLE, STRATIFY BY RELEVANT CHARACTERISTICS TO ASSESS NEEDS OF AND OUTREACH TO DIFFERENT POPULATIONS 2) HEALTH PROGRAMS DELIVERY - COLLABORATES WITH ADVENTIST HEALTHCARE'S SERVICE LINES TO SUPPORT EXPANDED HOSPITAL CARE, MARKETING STRATEGIES, LOCAL AND STATE HEALTH DEPARTMENTS, AND PROVIDERS FOR THE UNDERSERVED AS WELL AS HEALTH EDUCATION ACTIVITIES FOR ALL POPULATIONS AREAS OF EXPERTISE INCLUDE CANCER, CARDIOVASCULAR AND DIABETES CARE, AS WELL AS SMOKING CESSATION AND MATERNAL/CHILD EDUCATION AND SUPPORT > PROVIDE PRE- AND POST-NATAL EDUCATION AND SUPPORT TO NEW AND EXPECTANT PARENTS > COORDINATE CANCER OUTREACH BY PROVIDING COLORECTAL SCREENINGS AND BREAST CANCER SCREENINGS TO LOW-INCOME, UNINSURED WOMEN, WHEN APPROPRIATE, CASE MANAGE FROM DIAGNOSIS THROUGH TREATMENT AND BEYOND > PROMOTE CARDIOVASCULAR HEALTH THROUGH SCREENINGS AND EDUCATION ON PREVENTION AND LIFESTYLE CHANGES > DELIVER COMPREHENSIVE AND ACCREDITED DIABETES EDUCATION TO THE COMMUNITY > PROVIDE EDUCATION AND COMPREHENSIVE SUPPORT THROUGH OUR SMOKING CESSATION PROGRAM THAT INCLUDES BEDSIDE COUNSELING, INDIVIDUALIZED NICOTINE REPLACEMENT THERAPY AND FOLLOW-UP CALLS POST-DISCHARGE 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED 2	O IMPROVE HEALTH OUTCOMES, PARTNERS WITH ACADEMIC INSTITUTIONS TO PROVIDE MEANINGFUL INTERNSHIP EXPERIENCES TO HELP RECRUIT AND DEVELOP FUTURE HEALTH CARE PROFESSIONALS, COORDINATE S LANGUAGE ACCESS POLICIES, PROGRAMS AND SERVICES TO MEET THE COMMUNICATION NEEDS OF DEAF AND HARD-OF-HEARING PATIENTS AND PATIENTS WITH LIMITED ENGLISH PROFICIENCY, AND COORDINATE S 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)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE GOVERNING BODY HAS DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE DURING SUCH TIMES WHEREBY IT IS IMPRACTICABLE TO CONVENE THE FULL BOARD, AND WHEN IT IS NECESSARY TO CARRY OUT THE GOVERNANCE FUNCTIONS OF THE BOARD THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS OF THE BOARD IN THE MANAGEMENT AND DIRECTION OF THE AFFAIRS OF ADVENTIST HEALTHCARE, INC , PROVIDED SUCH ACTIONS ARE NOT IN CONFLICT WITH GENERAL POLICIES ENACTED BY THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE SHALL BE CHAIRED BY THE CHAIR OF THE BOARD OF TRUSTEES, AND SHALL CONSIST OF THE BOARD OFFICERS, A PHYSICIAN BOARD MEMBER, THE CHAIR OF THE FINANCE COMMITTEE, AND ANOTHER BOARD MEMBER DESIGNATED BY THE CHAIR OF THE BOARD OF TRUSTEES EXCEPT FOR EX-OFFICIO MEMBERS, ALL COMMITTEE MEMBERS SHALL BE APPOINTED BY THE CHAIR OF THE BOARD OF TRUSTEES AND SERVE FOR A TERM OF ONE YEAR AND/OR UNTIL THEIR SUCCESSORS ARE APPOINTED AND QUALIFIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MID-ATLANTIC ADVENTIST HEALTHCARE, INC IS THE SOLE MEMBER OF ADVENTIST HEALTHCARE, INC

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MID-ATLANTIC ADVENTIST HEALTHCARE, INC CAN ELECT MEMBERS OF THE BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS A TAX EXEMPT ORGANIZATION, ADVENTIST HEALTHCARE, INC IS SUBJECT TO IRS RULES AND REGULATIONS THAT ENSURE THAT ANY ORGANIZATION THAT IS EXEMPT FROM TAX IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES, AND THAT NO INDIVIDUAL INAPPROPRIATELY BENEFITS FROM THE NET EARNINGS OF THE ORGANIZATION THE INTENT OF THIS PROVISION IS GENERALLY CONSTRUED TO GUARD AGAINST INDIVIDUALS BENEFITING AT THE ORGANIZATION'S EXPENSE BY, FOR EXAMPLE, RECEIVING COMPENSATION AND BENEFITS BEYOND AN AMOUNT WHICH IS FAIR AND REASONABLE (AN "EXCESS BENEFIT") > TO ASSIST TAX-EXEMPT ORGANIZATIONS IN AVOIDING EXCESS BENEFIT TRANSACTIONS, THE IRS HAS ESTABLISHED GUIDELINES WHICH NEED BE FOLLOWED WHEN SETTING