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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

D Employer identification number
52-1532556

E Telephone number
(301) 315-3030

G Gross receipts \$ 874,466,693

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

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: SERVICES INCLUDING ACUTE CARE, AMBULATORY AND POPULATION HEALTH MANAGEMENT.

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) 3 16

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6,724

6 Total number of volunteers (estimate if necessary) 6 1,848

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,670,556

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 3,426,849 2,148,331

9 Program service revenue (Part VIII, line 2g) 722,654,618 746,814,121

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,715,751 14,011,028

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,265,759 -1,746,385

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 727,531,459 761,227,095

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,862,810 1,423,475

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 362,474,089 370,541,393

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,588,021

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 332,842,289 349,633,100

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 697,179,188 721,597,968

19 Revenue less expenses. Subtract line 18 from line 12 30,352,271 39,629,127

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,245,225,364 1,335,425,748

21 Total liabilities (Part X, line 26) 813,091,705 867,503,311

22 Net assets or fund balances. Subtract line 21 from line 20 432,133,659 467,922,437

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
JAMES G LEE EVP & CFO
Type or print name and title

2020-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ BAKER TILLY US LLP
Firm's address ▶ 1570 FRUITVILLE PIKE STE 400
LANCASTER, PA 17601

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 38-0859910
Phone no. (717) 740-4863

PTIN P00760402

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 (2019)

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 \$ 538,072,944 including grants of \$ 1,423,475) (Revenue \$ 679,559,259)
See Additional Data	

4b	(Code:) (Expenses \$ 41,106,880 including grants of \$) (Revenue \$ 41,661,598)
See Additional Data	

4c	(Code:) (Expenses \$ 32,728,637 including grants of \$) (Revenue \$ 23,918,922)
See Additional Data	

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

4e	Total program service expenses ▶	611,908,461
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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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	870
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 6,724			
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)? 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).	4a		No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

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	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	11	
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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,471,398	0	1,353,180

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 ▶ 554

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION COMPANY 11413 ISAAC NEWTON SQ RESTON, VA 20190	CONSTRUCTION SERVICES	48,280,731
PHILIPS MEDICAL SYSTEMS PO BOX 100355 ATLANTA, GA 303840355	CLINICAL HEALTHCARE SOLUTIONS	16,102,540
QUEST DIAGNOSTICS 14225 NEWBROOK DR CHANTILLY, VA 191761303	CLINICAL LAB SERVICES	14,534,170
CARETECH SOLUTIONS INC PO BOX 674271 DETROIT, MI 482674271	IT SERVICES	11,066,235
SODEXO INC PO BOX 360170 PITTSBURGH, PA 152516170	DIETARY AND PLANT OPS	6,083,896

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 ▶ 211

Form 990 (2019)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII ☐								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,860,990				
	e	Government grants (contributions)	1e	178,841				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	108,500				
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f ▶		2,148,331				
Program Service Revenue			Business Code					
	2a	ACUTE CARE	622110	672,610,722	672,610,722			
	b	BEHAVIORAL HEALTH	622110	41,661,598	41,661,598			
	c	PHYSICIAN PRACTICE	621110	23,918,922	23,918,922			
	d							
	e							
	f	All other program service revenue.		8,622,879	6,948,537	1,674,342		
g	Total. Add lines 2a-2f. ▶		746,814,121					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	6,557,933		6,557,933		
	4		Income from investment of tax-exempt bond proceeds ▶	946,807		946,807		
	5		Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal				
			6a	6,193,377				
			b	Less: rental expenses	6b	8,435,644		
			c	Rental income or (loss)	6c	-2,242,267		
	d		Net rental income or (loss) ▶	-2,242,267		-3,786	-2,238,481	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	110,949,523	167,099			
			b	Less: cost or other basis and sales expenses	7b	104,610,334	0	
			c	Gain or (loss)	7c	6,339,189	167,099	
	d		Net gain or (loss) ▶	6,506,288		6,506,288		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
			b	Less: direct expenses	8b			
	c		Net income or (loss) from fundraising events . . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
			b	Less: direct expenses	9b			
	c		Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances	10a	462,244				
			b	Less: cost of goods sold	10b	193,620		
	c		Net income or (loss) from sales of inventory . . . ▶	268,624		268,624		
	Miscellaneous Revenue		Business Code					
11a		PARKING REVENUE	621990	227,258		227,258		
b								
c								
d		All other revenue						
e		Total. Add lines 11a-11d ▶		227,258				
12		Total revenue. See instructions ▶		761,227,095	745,139,779	1,670,556	12,268,429	

Form 990 (2019)

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	1,423,475	1,423,475		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,157,704		8,157,704	
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	303,072,574	267,192,846	34,828,787	1,050,941
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,125,808	7,589,391	1,502,681	33,736
9 Other employee benefits	27,383,147	22,482,659	4,805,108	95,380
10 Payroll taxes	22,802,160	19,446,618	3,280,118	75,424
11 Fees for services (non-employees):				
a Management	7,264,790	5,617,790	1,647,000	
b Legal	1,297,579		1,297,579	
c Accounting	479,382		479,382	
d Lobbying	110,000		110,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	757,496	6,375	751,121	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	90,060,648	83,375,516	6,626,937	58,195
12 Advertising and promotion	2,563,788	481,843	2,079,473	2,472
13 Office expenses	5,682,475	3,826,845	1,742,331	113,299
14 Information technology	29,322,679	21,992,009	7,330,670	
15 Royalties				
16 Occupancy	52,796,337	41,294,991	11,438,375	62,971
17 Travel	2,517,099	1,580,282	910,300	26,517
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,035,647	667,424	364,325	3,898
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,655,651	25,367,771	14,280,006	7,874
23 Insurance	6,214,126	1,567,372	4,646,754	
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	104,923,422	104,923,422		
b COLLECTION FEES/LICENSE	3,129,146	3,071,832		57,314
c RECRUITING	1,822,835		1,822,835	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	721,597,968	611,908,461	108,101,486	1,588,021
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 ☐ 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		663,711	1	113,739	
	2	Savings and temporary cash investments		87,363,386	2	81,673,047	
	3	Pledges and grants receivable, net		1,505,238	3	1,288,663	
	4	Accounts receivable, net		85,423,065	4	99,499,743	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		8,902,214	7	11,486,267	
	8	Inventories for sale or use		8,517,456	8	10,872,189	
	9	Prepaid expenses and deferred charges		12,876,893	9	11,717,907	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,044,558,196			
	b	Less: accumulated depreciation	10b	354,955,469	631,520,870	10c	689,602,727
	11	Investments—publicly traded securities		336,397,215	11	266,662,300	
	12	Investments—other securities. See Part IV, line 11		16,248,324	12	28,694,438	
	13	Investments—program-related. See Part IV, line 11		45,404,765	13	48,091,039	
	14	Intangible assets		7,161,853	14	6,993,958	
	15	Other assets. See Part IV, line 11		3,240,374	15	78,729,731	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,245,225,364	16	1,335,425,748		
Liabilities	17	Accounts payable and accrued expenses		127,392,635	17	145,500,946	
	18	Grants payable			18		
	19	Deferred revenue			19	376,915	
	20	Tax-exempt bond liabilities		551,564,117	20	546,840,043	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		51,892,843	23	36,528,536	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		82,242,110	25	138,256,871	
	26	Total liabilities. Add lines 17 through 25		813,091,705	26	867,503,311	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		430,885,198	27	466,629,235	
	28	Net assets with donor restrictions		1,248,461	28	1,293,202	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		432,133,659	32	467,922,437	
33	Total liabilities and net assets/fund balances		1,245,225,364	33	1,335,425,748		

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	761,227,095
2	Total expenses (must equal Part IX, column (A), line 25)	2	721,597,968
3	Revenue less expenses. Subtract line 2 from line 1	3	39,629,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	432,133,659
5	Net unrealized gains (losses) on investments	5	8,408,595
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	-12,248,944
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	467,922,437

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 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?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

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

Form 990 (2019)