COMPENSATION FOR ITS OFFICERS AND DIRECTORS > IRS GUIDELINES SET FORTH THAT A COMPENSATION ARRANGEMENT BETWEEN AN EXEMPT ORGANIZATION AND ITS OFFICER OR DIRECTOR SHALL BE PRESUMED TO BE REASONABLE IF THE FOLLOWING THREE CONDITIONS ARE SATISFIED 1 THE COMPENSATION ARRANGEMENT IN APPROVED BY THE ORGANIZATION'S GOVERNING BODY OR A COMMITTEE OF THE GOVERNING BODY COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT, 2 THE GOVERNING BODY, OR COMMITTEE THEREOF, OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION, AND 3 THE GOVERNING BODY OR COMMITTEE THEREOF ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION > WHEN SETTING EXECUTIVE COMPENSATION, ADVENTIST HEALTHCARE, INC FULLY COMPLIES WITH THE PROCEDURAL SAFE GUARDS EMBODIED IN IRS REGULATIONS > EXECUTIVE COMPENSATION FOR ADVENTIST HEALTHCARE, INC IS ENTIRELY SET BY A COMMITTEE OF ADVENTIST HEALTHCARE, INC 'S GOVERNING BOARD, > IN SETTING COMPENSATION, THE GOVERNING BOARD COMMITTEE RELIES UPON MARKET COMPARABILITY DATA PROVIDED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT, AND > TO FURTHER ENSURE REASONABLENESS, COMPENSATION IS SET AT THE 50TH PERCENTILE (OR MEDIAN) OF THE MARKET</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR PROGRAM SERVICE EXPENSES 32,881,266 MANAGEMENT AND GENERAL EXPENSES 291,507 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 33,172,773 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 22,582,983 MANAGEMENT AND GENERAL EXPENSES 3,378,870 FUNDRAISING EXPENSES 9,483 TOTAL EXPENSES 25,971,336 CONTRACT LAB SERVICES PROGRAM SERVICE EXPENSES 17,688,978 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 17,688,978 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 2,412,592 MANAGEMENT AND GENERAL EXPENSES 2,082,938 FUNDRAISING EXPENSES 257,876 TOTAL EXPENSES 4,753,406 PATIENT TRANSPORTATION SERVICES PROGRAM SERVICE EXPENSES 1,163,863 MANAGEMENT AND GENERAL EXPENSES 168 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,164,031

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ORGANIZATION TRANSFER -19,887,568 OTHER UNRESTRICTED NET ASSETS ACTIVITY -3,033,341 CHANGE IN VALUE REMAINDER TRUST -14,880 ACQUIRED NET ASSETS FROM SALE OF HACKETTSTOWN COMMUNITY HOSPITAL, INC 49,159,710

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADVENTIST CANCER CARE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 26-2515407	OUTPATIENT CANCER CARE	MD	1,664,912	3,050,349	ADVENTIST HEALTHCARE INC
(2) AHC HOLDINGS 1 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	MD	0	0	ADVENTIST HEALTHCARE INC
(3) AHC HOLDINGS 2 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	DE	0	0	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	-1,854,468	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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHADY GROVE MEDICAL BUILDING LLC 1650 TYSONS BOULEVARD STE 820 MCLEAN, VA 22102 27-4599411	MEDICAL OFFICE BUILDING	MD	N/A	RELATED	203,617	133,443		No			No	50 000 %
(2) MID-ATLANTIC PRIMARY CARE ACO LLC 820 WEST DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878 35-2477392	ACCOUNTABLE CARE ORGANIZATION	MD	N/A	RELATED	-69,277			No		Yes		25 000 %
(3) NEXUS MONTGOMERY REGIONAL PARTNERSHIP LLC 820 WEST DIAMOND AVE SUITE 600 GAITHERSBURG, MD 20878 81-5410250	HEALTHCARE & COMMUNITY SERVICE FOR IMPROVED HEALTH	MD	N/A	RELATED				No		Yes		25 000 %

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	19,295	50 000 %		No
(2) WASHINGTON ADVENTIST HOSPITAL INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 27-2330170	HOLDS PROPERTY FOR FUTURE NON-PROFIT HOSPITAL	MD	ADVENTIST HEALTHCARE INC	C			100 000 %		No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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	1,664,912	3,050,349	ADVENTIST HEALTHCARE INC