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. CONTINUES ON SCHEDULE O.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, CARDIAC CARE, NEUROSCIENCES, REHABILITATION, BEHAVIORAL HEALTH, HOME CARE AND THROUGH PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS ALIGNED WITH OUR MISSION. THE COMMUNITY BENEFITS FROM THESE QUALITY PROGRAMS THAT PROMOTE HEALTHY CHILDREN, ENCOURAGE HEALTHY LIFESTYLES FOR SENIORS, FOSTER HEALTHY FAMILIES, AND IN A HOLISTIC WAY, BUILD HEALTHIER COMMUNITIES.ADVENTIST HEALTHCARE HAS RECENTLY EXPANDED ITS GEOGRAPHY TO OFFER THIS HOLISTIC CARE TO A WIDER RANGE OF CITIZENS. IN 2019, OUR SYSTEM WELCOMED FORT WASHINGTON MEDICAL CENTER INTO OUR ORGANIZATION, EXPANDING QUALITY CARE FOR THE RESIDENTS OF PRINCE GEORGE'S COUNTY, MARYLAND. ADDITIONALLY, WE BEGAN DISCUSSIONS TO ENTER INTO A MANAGEMENT AGREEMENT WITH HOWARD UNIVERSITY MEDICAL CENTER IN WASHINGTON, D.C. ILLUSTRATING GROWTH IN OUR SERVICE LINES, A JOINT VENTURE IS UNDER WAY TO EXPAND CANCER SERVICES AT ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (FORMERLY WASHINGTON ADVENTIST HOSPITAL AND RELOCATED TO THE WHITE OAK AREA OF SILVER SPRING, MARYLAND, IN 2019). ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER IS ADDING PROGRAMS THAT EMPHASIZE TREATMENT OF MENTAL HEALTH CONDITIONS IN CANCER PATIENTS. THESE STEPS ENSURE THAT WE CONTINUE TO PROVIDE THE LATEST DIAGNOSTIC AND TREATMENT SERVICES WITH COMPASSION, A DEEP UNDERSTANDING OF THE UNIQUE DEMANDS OF CANCER PATIENTS, AND TO ACCOMMODATION OF A RANGE OF PATIENT NEEDS AND PREFERENCES. WE CARE FOR THE WHOLE PATIENT THROUGH CANCER SERVICES SUCH AS NUTRITION COUNSELING, STRESS MANAGEMENT, FITNESS PROGRAMS, SUPPORT GROUPS AND ACCESS TO GROUNDBREAKING CLINICAL TRIALS. BOTH ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER AND ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER RECEIVED 2019 RECOGNITION FROM THE AMERICAN STROKE ASSOCIATION FOR LIFE-SAVING, HIGH-QUALITY STROKE CARE. BOTH HOSPITALS EARNED THE GOLD PLUS ACHIEVEMENT AWARD IN THE ASSOCIATION'S "GET WITH THE GUIDELINES-STROKE" PROGRAM, WHICH FOCUSES ON IMPROVING STROKE CARE BY PROMOTING CONSISTENT USE OF THE LATEST SCIENTIFIC TREATMENT GUIDELINES. TO RECEIVE THIS AWARD, EACH HOSPITAL ACHIEVED 85 PERCENT OR HIGHER COMPLIANCE WITH THE PROGRAM'S STANDARDS FOR TWO OR MORE CONSECUTIVE 12-MONTH PERIODS. IN ADDITION, BOTH HOSPITALS ACHIEVED 75 PERCENT OR HIGHER COMPLIANCE WITH FIVE OF EIGHT QUALITY MEASURES.ADDITIONALLY, BOTH HOSPITALS RECEIVED THE AMERICAN HEART ASSOCIATION'S "TARGET: STROKE HONOR ROLL ELITE PLUS" STATUS FOR MAINTAINING A SHORT TIME PERIOD BETWEEN A PATIENT'S ARRIVAL AND TREATMENT WITH A CLOT-DISSOLVING MEDICATION. PROVIDING MEDICATION WITHIN THE FIRST THREE HOURS AFTER SYMPTOMS HAS BEEN SHOWN TO SIGNIFICANTLY REDUCE THE EFFECTS OF STROKE AND LESSEN THE CHANCE OF PERMANENT DISABILITY.SHADY GROVE MEDICAL CENTER FURTHER AFFIRMED ITS COMMITMENT TO THE CARE OF STROKE PATIENTS WITH THE 2019 ADDITION OF A BI-PLANE IMAGING MACHINE AND A SPECIALLY TRAINED CEREBROVASCULAR NEUROSURGEON. THESE ENHANCEMENTS ALLOW THE HOSPITAL TO OFFER THE RESIDENTS OF ITS COUNTY MECHANICAL THROMBECTOMY, A PROCEDURE THAT HAS BEEN SHOWN IN RECENT STUDIES TO IMPROVE OUTCOMES FOR STROKE PATIENTS. THESE GROWTH INITIATIVES ARE PARTNERED WITH A COMMITMENT TO QUALITY CARE. SHADY GROVE IN EARLY 2020 EARNED A FIVE-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES. THE RATING IS BASED ON SEVEN QUALITY AND PERFORMANCE MEASURES AS COMPARED TO OVER 4,000 HOSPITALS ACROSS THE COUNTRY. LESS THAN 9% OF HOSPITALS RECEIVED FIVE STARS.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.2019 WAS A YEAR OF SIGNIFICANT TRANSFORMATION IN IMPROVING ACCESS TO HEALTHCARE SERVICES FOR THE COMMUNITY SERVED BY WASHINGTON ADVENTIST HOSPITAL (NOW ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER). WASHINGTON ADVENTIST HOSPITAL RELOCATED FROM TAKOMA PARK TO BECOME WHITE OAK MEDICAL CENTER IN SILVER SPRING MARYLAND ON AUGUST 25, 2019. FROM ITS NEW LOCATION, WHITE OAK MEDICAL CONTINUES ITS MORE THAN 100 YEAR LEGACY OF PROVIDING FULL-SERVICE MEDICAL AND SURGICAL CARE TO THE RESIDENTS OF EASTERN MONTGOMERY COUNTY, WESTERN PRINCE GEORGE'S COUNTY AND WASHINGTON, D.C.. ADJACENT TO THE U.S. FOOD AND DRUG ADMINISTRATION'S HEADQUARTERS, THE NEW HOSPITAL IS THE CENTER OF THE WHITE OAK SCIENCE GATEWAY, A DEVELOPING LIFE SCIENCES COMMUNITY BRINGING TOGETHER MEDICAL RESEARCHERS, BUSINESSES AND RESIDENTS.THE NEW HOSPITAL EXPANDS ACCESS TO PATIENT CARE IN THE REGION AND CONTINUES ADVENTIST HEALTHCARE'S TRADITION OF WHOLE-PERSON CARE 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 FACILITIES;> A SPECIALLY DESIGNED HEALING ENVIRONMENT USING NATURAL ELEMENTS LIKE LARGE WINDOW VIEWS OF SURROUNDING WOODS AND POND, A GREEN ROOF GARDEN AND WALKING TRAIL;> AMPLE SPACE TO COMFORTABLY ACCOMMODATE FAMILY AND OTHER PATIENT/COMMUNITY SUPPORT PERSONS.OF SPECIAL NOTE IS WHITE OAK MEDICAL CENTER'S CARDIAC SERVICES. THE HOSPITAL PERFORMED MANY CARDIAC FIRSTS IN THE GREATER D.C. AREA SINCE THE BEGINNING OF ITS HEART PROGRAM IN 1962, INCLUDING MITRAL VALVULOPLASTY AND SEVERAL SOPHISTICATED TYPES OF ECHOCARDIOGRAPHY. THE HOSPITAL PERFORMS SUBSTANTIAL CARDIAC SURGERY AND PCI PROCEDURES, AND BACKS UP MULTIPLE HOSPITALS THAT REQUIRE AN AFFILIATION WITH A CARDIAC SURGERY PROGRAM FOR THEIR PRIMARY AND NONPRIMARY ELECTIVE PCI PROGRAMS. IN 2019, THE SOCIETY OF THORACIC SURGEONS (STS) AWARDED WASHINGTON ADVENTIST HOSPITAL (NOW WHITE OAK MEDICAL CENTER) 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. WASHINGTON ADVENTIST HOSPITAL (NOW WHITE OAK MEDICAL CENTER) IS AMONG A SELECT FEW HOSPITALS IN THE COUNTRY TO BE RECOGNIZED WITH THE AMERICAN COLLEGE OF CARDIOLOGY'S NCDR ACTION REGISTRY'S PLATINUM PERFORMANCE ACHIEVEMENT AWARD FOR PROVIDING THE HIGHEST QUALITY CARE TO HEART ATTACK PATIENTS.THE FORMER WASHINGTON ADVENTIST HOSPITAL FACILITY IN TAKOMA PARK NOW FEATURES AN URGENT CARE CENTER AND PHYSICIAN OFFICES.

Form 990, Part III, Line 4b:

SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES:ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER'S BEHAVIORAL HEALTH SERVICES EXTEND CARE TO INDIVIDUALS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE CHALLENGES.SHADY GROVE IS A NONPROFIT, ACCREDITED BY THE JOINT COMMISSION AND PROVIDES PSYCHIATRIC TREATMENT AT FREESTANDING FACILITIES LOCATED ON ADVENTIST HEALTHCARE'S CAMPUS IN ROCKVILLE, MONTGOMERY COUNTY, MARYLAND.CONTINUES ON SCHEDULE OSHADY GROVE PROVIDES A BROAD RANGE OF BEHAVIORAL HEALTH SERVICES SUCH AS ACUTE CARE, SPECIAL AND GENERAL EDUCATION PROGRAMS, CHEMICAL DEPENDENCY PROGRAMS, OUTPATIENT PROGRAMS, PARTIAL HOSPITALIZATION PROGRAMS, INTENSIVE OUTPATIENT SERVICES AND AN OUTPATIENT WELLNESS CLINIC.SHADY GROVE'S BEHAVIORAL HEALTH FACILITIES INCLUDE 117 ACUTE-CARE INPATIENT BEDS. AMONG THEM ARE THE SPECIALIZED MAGNOLIA UNIT, A 10-BED 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.SERVICES ALSO INCLUDE THE RIDGE SCHOOL, A SPECIAL AND GENERAL EDUCATION DAY SCHOOL FOR STUDENTS IN GRADES 6 THROUGH 12 WITH EMOTIONAL AND LEARNING DISABILITIES OR OTHER BEHAVIORAL HEALTH IMPAIRMENTS THAT IS APPROVED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION. SHADY GROVE ALSO OFFERS 16 ASSISTED LIVING BEDS AND A FULL CONTINUUM OF OUTPATIENT SERVICES. SHADY GROVE'S BEHAVIORAL HEALTH TEAM MEMBERS CARED FOR APPROXIMATELY 3,023 PATIENTS IN 2019.THE BEHAVIORAL HEALTH UNIT AT ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER:THE BEHAVIORAL HEALTH UNIT AT WHITE OAK MEDICAL CENTER OFFERS 26 ADULT INPATIENT BEDS IN ADDITION TO PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT PROGRAMS IN SILVER SPRING, MARYLAND. THE UNIT WAS FORMERLY PART OF WASHINGTON ADVENTIST HOSPITAL, WHICH CLOSED IN AUGUST 2019 AND ALL BEDS WERE TEMPORARILY MOVED TO SHADY GROVE UNTIL THE NEW LOCATION FOR THE BEHAVIORAL HEALTH UNIT AT WHITE OAK WAS READY TO OPEN IN MARCH 2020. IN BOTH LOCATIONS IN 2019, THE BEHAVIORAL HEALTH UNIT CARED FOR APPROXIMATELY 655 PATIENTS.COMMUNITY-BASED RESIDENTIAL SERVICES:THE MANOR IS AN ASSISTED LIVING FACILITY IN TAKOMA PARK, MARYLAND, 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:SHADY GROVE MEDICAL CENTER 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 MENTAL HEALTH SUPPORT GROUPS TO THE COMMUNITY.SHADY GROVE SPONSORS AND SUPPORTS COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION AND THE NATIONAL ALLIANCE ON MENTAL ILLNESS OF MONTGOMERY COUNTY.

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.....CONTINUES ON SCHEDULE O, 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) 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			
TERRY FORDE PRESIDENT & CEO,AHC; BOARD MEMBER	45.00 17.00	X		X				2,189,488	0	243,245
MARTA BRITO PEREZ SVP,POP. HEALTH/POST-ACUTE CARE SVCS	48.00 7.00					X		1,069,088	0	42,578
JOHN SACKETT EVP/COO, AHC; PRESIDENT, SGMC	42.00 20.00			X				984,331	0	69,288
JAMES G LEE EVP & CFO, AHC	44.00 18.00			X				772,649	0	166,044
DANIEL L COCHRAN PRESIDENT, SGMC; VP & CFO, SGMC	51.00 4.00				X			707,295	0	128,079
EUNMEE SHIM PRESIDENT,FWMC; SVP,AMB NETWORKS,AHC	15.00 40.00				X			631,733	0	110,834
JAMES ROST INTERIM PRESIDENT & CMO, WOMC	45.00 5.00					X		597,686	0	125,904
KENNETH B DESTEFANO SVP, GENERAL COUNSEL, AHC	50.00					X		608,587	0	110,668
ERIK WANGSNESS PRESIDENT, WOMC, PARTIAL YEAR	44.00 6.00				X			586,156	0	34,256
BRENT REITZ PRESIDENT, POST-ACUTE CARE SVCS, AHC	10.00 45.00				X			471,620	0	99,249

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN L GLOVER SVP,CHIEF QUALITY&INTEGRITY OFFR,AHC	50.00 10.00					X		471,215	0	94,636
TERRENCE SHEEHAN CHIEF MEDICAL OFFICER, AMG	50.00					X		521,196	0	25,313
KEITH BALLENGER PRESIDENT, HOME HEALTH, PARTIAL YEAR	10.00 40.00				X			344,613	0	43,478
MARISSA LESLIE MD BOARD; CHAIR OF PSYCHIATRY, SGMC	1.00	X						321,521	0	28,771
ROSEMARIE MELENDEZRNBSCNEN BOARD;DIR ED & NURSING ADMIN, WOMC	1.00	X						174,480	0	30,837
BRETT GAMMA MD BOARD MEMBER	1.00	X						18,240	0	0
NICOLAS CACCIABEVE MD BOARD MEMBER	1.00	X						1,500	0	0
DAVID E WEIGLEY BOARD CHAIR	1.00	X						0	0	0
ROBERT T VANDEMAN SECRETARY	1.00	X						0	0	0
EMMANUEL ASIEDU TREASURER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ALPUCHE ESQ BOARD MEMBER	1.00	X						0	0	0
JAMES BOYLE BOARD MEMBER	1.00	X						0	0	0
FRANKLIN DAVID BOARD MEMBER	1.00	X						0	0	0
JANET DEVINNEY BOARD MEMBER	1.00	X						0	0	0
WALTER F FENNELL BOARD MEMBER	1.00	X						0	0	0
CHERYL KISUNZU BOARD MEMBER	1.00	X						0	0	0
WILLIAM MILLER BOARD MEMBER	1.00	X						0	0	0
HENRY MOSLEY BOARD MEMBER	1.00	X						0	0	0
DONALD MELNICK MD BOARD MEMBER (TERM END 7/19)	1.00	X						0	0	0
RICK REMMERS BOARD MEMBER (TERM END 7/19)	1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

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

The organization is not a private foundation because it is: (For lines 1 through 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 **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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

Part 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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>		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ 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>		

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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-.
1				
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		110,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			110,000
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 2019, 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 ACCESS TO CARE, HEALTHCARE BILLING REFORM, MENTAL HEALTH POLICY, AND WORKFORCE DEVELOPMENT. AT THE FEDERAL LEVEL, ADVENTIST HEALTHCARE WORKED WITH LEGISLATORS ON ISSUES RELATED TO FEDERAL HEALTH REFORM 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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

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

b

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

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	23,386,249		23,386,249
b	Buildings	630,558,128	164,050,817	466,507,311
c	Leasehold improvements	42,135,937	22,939,783	19,196,154
d	Equipment	295,782,090	149,289,858	146,492,232
e	Other	52,695,792	18,675,011	34,020,781
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			689,602,727

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

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) DEFERRED COMPENSATION FUND	1,537,921
(2) OTHER ASSETS	1,459,440
(3) FINANCING LEASE RIGHT-OF-USE ASSET	2,711,291
(4) OPERATING LEASE RIGHT-OF-USE ASSET	57,081,255
(5) ASSETS HELD FOR SALE	15,939,824
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	78,729,731

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	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	138,256,871

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 ☒

Schedule D (Form 990) 2019

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 TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2019 OR 2018. THE CORPORATION'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 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.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
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	No
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)			15,132,908		15,132,908	2.100 %
b Medicaid (from Worksheet 3, column a)			13,392,288	11,042,610	2,349,678	0.330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			28,525,196	11,042,610	17,482,586	2.430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			14,690,056	1,702,086	12,987,970	1.800 %
f Health professions education (from Worksheet 5)			2,093,173	43,200	2,049,973	0.280 %
g Subsidized health services (from Worksheet 6)			37,091,100	428,117	36,662,983	5.080 %
h Research (from Worksheet 7)			2,264,411	753,541	1,510,870	0.210 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			604,622		604,622	0.080 %
j Total. Other Benefits			56,743,362	2,926,944	53,816,418	7.450 %
k Total. Add lines 7d and 7j			85,268,558	13,969,554	71,299,004	9.880 %

Part II 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						
2 Economic development						
3 Community support			166,995		166,995	0.020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			436,023	1,152	434,871	0.060 %
7 Community health improvement advocacy			71,799		71,799	0.010 %
8 Workforce development			116,722		116,722	0.020 %
9 Other						
10 Total			791,539	1,152	790,387	0.110 %

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	26,069,147	
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	246,813,092
6 Enter Medicare allowable costs of care relating to payments on line 5	6	222,885,729
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	23,927,363
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 PREMIER MEDICAL NETWORK INC	PHYSICAN HOSPITAL ORGANIZATION	50.000 %		50.000 %
2				
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?

5

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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 ☒ Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</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
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: a ☒ 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 ☐ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☐ Insurance status f ☐ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	15	Yes
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): a ☒ The FAP was widely available on a website (list url): SEE URL ON SECTION C b ☒ The FAP application form was widely available on a website (list url): SEE URL ON SECTION C c ☒ A plain language summary of the FAP was widely available on a website (list url): SEE URL ON SECTION C d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☒ Other (describe in Section C)	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 nonpayment?	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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ 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 ☒ 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ 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)

WHITE OAK 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):** _____**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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 ☒ Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</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)

WHITE OAK MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
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 ☒ 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 ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ 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 ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ 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 ☒ The FAP was widely available on a website (list url): SEE URL ON SECTION C			
b ☒ The FAP application form was widely available on a website (list url): SEE URL ON SECTION C			
c ☒ A plain language summary of the FAP was widely available on a website (list url): SEE URL ON SECTION C			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

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

WHITE OAK 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 nonpayment?	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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ 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 ☒ 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

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

WHITE OAK 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)
AHC-REHABILITATION - ROCKVILLE**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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 ☒ Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</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)

AHC-REHABILITATION - ROCKVILLE

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	☒ 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	☐ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ 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	☒ The FAP was widely available on a website (list url): SEE URLS ON SECTION C			
b	☒ The FAP application form was widely available on a website (list url): SEE URLS ON SECTION C			
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE URLS ON SECTION C			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ 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	☒ 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	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☒ Other (describe in Section C)			

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

AHC-REHABILITATION - ROCKVILLE

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 nonpayment?	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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ 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 ☒ 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

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

AHC-REHABILITATION - ROCKVILLE

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

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)
AHC-REHABILITATION - TAKOMA PARK

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 Yes	
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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 ☒ Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</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)

AHC-REHABILITATION - TAKOMA PARK

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	☒ 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	☐ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ 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	☒ The FAP was widely available on a website (list url): SEE URLS ON SECTION C			
b	☒ The FAP application form was widely available on a website (list url): SEE URLS ON SECTION C			
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE URLS ON SECTION C			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ 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	☒ 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	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☒ Other (describe in Section C)			

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

AHC-REHABILITATION - TAKOMA PARK

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 nonpayment?	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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ 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 ☒ 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

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

AHC-REHABILITATION - TAKOMA PARK

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

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)
AHC FORT WASHINGTON MEDICAL CENTER INC**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 Yes	
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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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 Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7 Yes	
a ☒ Hospital facility's website (list url): <u>SEE URL ON SECTION C</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</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)

AHC FORT WASHINGTON MEDICAL CENTER INC

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	☒ 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	☐ Income level other than FPG (describe in Section C)			
c	☒ Asset level			
d	☒ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ 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	☒ The FAP was widely available on a website (list url): SEE URL ON SECTION C			
b	☒ The FAP application form was widely available on a website (list url): SEE URL ON SECTION C			
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE URL ON SECTION C			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ 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	☒ 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	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☒ Other (describe in Section C)			

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

AHC FORT WASHINGTON MEDICAL CENTER INC

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 nonpayment?	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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ 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 ☒ 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

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

AHC FORT WASHINGTON MEDICAL CENTER INC

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

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, 20a, 20b, 20c, 20d, 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 INC 12041 BOURNEFIELD WAY SUITE B SILVER SPRING, MD 20904	HOME HEALTH SERVICES
2 2 - REGINALD S LOURIE CENTER FOR INFANTS 12301 ACADEMY WAY ROCKVILLE, MD 20852	NAME CONT.: AND YOUNG CHILDREN, INC. INFANT & CHILDREN DEVELOPMENT CARE CTR.
3 3 - SHADY GROVE ADVENTIST RADIATION 20330 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	NAME CONTINUED: ONCOLOGY CENTER. OUTPATIENT CANCER TREATMENT CENTER.
4 4 - ADVENTIST HEALTHCARE URGENT CARE 750 ROCKVILLE PIKE ROCKVILLE, MD 20852	NAME CONTINUED: CENTERS, INC. CENTERS ALSO IN GERMANTOWN, LAUREL, TAKOMA PARK
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.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	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 (NET OF AMOUNTS BUILT IN RATES) 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 2019 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.