(1) AHC HOLDINGS 1 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	MD	0	0	ADVENTIST HEALTHCARE INC
(2) AHC HOLDINGS 2 LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	HOLDING COMPANY	DE	0	0	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	-1,854,468	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
(1) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 46-1577511	CLINIC - EMERGENCY CARE	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
(1) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-0986808	HOME CARE SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
(2) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-4600646	PHYSICIAN SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
(3) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-1486678	REHABILITATION HOSPITAL	MD	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
(4) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 30-0780513	REHABILITATION SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Yes	
(5) 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 22-6106281	HOSPITAL	NJ	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
(6) 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 27-0820164	AMBULANCE SERVICE	NJ	501(C)(3)	LINE 12A, I	HACKETTSTOWN COMMUNITY HOSPITAL INC	Yes	
(7) 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 22-2333410	FUNDRAISING	NJ	501(C)(3)	LINE 12A, I	HACKETTSTOWN COMMUNITY HOSPITAL INC	Yes	
(8) 651 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 45-4789273	PHYSICIAN SERVICES	NJ	501(C)(3)	LINE 12A, I	HACKETTSTOWN COMMUNITY HOSPITAL INC	Yes	
(9) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1884153	HOLDING COMPANY	MD	501(C)(3)	LINE 10	N/A		No
(10) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-5479860	FUNDRAISING	MD	501(C)(3)	LINE 12A, I	ADVENTIST HEALTHCARE INC	Yes	
(11) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1255870	BEHAVIORAL CARE	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
(12) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1216429	FUNDRAISING	MD	501(C)(3)	LINE 12A, I	N/A	Yes	
(13) 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1692158	FUNDRAISING	MD	501(C)(3)	LINE 12A, I	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)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	16,000	COST
(1)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	B	209,263	COST
(2)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	10,000	COST
(3)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	B	140,143	COST
(4)	ADVENTIST BEHAVIORAL HEALTH FOUNDATION INC	C	172,653	COST
(5)	SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	C	436,367	COST
(6)	WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	C	276,385	COST
(7)	ADVENTIST HOME HEALTH SERVICES INC	L	826,721	COST
(8)	ADVENTIST PHYSICIAN SERVICES INC	L	465,108	COST
(9)	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	L	1,338,265	COST
(10)	ADVENTISTH HEALTHCARE URGENT CARE CENTERS INC	L	142,115	COST
(11)	HACKETTSTOWN COMMUNITY HOSPITAL INC	L	213,597	COST
(12)	REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC	L	319,844	COST
(13)	ADVENTIST HOME HEALTH SERVICES INC	Q	604,201	COST
(14)	ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Q	2,050,236	COST
(15)	HACKETTSTOWN COMMUNITY HOSPITAL INC	Q	1,172,590	COST
(16)	HACKETTSTOWN COMMUNITY HOSPITAL INC	R	13,005,298	COST
(17)	HACKETTSTOWN REGIONAL MEDICAL CENTER EMERGENCY MEDICAL SERVICES INC	R	2,865,271	COST
(18)	MEDICAL CENTER PARTNERS INC	R	3,219,117	COST