990 Schedule H, Supplemental Information

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:	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 2019, A MAJORITY OF ADVENTIST HEALTHCARE'S COMMUNITY BUILDING ACTIVITIES CONSISTED OF: LOWERING HEALTHCARE COSTS AND PROMOTING HEALTH AND WELLBEING OF THE COMMUNITY; 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 POPULATION HEALTH DEPARTMENT; AND ESTABLISHING ADDITIONAL COMMUNITY PARTNERSHIPS. CLINICALLY INTEGRATED NETWORK: 1) 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. 2) PRIMARY CARE: ADVENTIST MEDICAL GROUP (AMG) EMPLOYS CERTAIN PHYSICIANS WHO SUPPORT THE CONTINUUM OF HEALTH SERVICES OFFERED BY ADVENTIST HEALTHCARE. THE AMG PRIMARY CARE PHYSICIAN TEAM SERVES ADVENTIST HEALTHCARE'S COMMUNITIES IN MONTGOMERY, FREDERICK, AND PRINCE GEORGE'S COUNTIES IN MARYLAND. AMG PRIMARY CARE TEAM ENSURES ACCESS TO HEALTH SERVICES ON A TIMELY BASIS, PROVIDES QUALITY CARE TO PATIENTS AND PROMOTES THE HEALTH AND WELLBEING OF THE COMMUNITY. GOVERNMENT RELATIONS AND PUBLIC POLICY DEPARTMENT INITIATIVES: IN 2019, ADVENTIST HEALTHCARE WORKED WITH THE LOURIE CENTER FOR CHILDREN'S SOCIAL AND EMOTIONAL WELLNESS, THE ARC OF MARYLAND, THE KENNEDY KRIEGER INSTITUTE, AND THE STATE TO SECURE ADEQUATE SUSTAINABLE FUNDING FOR THERAPEUTIC PRESCHOOLS SERVING CHILDREN WITH SIGNIFICANT PHYSICAL, MENTAL AND EMOTIONAL NEEDS. WE CONTINUED OUR PARTNERSHIP WITH MANN A FOOD CLINIC TO EXPAND ACCESS TO HEALTHY FOOD IN MONTGOMERY COUNTY BY SUPPORTING THE CONSTRUCTION OF A NEW FOOD BANK. WE ALSO WORKED WITH THE MARYLAND HOSPITAL ASSOCIATION TO EXPAND ACCESS TO CARE, IN PART BY SUPPORTING PUBLIC POLICY THAT SUPPORTS HEALTH PROFESSIONALS WHO PROVIDE PUBLIC SERVICE IN MARYLAND STATE OR LOCAL GOVERNMENT OR NONPROFIT AGENCIES IN MARYLAND TO LOW INCOME OR UNDERSERVED RESIDENTS. WE WORK CLOSELY WITH LOCAL CHAMBERS OF COMMERCE TO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT PROJECTS ACROSS MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY. DISASTER PREPAREDNESS ACTIVITIES: ADVENTIST HEALTHCARE HAS TAKEN MANY MEASURES TO ENSURE OUR COMMUNITY HOSPITALS ARE READY AND PREPARED FOR EMERGENCY SITUATIONS, SUCH AS A MEDICAL SURGE IN PATIENTS, ACTIVE SHOOTER/ARMED INTRUDER SCENARIOS AND UNFORESEEN DISASTERS. THE SAFETY AND EMERGENCY MANAGEMENT TEAM OF EMPLOYEES SPENDS A LARGE PART OF THEIR TIME ON EMERGENCY MANAGEMENT. THIS INCLUDES MONTHLY MEETINGS WITH ALL ADVENTIST HEALTHCARE HOSPITALS AS WELL AS OTHER HOSPITALS AND RELATED AGENCIES IN THE COUNTY AND LARGER REGION, SUCH AS MONTGOMERY COUNTY HEALTH DEPARTMENT AND THE MARYLAND INSTITUTE FOR EMERGENCY MEDICINE SERVICE SYSTEMS (MIEMSS). THESE REGULAR MEETINGS OCCUR ON A COUNTY LEVEL THROUGH THE MONTGOMERY COUNTY COLLABORATIVE FOR EMERGENCY PREPAREDNESS (MOCEP) GROUP, AND ON A LARGER REGIONAL LEVEL THROUGH MIEMSS REGION V. OUR TEAM PERFORMS TWO FULL SCALE EXERCISES EVERY YEAR TO TEST OUR EMERGENCY MANAGEMENT PROGRAMS, WHICH INVOLVES THE SIMULATION OF AN EMERGENCY OR DISASTER TO WHICH WE AND THE REST OF THE REGION MUST BE READY TO RESPOND TOGETHER. ADVENTIST HEALTHCARE ALSO HAS AN ENVIRONMENT OF CARE COMMITTEE, WHICH MEETS MONTHLY AT EACH OF OUR HOSPITALS. TIME IS ALLOCATED TO DISCUSS EMERGENCY MANAGEMENT MATTERS AT THESE MEETINGS. HEALTH PARTNERSHIPS WITHIN THE COMMUNITY: ADVENTIST HEALTHCARE AIMS TO IMPROVE THE HEALTH OF COMMUNITIES IT SERVES. IT DOES THIS BY RAISING AWARENESS OF COMMUNITY HEALTH NEEDS AND LOCAL DISPARITIES, IMPROVING ACCESS TO CULTURALLY APPROPRIATE CARE AND PROVIDING COMMUNITY WELLNESS OUTREACH AND EDUCATION. A TEAM OF HEALTH EDUCATORS, CLINICAL CARE COORDINATORS, NURSES, PATIENT NAVIGATORS, PUBLIC HEALTH RESEARCHERS AND INTERNS WORK TOGETHER TO ENSURE THE DELIVERY OF POPULATION-BASED CARE AND PROMOTE HEALTH EQUITY IN THE COMMUNITIES WE SERVE. ADVENTIST HEALTHCARE WORKS TO ADDRESS NOT JUST THE PHYSICAL AND MENTAL HEALTH NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS, BUT TO ADDRESS WHOLE- PERSON HEALTH. TO DO THIS, WE DEVELOP PARTNERSHIPS AND COLLABORATE WITH KEY STAKEHOLDERS IN THE COMMUNITY. THROUGH COLLABORATION, WE CAN EXPAND OUR EXPERTISE AND RESOURCES AND THEREFORE HAVE A LARGER COLLECTIVE IMPACT ON THE HEALTH AND WELL-BEING

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	OF OUR COMMUNITY. A SAMPLING OF OUR PARTNERSHIPS IS DESCRIBED BELOW:1) FAITH COMMUNITY NUR SE NETWORK (FCN):ADVENTIST HEALTHCARE, THROUGH OUR FAITH COMMUNITY HEALTH NETWORK, SERVES THE LOCAL COMMUNITIES OF FAITH (CHURCHES, TEMPLES, MOSQUES, ETC.), BY PROVIDING ASSESSMENT , TRAINING AND CONSULTATION, EMPOWERING THEM TO BECOME CENTERS OF HEALTH AND HEALING, RESU LTING IN IMPROVED WHOLE PERSON HEALTH.WE "PROMOTE COMMUNITY HEALTH THROUGH FAITH LEADERS". (MISSION). TOGETHER, SINCE 1995, THIS PARTNERSHIP HAS HELPED IN ACHIEVING A THRIVING CULT URE DEMONSTRATING PHYSICAL, MENTAL AND SPIRITUAL WELL-BEING.OUR COMMITMENT IS TO HELP OUR COMMUNITIES OF FAITH TO DEVELOP STRONG HEALTH MINISTRIES TO REACH THE MEMBERS AND SURROUND ING COMMUNITIES. THIS IS ACCOMPLISHED THROUGH THE ON-GOING TRAINING OF THE FAITH COMMUNITY NURSES, HEALTH MINISTERS, HEALTH TEAMS, PASTORS AND ADMINISTRATORS, SUPPLYING EVIDENCE-BA SED EDUCATION AND TOOLS NECESSARY TO ASSESSTHE NEEDS AND RISK FACTORS, OUTLINE LIFESTYLE S TRATEGIES FOR DISEASE PREVENTION AND MANAGEMENT, IMPLEMENT HEALTH PROGRAMMING (BASED ON AS SESSMENT RESULTS) WITH ON-GOING MEASUREMENT AND EVALUATION OF HEALTH OUTCOMES, THEREBY INC REASING THE POTENTIAL FOR OPTIMAL HEALTH AND WHOLENESS.IT IS NOT A NEW IDEA FOR CHURCHES T O DEVELOP AND IMPLEMENT HEALTH PROGRAMS. CHURCHES CAN BRING A HOLISTIC PERSPECTIVE TO AN U NDERSTANDING OF HEALTH AS BEING IN HARMONY WITH ONESELF, ONE'S GOD, OTHERS AND THE ENVIRON MENT. THE CHURCH IS A KNOWN AND TRUSTED PLACE WHERE PEOPLE FEEL COMFORTABLE IN THEIR MOST VULNERABLE HOUR. IT IS A NATURAL "REFERENCEPOINT." AT ADVENTIST HEALTHCARE, WE BELIEVE THI S TO BE A NATURAL, SYMBIOTIC PARTNERSHIP.

990 Schedule H, Supplemental Information

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 2019 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 PAYOR AND ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL COLLECTIONS.

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:	2) HEALTHY MONTGOMERY:HEALTHY MONTGOMERY IS THE LOCAL HEALTH IMPROVEMENT COALITION FOR MON TGOMERY COUNTY, MARYLAND. ADVENTIST HEALTHCARE PARTNERS WITH AND SUPPORTS HEALTHY MONTGOME RY BOTH STRATEGICALLY AND FINANCIALLY. REPRESENTATIVES FROM ADVENTIST HEALTHCARE SIT ON TH E HEALTHY MONTGOMERY STEERING COMMITTEE, THE HEALTH IN ALL POLICY WORKGROUP, AND THE HOSPI TAL WORKGROUP, AMONG OTHERS. ADVENTIST HEALTHCARE ALSO CONTRIBUTES \$50,000 ANNUALLY TO SUP PORT THE INFRASTRUCTURE OF HEALTHY MONTGOMERY. HEALTHY MONTGOMERY, IN PARTNERSHIP WITH COM MUNITY STAKEHOLDERS SUCH AS LOCAL POLICY MAKERS, HOSPITALS, ADVOCACY GROUPS AND ACADEMIC I NSTITUTIONS, AMONG OTHERS, REVIEWS THE NEEDS AND RESOURCES IN THE COUNTY AND WORKS TO SET PRIORITIES FOR IMPROVING HEALTH AND WELL-BEING. THE OVERALL GOALS OF HEALTHY MONTGOMERY AR E 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 IDENT IFY NEEDS IN THE COMMUNITY THAT MAY HAVE OTHERWISE BEEN MASKED BY LESS GRANULAR DATA. THIS ALLOWS FOR MORE STRATEGIC AND TARGETED HEALTH PREVENTION AND PROMOTION PROGRAMMING TO BE DEVELOPED.3) PRINCE GEORGE'S HEALTHCARE ACTION COALITION:PRINCE GEORGE'S HEALTHCARE ACTION COALITION (PGHAC) SERVES AS A COMMUNITY HEALTH NETWORK AND FORUM FOR COLLABORATION TO ADV ANCE THE HEALTH OF PRINCE GEORGE'S COUNTY. THIS COMMUNITY-POWERED COALITION REPRESENTS OVE R 70 COMMUNITY ORGANIZATIONS, HEALTH CARE PROVIDERS AND STAKEHOLDERS IN COMMUNITY HEALTH.T HE COALITION WAS FORMED IN 2012 UNDER THE LEADERSHIP OF PRINCE GEORGE'S COUNTY HEALTH DEPA RTMENT (PGCHD), WITH HEALTH OFFICER PAMELA CREEKMUR SERVING AS CHAIRWOMAN. THE PGHAC LEADS THE PROCESS FOR DEVELOPING AND EXECUTING THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR THE CO UNTY. THIS INCLUDES ORGANIZING SEVERAL WORK GROUPS AND BRINGING TOGETHER PARTNERS IN AREAS SUCH AS HEALTH EQUITY, BEHAVIORAL HEALTH AND HEALTHY EATING AND ACTIVE LIVING.4) NEXUS MO NTGOMERY:NEXUS MONTGOMERY IS A PARTNERSHIP OF FOUR HEALTH SYSTEMS IN MONTGOMERY COUNTY, MA RYLAND, INCLUDING ADVENTIST HEALTHCARE, HOLY CROSS HEALTH, MEDSTAR MONTGOMERY AND SUBURBAN HOSPITAL. THE PARTNERSHIP IS FOCUSED ON IMPROVING THE WELL-BEING OF PATIENTS AND COMMUNIT Y MEMBERS AND REDUCING POTENTIAL AVOIDABLE UTILIZATION (PAU)'S AND TOTAL COST OF CARE. EXA MPLES OF STRATEGIES AND PROGRAMS THAT THE PARTNERSHIP HAS WORKED ON INCLUDE: WELLNESS AND INDEPENDENCE FOR SENIORS AT HOME (WISH), HOSPITAL CARE TRANSITIONS, UNINSURED/PROJECT ACCE SS AND SEVERELY MENTALLY ILL/BEHAVIORAL HEALTH. THE GOALS OF THESE PROGRAMS ARE TO: STABIL IZE HEALTH OF OLDER ADULTS TO REDUCE HOSPITAL ADMISSIONS; IMPROVE TRANSITIONS FROM HOSPITA L-TO-HOME; CONNECT UNINSURED TO SPECIALTY CARE; IMPROVE COMMUNITY-BASED RESOURCES FOR THE SEVERELY MENTALLY ILL. MOST RECENTLY NEXUS IS MOVING FORWARD WITH A REGIONAL INITIATIVE TO ADDRESS DIABETES PREVENTION AND MANAGEMENT IN OUR COMMUNITY.5) CASA:THE ADVENTIST HEALTHC ARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDED CASA DE MARYLAND \$110,000 TO SUPPORT ACCESS TO CARE AND SOCIAL SERVICES AMONG LOW-INCOME POPULATIONS IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. FUNDS WERE USED FOR SERVICES SUCH PROVIDE HEALTH AND SOCIAL SERVICE NAVIGATION ASSISTANCE, ASSISTANCE ENROLLING IN OR PRESERVING HEALTH INSURANCE THROUGH PUBLIC OPTIONS AND HEALTH LITERACY WORKSHOPS. AT THE MID-POINT OF THEIR GRANT CYCLE, AMONG OTHER SUCCESSE S, CASA HAD PROVIDED 1,420 PEOPLE WITH HEALTH AND SOCIAL SERVICE NAVIGATION ASSISTANCE, PR OVIDED HEALTH INSURANCE ENROLLMENT EDUCATION AND ASSISTANCE TO 837 FAMILIES, PROVIDED SOCI AL SERVICE ASSISTANCE TO 1,564 PEOPLE, AND PROVIDED HEALTH INSURANCE LITERACY SUPPORT TO 1,008 PEOPLE. 6) MONTGOMERY COALITION FOR ADULT ENGLISH LITERACY (MCAEL): MCAEL LEADS A NET WORK OF MORE THAN 60 ADULT ENGLISH LANGUAGE INSTRUCTION PROGRAMS IN MONTGOMERY COUNTY. THE Y BUILD LOCAL CAPACITY AND ADVOCATE FOR IMPROVED SERVICES AND RESOURCES FOR ADULT ENGLISH LANGUAGE LEARNERS AND ENABLE THEM TO DEVELOP LITERACY SKILLS THROUGH ENGLISH AS A SECOND L ANGUAGE (ESOL) CLASSES. THE GOAL OF THE PROGRAM IS TO STRENGTHEN THE ENGLISH LANGUAGE LEAR NERS' SKILLS AND KNOWLEDGE SO THAT THEY ARE BETTER ABLE TO ACCESS EMPLOYMENT, EARN FAMILY- SUSTAINING WAGES, HELP THEIR CHILDREN WITH ACADEMICS, OR ACHIEVE CITIZENSHIP.THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED MCAEL WITH \$10,000 IN 2019 TO PROVIDE ON-SI TE LITERACY EDUCATION IN THE WORKPLACE. MCAEL'S WORKPLACE-BASED INSTRUCTION PROGRAM PROVID ES LIMITED ENGLISH PROFICIENCY ADULTS WITH OPPORTUNITIES TO TAKE PART IN ESOL INSTRUCTION WHILE PROVIDING LEARNING OPPORTUNITIES IN THE CONTEXT OF WORK, THEREBY HELPING THEM IMPROV E THEIR JOB PERFORMANCE AND RETENTION RATES AND CR

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES, CONTINUED:	EATE PATHWAYS TOWARDS HIGHER-INCOMES AND ECONOMIC SELF-SUFFICIENCY. AS THEIR ENGLISH LANGUAGE SKILLS IMPROVE, LEARNERS ALSO WILL BE ABLE TO: USE ENGLISH MORE EFFECTIVELY IN TASKS OF DAILY LIVING; BETTER SUPPORT THEIR CHILDREN IN THEIR EDUCATION AND IMPROVE THEIR COMMUNICATION WITH THEIR CHILDREN'S SCHOOLS; MORE EFFECTIVELY ACCESS HEALTH SERVICES AND BENEFITS ; IMPROVE THEIR PARTICIPATION IN COMMUNITY AND CIVIC LIFE; AND MORE. MCAEL WORKS IN PARTNERSHIP WITH INSTRUCTORS AND EMPLOYERS TO IMPLEMENT WORKPLACE-BASED INSTRUCTION.7) IDENTITY: IDENTITY IS A NON-PROFIT AIMED AT CREATING OPPORTUNITIES FOR LATINO AND OTHER MULTICULTURAL YOUTH IN MONTGOMERY COUNTY TO REALIZE THEIR HIGHEST POTENTIAL THROUGH INCREASED RESILIENCE AGAINST NEGATIVE BEHAVIORS AND INCREASED SELF-MANAGEMENT AND SELF-EFFICACY. THEIR PROGRAMS PROVIDE SOCIAL AND EMOTIONAL SUPPORT, ACADEMIC AID, AND WORKFORCE DEVELOPMENT SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES, INCLUDING FAMILY CASE MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY UTILIZING BOTH TRADITIONAL AND NON-TRADITIONAL TECHNIQUES), ACCESS TO HEALTHCARE AND FITNESS AND RECREATION. ALL PROGRAMS ARE TRAUMA-INFORMED AND ARE BASED ON THE POSITIVE YOUTH DEVELOPMENT MODEL.THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND GRANTED IDENTITY \$15,000 IN 2019 FOR THEIR SOCIAL AND EMOTIONAL HEALTH FOR VULNERABLE YOUTH AND FAMILIES PROGRAM. THE FUNDING ALLOWED IDENTITY TO PROVIDE SOCIAL- EMOTIONAL SUPPORTS FOR LOW-INCOME, ELEMENTARY, MIDDLE AND HIGH SCHOOL YOUTH, THEIR PARENTS /CAREGIVERS, AND DISCONNECTED OLDER YOUTH THROUGH SOCIAL-EMOTIONAL HEALTH CURRICULA; A SOCCER AND MENTORING PROGRAM; RECREATION AND PHYSICAL FITNESS PROGRAMS; AND MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING.ADVENTIST HEALTHCARE AS A SYSTEM CONTINUES TO PROVIDE COMMUNITY BUILDING ACTIVITIES IN 2020. PROVIDING COMMUNITY BUILDING ACTIVITIES IS ESSENTIAL TO ACHIEVING AND MAINTAINING OUR MISSION.

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Form and Line Reference	Explanation
PART III, LINE 4:	THE CORPORATION ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE RECOGNITION OF NET PATIENT SERVICE REVENUES. PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT THEIR NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF THROUGH BAD DEBT EXPENSE WHEN THE CORPORATION HAS EXHAUSTED ALL COLLECTION EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT CREDIT WORTHINESS. PATIENT ACCOUNTS RECEIVABLE ALSO INCLUDES MANAGEMENT'S ESTIMATE OF THE IMPACT OF CERTAIN UNDERCHARGES TO BE RECOUPED OR OVERCHARGES TO BE PAID BACK FOR INPATIENT AND OUTPATIENT SERVICES IN SUBSEQUENT YEARS RATES AS DISCUSSED EARLIER.

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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 7.7% OF CHARGES WITHOUT AN ADVANCE FUNDING DEPOSIT WITH PROVIDERS, AS WELL AS A 2% REDUCTION FOR SEQUESTRATION. THERE SHOULD BE NO SHORTFALL AND THEREFORE NOTHING TO COUNT TOWARD COMMUNITY BENEFIT.EFFECTIVE 7/1/2019, IT SHOULD BE NOTED THAT MEDICARE WAS AFFORDED A DISCOUNT EQUAL TO 7.7% OF CHARGES IN ADDITION TO THE 2% SEQUESTRATION ADJUSTMENT.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:	> 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.> WHEN 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) WHEN 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) WHEN 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.

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Form and Line Reference	Explanation
PART V, FACILITY INFORMATION, SECTION A. HOSPITAL FACILITIES	FOR THE 2019 FORM 990, ONE HOSPITAL FACILITY WAS REMOVED FROM SCHEDULE H, WHICH WAS PREVIOUSLY REPORTED ON THE 2018 FORM 990. ADVENTIST HEALTHCARE, INC., D/B/A ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES ROCKVILLE (MD STATE LICENSE # 15-039) WAS REMOVED SINCE IT WAS DE-LICENSED ON AUGUST 1, 2018. THE ADVENTIST HEALTHCARE BEHAVIORAL HEALTH & WELLNESS SERVICES ROCKVILLE FACILITY CONSOLIDATED WITH ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER WITH MD STATE LICENSE # 15-023, ON AUGUST 1, 2018.

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Form and Line Reference	Explanation
PART VI, LINE 2:	NEEDS ASSESSMENT:ADVENTIST HEALTHCARE FORMED A COMMUNITY BENEFIT COUNCIL (CBC) IN 2011 TO GUIDE ITS COMMUNITY BENEFIT ACTIVITIES AND STRATEGY. THE COMMUNITY BENEFIT COUNCIL HAS REPRESENTATION FROM EACH OUR HOSPITAL ENTITIES AS WELL AS ADDITIONAL KEY SYSTEM-WIDE DEPARTMENTS SUCH AS FINANCE, POPULATION HEALTH AND MISSION INTEGRATION. THE COUNCIL LEADS THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND THE DEVELOPMENT AND MONITORING OF EACH HOSPITAL'S IMPLEMENTATION STRATEGY. IN ADDITION TO COMPLETING OUR CHNAS EVERY THREE YEARS, ADVENTIST HEALTHCARE ASSESSES THE NEEDS OF THE COMMUNITY WE SERVE THROUGH SEVERAL METHODS:> REPRESENTATIVES FROM ADVENTIST HEALTHCARE SERVE ON THE LOCAL HEALTH IMPROVEMENT COALITIONS IN OUR SERVICE AREA, HEALTHY MONTGOMERY AND PRINCE GEORGE'S HEALTH ACTION COALITION. BY PARTICIPATING IN THE STEERING COMMITTEES AS WELL AS SEVERAL SUB-COMMITTEES AND WORKGROUPS, WE ARE ABLE TO STAY APPRISED OF EXISTING AND DEVELOPING HEALTH NEEDS IN THE COMMUNITY AND ARE ABLE TO WORK WITH OTHER STAKEHOLDERS TO DEVELOP STRATEGIES FOR ADDRESSING THEM.> ON A QUARTERLY BASIS, ADVENTIST HEALTHCARE ALSO CREATES INTERNAL EQUITY REPORTS. THESE REPORTS PROVIDE A SNAPSHOT OF THE PATIENT POPULATION THAT WE ARE SEEING IN OUR HOSPITALS. WE REVIEW DATA SUCH AS RACE, ETHNICITY, INSURANCE STATUS, READMISSIONS AND LANGUAGE. THIS DATA HELPS US TO BETTER UNDERSTAND WHO WE ARE SERVING AND GUIDES INTERNAL EFFORTS TO ADDRESS HEALTH EQUITY. FOR EXAMPLE, IT HELPS TO GUIDE THE DEVELOPMENT OF CULTURAL COMPETENCE TRAININGS AND RESOURCES AND INFORMS LANGUAGE ACCESS SERVICES PLANNING TO ENSURE WE HAVE SUFFICIENT RESOURCES IN PLACE TO MEET THE NEEDS OF OUR PATIENTS. > WE ARE ALSO ABLE TO GATHER INFORMATION AROUND COMMUNITY NEEDS THROUGH OUR NUMEROUS COMMUNITY PARTNERSHIPS AND OUTREACH EFFORTS. THROUGH OUR OUTREACH EFFORTS, WE GATHER INFORMATION DIRECTLY FROM THE COMMUNITY MEMBERS WE ARE SERVING. THROUGH OUR PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, WE LEARN ABOUT THE NEEDS OF THE STAKEHOLDERS THOSE ORGANIZATIONS REPRESENT. ONE EXAMPLE OF THIS IS OUR COMMUNITY PARTNERSHIP FUND THROUGH WHICH WE DEVELOP COLLABORATIONS WITH OTHER ORGANIZATIONS AND AWARD GRANT AND SPONSORSHIP FUNDING. ADDITIONALLY, SEVERAL OF OUR STAFF AND LEADERS SERVE ON THE BOARDS OF LOCAL COMMUNITY ORGANIZATIONS AND GATHER ADDITIONAL INSIGHT INTO THE NEEDS OF OUR COMMUNITY.

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Form and Line Reference	Explanation
PART VI, LINE 3:	PATIENT EDUCATION OF ELIGIBILITY:ADVENTIST HEALTHCARE EDUCATES OUR PATIENTS AND COMMUNITY RESIDENTS ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE IN MANY WAYS. THEY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: (1) ADVENTIST HEALTHCARE HAS FINANCIAL ASSISTANCE SIGNAGE IN ALL ITS FACILITIES, ON ALL PATIENT STATEMENTS AND ON OUR HOSPITALS' 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. ADDITIONALLY, AN ADVENTIST HEALTHCARE PATIENT FINANCIAL ADVISOR WILL VISIT ADMITTED PATIENTS TO REVIEW FINANCIAL OPTIONS, INCLUDING AHC'S FINANCIAL ASSISTANCE PROGRAM; (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.

Form and Line Reference	Explanation
PART VI, LINE 4:	COMMUNITY INFORMATION:ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) PRIMARILY SER VICES RESIDENTS OF MONTGOMERY COUNTY, MARYLAND. APPROXIMATELY 85.0 PERCENT OF DISCHARGES C OME FROM OUR TOTAL SERVICE AREA, WHICH IS CONSIDERED ADVENTIST HEALTHCARE SHADY GROVE MEDI CAL CENTER'S COMMUNITY BENEFIT SERVICE AREA (CBSA). WITHIN THAT AREA, 60.0 PERCENT OF DISC HARGES ACCOUNT FOR THE PRIMARY SERVICE AREA (PSA), WHICH INCLUDES THE FOLLOWING ZIP CODES/ CITIES: 20874 - GERMANTOWN, 20878 - GAITHERSBURG, 20850 - ROCKVILLE, 20877 - GAITHERSBURG, 20886 - MONTGOMERY VILLAGE, 20879 - GAITHERSBURG, 20852 - ROCKVILLE, 20876 - GERMANTOWN, 20854 - POTOMAC, 20871 - CLARKSBURG, AND 88888 - HOMELESS. THE REMAINING 25.0 PERCENT OF D ISCHARGES ACCOUNT FOR OUR SECONDARY SERVICE AREA (SSA), WHICH INCLUDES THE FOLLOWING ZIP C ODES/CITIES: 20906 - SILVER SPRING, 20853 - ROCKVILLE, 20855 - DERWOOD, 20851 - ROCKVILLE, 20872 - DAMASCUS, 20882 - GAITHERSBURG, 20832 - OLNEY, 20902 - SILVER SPRING, 20904 - SIL VER SPRING, 20837 - POOLESVILLE, 20841 - BOYDS, 20817 - BETHESDA, 20814 - BETHESDA, 21703 - FREDRICK, 20901 - SILVER SPRING, 20910 - SILVER SPRING, 21771 - MOUNT AIRY, 20895 - KENS INGTON, 21704 - FREDRICK, 21702 - FREDRICK.IN MARYLAND, THE POPULATION DEMOGRAPHICS ARE RAPIDLY CHANGING, PARTICULARLY AMONG RESIDENTS LIVING IN MONTGOMERY COUNTY. ADVENTIST HEALTH CARE SERVES SOME OF THE MOST DIVERSE COMMUNITIES IN THE UNITED STATES, CONSTANTLY UNDERGOI NG ECONOMIC, SOCIAL AND DEMOGRAPHIC SHIFTS THAT RESULT FROM AN EVER-CHANGING, EVER-GROWING POPULATION. MONTGOMERY COUNTY IS THE MOST POPULOUS JURISDICTION IN MARYLAND AND HAS RETAI NED ITS STATUS AS THE SECOND LARGEST JURISDICTION IN THE WASHINGTON, D.C. METROPOLITAN AREA A. FROM 1990 TO 2017, MONTGOMERY COUNTY'S POPULATION GREW 38 PERCENT, INCREASING FROM 765, 476 TO 1,058,810 PEOPLE. THE GREATEST POPULATION GROWTH OCCURRED INSIDE THE CAPITAL BELTWA Y (INTERSTATE 495). ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSIO N (MNCPPC), THE GROWTH IN MONTGOMERY COUNTY WAS DRIVEN LARGELY BY BIRTHS TO RESIDENTS AND INCREASING INTERNATIONAL MIGRATION. AT 32.6 PERCENT, MONTGOMERY COUNTY HAS A FOREIGN-BORN POPULATION TWICE THAT OF THE STATE OF MARYLAND. MONTGOMERY COUNTY IS A MAJORITY-MINORITY C OUNTY, MEANING IT IS MADE UP OF LESS THAN 50 PERCENT NON-HISPANIC WHITES. THE MAJORITY OF RESIDENTS (43.4 PERCENT) IN MONTGOMERY COUNTY ARE NON-HISPANIC WHITE, FOLLOWED BY BLACK AN D HISPANIC (19.9 PERCENT EACH), AND ASIAN (15.6 PERCENT). THE RACIAL AND ETHNIC DIVERSITY IN THE COUNTY HAS CONTINUED TO INCREASE WITH THE INCREASE IN THE OVERALL POPULATION. AGING POPULATION: ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION (MNC P C), THERE HAS BEEN A NOTICEABLE POPULATION AGE SHIFT IN MONTGOMERY COUNTY FROM 1990 TO 20 16, LARGELY IN PART TO THE AGING BABY BOOMER GENERATION BORN BETWEEN 1946 AND 1964. FROM 1 990-2016 THE MEDIAN AGE OF RESIDENTS IN THE COUNTY ROSE FROM 33.9 YEARS TO 39 YEARS. MEANW HILE, THE PERCENTAGE OF YOUNG ADULTS, 20 TO 34 YEARS, DECREASED BY 7.7 PERCENT AND ADULTS AGE 35 TO 44 YEARS DECREASED BY 3.9 PERCENT. CHILDREN UNDER AGE 18 DECREASED marginally AN D ARE PROJECTED TO REMAIN STEADY. THE FASTEST GROWING POPULATION, 65+, IS PROJECTED TO GRO W 7 PERCENT REACHING 21 PERCENT OF THE POPULATION BY 2040. FOREIGN-BORN POPULATION: ACCORD ING TO THE U.S. CENSUS BUREAU, MARYLAND IS ONE OF THE TOP TEN DESTINATIONS FOR FOREIGN-BOR N INDIVIDUALS WITH A SIGNIFICANT NUMBER RESIDING IN MONTGOMERY COUNTY. FROM 1980 TO 2016, THE POPULATION OF FOREIGN-BORN INDIVIDUALS LIVING IN MONTGOMERY COUNTY INCREASED FROM 12.0 PERCENT TO 33.0 PERCENT. THE MAJORITY OF FOREIGN-BORN RESIDENTS WHO LIVE IN MONTGOMERY CO UNTY COME FROM BOTH ASIA AND LATIN AMERICA, WITH THE TOP FIVE COUNTRIES CONSISTING OF EL S ALVADOR, CHINA, INDIA, KOREA, AND ETHIOPIA. OF THOSE INDIVIDUALS WHO ARE FOREIGN-BORN AND LIVING IN MONTGOMERY COUNTY, 15.4 PERCENT PRIMARILY SPEAK ENGLISH, 30.8 PERCENT SPEAK SPAN ISH, 22.4 PERCENT SPEAK AN ASIAN OR PACIFIC ISLANDER LANGUAGE AND 21.4 PERCENT SPEAK AN IN DO-EUROPEAN LANGUAGE. IN THE SGMC CBSA, 13.6 PERCENT OF INDIVIDUALS AGED 5+ ARE LIMITED EN GLISH PROFICIENT. WHEN COMPARED TO MONTGOMERY COUNTY AND MARYLAND, SGMC'S CBSA HAS THE SEC OND HIGHEST PERCENTAGE OVERALL OF LIMITED ENGLISH PROFICIENT RESIDENTS. INCOME & POVERTY: THE MEDIAN HOUSEHOLD INCOME IN MONTGOMERY COUNTY IS \$103,178.14 COMPARATIVELY, THE 2017 ME DIAN HOUSEHOLD INCOME IN MARYLAND IS \$78,916, WHICH IS HIGHER THAN THE U.S. MEDIAN OF \$57, 652. ALTHOUGH THE MEDIAN HOUSEHOLD INCOME OF MONTGOMERY COUNTY IS HIGHER THAN THE STATE'S, SIGNIFICANT INCOME DISPARITIES EXIST WHEN BROKEN DOWN BY RACIAL/ETHNIC GROUPS. THE MEDIAN HOUSEHOLD INCOME OF WHITE AND ASIAN HOUSEHOLDS IS OVER \$30,000 HIGHER THAN THAT OF BLACK AND HISPANIC HOUSEHOLDS.THE 2017 FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR IS \$24,600.15 MONTGOMERY COUNTY EXPERIENCED A DECREASE IN RESIDENTS LIVING BELOW THE FEDERAL POVERTY LEV EL FROM 7.5 PERCENT IN 2015 TO 7.0 PERCENT IN 2017

Form and Line Reference	Explanation
PART VI, LINE 4:	.16 IN 2017, IN MARYLAND, AS WELL AS WITHIN MONTGOMERY COUNTY, FEWER RESIDENTS WERE LIVING BELOW THE POVERTY LEVEL (9.7 PERCENT) THAN IN 2015 (10.0 PERCENT). DESPITE THE SLIGHT DECREASE IN POVERTY RATES, A LARGE INCOME INEQUALITY GAP PERSISTS. BLACK AND HISPANIC RESIDENTS IN MONTGOMERY COUNTY EXPERIENCE POVERTY AT A RATE NEARLY THREE TIMES THAT OF WHITE RESIDENTS. HEALTH INSURANCE COVERAGE: DESPITE MONTGOMERY COUNTY'S RELATIVE WEALTH REGARDING INCOME, EDUCATION AND SUPPORT FOR PUBLIC SERVICES, BETWEEN 80,000 AND 90,000 RESIDENTS ARE UNINSURED. IN MONTGOMERY COUNTY AS WELL AS IN THE STATE OF MARYLAND OVERALL, HISPANICS ARE SIGNIFICANTLY MORE LIKELY NOT TO HAVE HEALTH INSURANCE COMPARED TO WHITE AND BLACK INDIVIDUALS. ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (WOMC) PRIMARILY SERVES RESIDENTS OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES IN MARYLAND. AS A NEW HOSPITAL, WOMC HAS A REDEFINED PROJECTED COMMUNITY BENEFIT SERVICE AREA (CBSA) IN COMPARISON TO ITS PREVIOUS LOCATION IN TAKOMA PARK (WHILE OPERATING AS WASHINGTON ADVENTIST HOSPITAL). THE PROJECTED CBSA WAS DETERMINED TAKING SEVERAL FACTORS INTO ACCOUNT SUCH AS PROXIMITY (DRIVE TIME AND DISTANCE) OF ZIP CODES TO ACUTE CARE HOSPITALS AND PROVIDERS, PREVIOUS PRESENCE AND MARKET SHARE WITHIN EACH ZIP CODE, AND PROJECTED SHIFT OF PRESENCE AND MARKET SHARE AS A RESULT OF THE RELOCATION OF THE HOSPITAL TO WHITE OAK. APPROXIMATELY 85.0 PERCENT OF DISCHARGES COME FROM OUR TOTAL SERVICE AREA, WHICH IS CONSIDERED ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER'S COMMUNITY BENEFIT SERVICE AREA (CBSA). WITHIN THAT AREA, 60.0 PERCENT OF DISCHARGES ACCOUNT FOR THE PRIMARY SERVICE AREA (PSA) AND INCLUDE THE FOLLOWING ZIP CODES/CITIES: 20783 - HYATTSVILLE, 20912 - TAKOMA PARK, 20782 - HYATTSVILLE, 20903 - SILVER SPRING, 20901 - SILVER SPRING, 20904 - SILVER SPRING, 20740 - COLLEGE PARK, 20906 - SILVER SPRING, 20705 - BELTSVILLE, AND 88888 - HOMELESS. THE REMAINING 25.0 PERCENT OF DISCHARGES ACCOUNT FOR OUR SECONDARY SERVICE AREA (SSA) WHICH INCLUDES THE FOLLOWING ZIP CODES/CITIES: 20011 - WASHINGTON, 20737 - RIVERDALE, 20902 - SILVER SPRING, 20770 - GREENBELT, 20784 - HYATTSVILLE, 20706 - LANHAM, 20781 - HYATTSVILLE, 20712 - MOUNT RAINIER, 20785 - HYATTSVILLE, 20012 - WASHINGTON, 20707 - LAUREL, 20708 - LAUREL, 20743 - CAPITOL HEIGHTS, 20774 - UPPER MARLBORO, 20747 - DISTRICT HEIGHTS, 20710 - BLADENSBURG, 20905 - SILVER SPRING, 20721 - BOWIE, 20772 - UPPER MARLBORO, 20866 - BURTONSVILLE, 20715 - BOWIE, 20850 - ROCKVILLE, 20853 - ROCKVILLE, 20723 - LAUREL. IN MARYLAND, THE POPULATION DEMOGRAPHICS ARE RAPIDLY CHANGING, PARTICULARLY AMONG RESIDENTS LIVING IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. ADVENTIST HEALTHCARE SERVES TWO OF THE MOST DIVERSE COMMUNITIES IN THE UNITED STATES, CONSTANTLY UNDERGOING ECONOMIC, SOCIAL AND DEMOGRAPHIC SHIFTS THAT RESULT FROM AN EVER-CHANGING, EVER-GROWING POPULATION. MONTGOMERY COUNTY IS THE MOST POPULOUS JURISDICTION IN MARYLAND AND HAS RETAINED ITS STATUS AS THE SECOND LARGEST JURISDICTION IN THE WASHINGTON, D.C. METROPOLITAN AREA. FROM 1990 TO 2017, MONTGOMERY COUNTY'S POPULATION GREW 38 PERCENT, INCREASING FROM 765,476 TO 1,058,810 PEOPLE. THE GREATEST POPULATION GROWTH OCCURRED INSIDE THE CAPITAL BELTWAY (INTERSTATE 495), WHICH ALSO INCLUDES PRINCE GEORGE'S COUNTY. ACCORDING TO THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION (MNCPPC), THE GROWTH IN MONTGOMERY COUNTY WAS DRIVEN LARGELY BY BIRTHS TO RESIDENTS AND INCREASING INTERNATIONAL MIGRATION. AT 32.6 PERCENT, MONTGOMERY COUNTY HAS A FOREIGN-BORN POPULATION TWICE THAT OF THE STATE OF MARYLAND. PRINCE GEORGE'S COUNTY IS THE SECOND-LARGEST JURISDICTION IN MARYLAND WITH NEARLY ONE MILLION RESIDENTS. THE COUNTY HAS SEEN SIGNIFICANT POPULATION GROWTH INCREASING BY NEARLY 50,000 RESIDENTS OR 5.7 PERCENT FROM 2010 TO 2017.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	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 2019, 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 AND EDUCATIONAL LECTURES 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, AND RELIGIOUS CONGREGATIONS.> MATERNAL/CHILD/FAMILY EDUCATORS PROVIDED SUPPORT AND ASSISTANCE TO THOUSANDS OF NEW AND EXPERIENCED MOTHERS, FATHERS AND GRANDPARENTS THROUGH CLASSES AND SUPPORT GROUPS INCLUDING: CHILDBIRTH CLASSES, BREASTFEEDING CLASSES AND SUPPORT GROUPS, BABY CARE BASICS CLASSES, SIBLING CLASSES, GRANDPARENT CLASSES AND NEW MOTHER AND NEW FATHER SUPPORT GROUPS. WE ALSO OFFER A FREE WARM LINE THAT IS STAFFED BY A CERTIFIED LACTATION CONSULTANT WHO IS ABLE TO ANSWER BREASTFEEDING QUESTIONS.> 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 ALSO PROVIDED IN THE COMMUNITY.> OTHER HEALTH EDUCATION CLASSES TO THE COMMUNITY INCLUDED CPR CLASSES (INFANT AND ADULT), FIRST AID/SAFETY CLASSES, HEALTHY EATING/NUTRITION CLASSES, COOKING DEMONSTRATIONS, AND A WIDE VARIETY OF HEALTH LECTURES. > 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.> 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	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 FOUR 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 WHITE OAK MEDICAL CENTER, ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER, ADVENTIST HEALTHCARE REHABILITATION, ADVENTIST HEALTHCARE HOME CARE SERVICES, THE REGINALD S. LOURIE CENTER FOR CHILDREN'S SOCIAL & EMOTIONAL WELLNESS, ADVENTIST HEALTHCARE URGENT CARE CENTERS, AND OTHER HEALTH SERVICES. TOGETHER, WITH OUR CENTER FOR HEALTH EQUITY AND WELLNESS, AND MORE THAN 2,000 AFFILIATED PRIMARY AND SPECIALTY CARE 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 2019, THERE WERE APPROXIMATELY 766,906 OVERALL ENCOUNTERS ACROSS ALL OF OUR FACILITIES AND PROGRAMS. WE ALSO PROVIDED SIGNIFICANT CHARITY CARE AND COMMUNITY BENEFIT OF MORE THAN \$79.9 MILLION. AS ONE OF THE LARGEST EMPLOYERS IN THE STATE OF MARYLAND, WE ARE GRATEFUL TO HAVE THE DEDICATED COMMITMENT OF 6,555 EMPLOYEES AND NUMEROUS VOLUNTEERS PROVIDING OVER 99,000 HOURS OF TIME, 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.

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
PART VI, LINE 4:	COMMUNITY INFORMATION:BOTH MONTGOMERY AND PRINCE GEORGE'S COUNTIES ARE MAJORITY-MINORITY C OUNTIES MEANING THEY ARE MADE UP OF LESS THAN 50 PERCENT NON-HISPANIC WHITES. THE MAJORITY OF RESIDENTS (62.0 PERCENT) IN PRINCE GEORGE'S COUNTY ARE BLACK, FOLLOWED BY HISPANIC OR LATINO (19.1 PERCENT). THE MAJORITY OF RESIDENTS (43.4 PERCENT) IN MONTGOMERY COUNTY ARE N ON-HISPANIC WHITE, FOLLOWED BY BLACK AND HISPANIC (19.9 PERCENT EACH), AND ASIAN (15.6 PER CENT). THE RACIAL AND ETHNIC DIVERSITY IN THE COUNTY HAS CONTINUED TO INCREASE WITH THE IN CREASE IN THE OVERALL POPULATION.AGING POPULATION: ACCORDING TO THE MARYLAND-NATIONAL CAPI TAL PARK AND PLANNING COMMISSION (MNCPPC), THERE HAS BEEN A NOTICEABLE POPULATION AGE SHIF T IN MONTGOMERY COUNTY FROM 1990 TO 2016, LARGELY IN PART TO THE AGING BABY BOOMER GENERAT ION BORN BETWEEN 1946 AND 1964. FROM 1990-2016 THE MEDIAN AGE OF RESIDENTS IN THE COUNTY R OSE FROM 33.9 YEARS TO 39 YEARS. MEANWHILE, THE PERCENTAGE OF YOUNG ADULTS, 20 TO 34 YEARS , DECREASED BY 7.7 PERCENT AND ADULTS AGE 35 TO 44 YEARS DECREASED BY 3.9 PERCENT. CHILDRE N UNDER AGE 18 DECREASED MARGINALLY AND ARE PROJECTED TO REMAIN STEADY. ACCORDING TO DATA FROM THE U.S. CENSUS AMERICAN COMMUNITY SURVEY, THERE HAS ALSO BEEN A SIGNIFICANT POPULATI ON AGE SHIFT IN PRINCE GEORGE'S COUNTY FROM 1990 TO 2016. SIMILAR TO MONTGOMERY COUNTY, TH E LARGEST AGE GROUP IN 1990 WAS 20-34 YEARS, COMPARED TO 45-64 YEARS IN 2016. THE 35-44 AG E GROUP HAS DECREASED 4.0 PERCENT AND CHILDREN UNDER AGE 18 DECREASED MARGINALLY AND ARE P ROJECTED TO REMAIN STEADY. THE FASTEST GROWING POPULATION, 65+, IS PROJECTED TO GROW 7.0 P ERCENT IN MONTGOMERY AND 9.0 PERCENT IN PRINCE GEORGE'S, REACHING 21.0 PERCENT OF THE POPU LATION IN BOTH COUNTIES BY THE YEAR 2040.FOREIGN BORN POPULATION: ACCORDING TO THE U.S. CE NSUS BUREAU, MARYLAND IS ONE OF THE TOP TEN DESTINATIONS FOR FOREIGN-BORN INDIVIDUALS WITH A SIGNIFICANT AMOUNT RESIDING IN MONTGOMERY COUNTY. FROM 1980 TO 2016, THE POPULATION OF FOREIGN-BORN INDIVIDUALS LIVING IN MONTGOMERY COUNTY INCREASED FROM 12.0 PERCENT TO 33.0 P ERCENT. THE MAJORITY OF FOREIGN-BORN RESIDENTS WHO LIVE IN MONTGOMERY COUNTY COME FROM BOT H ASIA AND LATIN AMERICA, WITH THE TOP FIVE COUNTRIES CONSISTING OF EL SALVADOR, CHINA, IN DIA, KOREA, AND ETHIOPIA. OF THOSE INDIVIDUALS WHO ARE FOREIGN-BORN AND LIVING IN MONTGOME RY COUNTY, 15.4 PERCENT PRIMARILY SPEAK ENGLISH, 30.8 PERCENT SPEAK SPANISH, 22.4 PERCENT SPEAK AN ASIAN OR PACIFIC ISLANDER LANGUAGE AND 21.4 PERCENT SPEAK AN INDO-EUROPEAN LANGUA GE. IN PRINCE GEORGE'S COUNTY, ONE OUT OF EVERY FIVE RESIDENTS OR 22.6 PERCENT ARE BORN OU TSIDE THE UNITED STATES. IN 2017 ALONE, THERE WERE OVER 200,000 FOREIGN-BORN RESIDENTS IN THE COUNTY. THE TOP FIVE COUNTRIES THAT CONTRIBUTE THE MOST TO THE FOREIGN-BORN POPULATION INCLUDE: EL SALVADOR, NIGERIA, GUATEMALA, MEXICO, AND JAMAICA. OF THE FOREIGN-BORN RESIDE NTS LIVING IN PRINCE GEORGE'S COUNTY, ONE IN FIVE OR 21.5 PERCENT SPEAK ENGLISH AS THEIR P RIMARY LANGUAGE AND 44 PERCENT SPEAK SPANISH. IN THE WOMC CBSA, NEARLY 15.0 PERCENT OF IND IVIDUALS AGED 5+ ARE LIMITED ENGLISH PROFICIENT. WHEN COMPARED TO BOTH COUNTIES AND MARYLA ND, WOMC'S CBSA HAS THE HIGHEST PERCENTAGE OVERALL OF LIMITED ENGLISH PROFICIENT RESIDENTS .INCOME & POVERTY: THE MEDIAN HOUSEHOLD INCOMES IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES ARE \$103,178 AND \$78,607, RESPECTIVELY. COMPARATIVELY, THE 2017 MEDIAN HOUSEHOLD INCOME I N MARYLAND IS \$78,916, WHICH IS HIGHER THAN THE U.S. MEDIAN OF \$57,652. WHEN BROKEN DOWN B Y RACE AND ETHNICITY, SIGNIFICANT INCOME DISPARITIES EXIST. IN MONTGOMERY COUNTY, THE MEDI AN INCOME OF WHITE AND ASIAN HOUSEHOLDS IS OVER \$30,000 HIGHER THAN THAT OF BLACK AND HISP ANIC HOUSEHOLDS. IN PRINCE GEORGE'S COUNTY, ASIAN AND WHITE HOUSEHOLDS HAVE THE LARGEST ME DIAN HOUSEHOLD INCOME, FOLLOWED BY BLACK HOUSEHOLDS AND HISPANIC HOUSEHOLDS WHO HAVE THE L ARGEST INCOME INEQUALITY.THE 2017 FEDERAL POVERTY LEVEL FOR A FAMILY OF FOUR IS \$24,600.19 MONTGOMERY COUNTY EXPERIENCED A DECREASE IN RESIDENTS LIVING BELOW THE FEDERAL POVERTY LE VEL FROM 7.5 PERCENT IN 2015 TO 7.0 PERCENT IN 2017. IN 2017, ACROSS ALL COUNTIES IN MARYL AND, LESS RESIDENTS WERE LIVING BELOW THE POVERTY LEVEL (9.7 PERCENT) THAN IN 2015 (10.0 P ERCENT). DESPITE THE SLIGHT DECREASE IN POVERTY RATES, A LARGE INCOME INEQUALITY GAP PERSI STS. IN MARYLAND, WHITE INDIVIDUALS HAVE THE LOWEST PERCENTAGE OF RESIDENTS LIVING IN POVE RTY WHEN COMPARED TO NON-WHITE INDIVIDUALS. IN PRINCE GEORGE'S COUNTY WHITE RESIDENTS HAVE A HIGHER PERCENTAGE OF INDIVIDUALS LIVING IN POVERTY COMPARED TO BLACK AND ASIAN RESIDENT S WHO EXPERIENCE THE LOWEST RATES OF POVERTY. IN MONTGOMERY COUNTY BLACK AND HISPANIC RESI DENTS EXPERIENCE POVERTY AT A RATE NEARLY THREE TIMES THAT OF WHITE RESIDENTS.HEALTH INSUR ANCE COVERAGE: DESPITE MONTGOMERY COUNTY'S RELATIVE WEALTH REGARDING INCOME, EDUCATION AND SUPPORT FOR PUBLIC SERVICES, BETWEEN 80,000 AND 90,000 RESIDENTS ARE UNINSURED. MORE THAN 100,000 RESIDENTS IN PRINCE GEORGE'S COUNTY ARE U

Form and Line Reference	Explanation
PART VI, LINE 4:	UNINSURED. IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES AS WELL AS IN MARYLAND OVERALL, HISPANICS ARE SIGNIFICANTLY MORE LIKELY TO NOT HAVE HEALTH INSURANCE COVERAGE COMPARED TO WHITE AND BLACK INDIVIDUALS.

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SHADY GROVE MEDICAL CENTER 9901 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-023	X	X					X			
2	WHITE OAK MEDICAL CENTER 11890 HEALING WAY SILVER SPRING, MD 20904 SEE PART VI FOR WEBSITE 15-031	X	X					X		RELOCATED FROM TAKOMA PARK TO WHITE OAK	
3	AHC-REHABILITATION - ROCKVILLE 9909 MEDICAL CENTER DRIVE ROCKVILLE, MD 20850 SEE PART VI FOR WEBSITE 15-077	X								SAME SEPARATE LEGAL ENTITY AS LICENSE 15-081	
5	AHC-REHABILITATION - TAKOMA PARK 7600 CARROLL AVENUE TAKOMA PARK, MD 20912 SEE PART VI FOR WEBSITE 15-081	X								SAME SEPARATE LEGAL ENTITY AS LICENSE 15-077	
6	AHC FORT WASHINGTON MEDICAL CENTER INC 11711 LIVINGSTON ROAD FORT WASHINGTON, MD 20744 SEE PART VI FOR WEBSITE 16-003	X	X					X		SEPARATE LEGAL ENTITY MANAGED BY AHC	

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

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

Form and Line Reference	Explanation
AHC FORT WASHINGTON MEDICAL CENTER INC.	PART V, SECTION B, LINE 2: ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER, INC., WITH EIN 84-2670875, SUCCEEDED FORT WASHINGTON MEDICAL CENTER INC., WITH EIN 52-1682858, EFFECTIVE OCTOBER 27, 2019, THROUGH AN ASSET PURCHASE AGREEMENT.

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2019:A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAM PLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERIN G WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.PARTNERSHIP W ITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY H OSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMEN T COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SY STEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNI TY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. T HE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PR IORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRI ORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPAS SES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMIN ANTS. ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF H EALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENT IST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECT ION FOR THE GROUP.IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY MONTG OMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNI TY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS.COMMU NITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED COMMUNITY HEALTH NEEDS AND STRENG THS. AVAILABLE IN ENGLISH AND SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND TH ROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION, THREE PRIZES WERE OFFERED AS INCENTIVE. ALL SURVEY PARTICIPANTS WERE PROVIDED WITH THE OPTION TO ENTER THE V OLUNTARY RAFFLE UPON COMPLETING THE SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE R AFFLE ENTRY WAS STORED SEPARATELY FROM, AND NOT ASSOCIATED WITH SURVEY RESPONSES TO MAINTA IN CONFIDENTIALITY.KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO TH E DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE CONDUCTED WIT H COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE INTERESTS OF DIVERSE AND OFTEN HA RD TO REACH POPULATIONS.STAKEH

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	OLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS: > COUNTY GOVERNMENT;> SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;> HEALTHCARE FOUNDATIONS;> HEALTH CARE PRACTITIONERS & CLINICS;> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;> SCHOOL & UNIVERSITY SYSTEMS;> BEHAVIORAL HEALTH; > HOUSING & HOMELESSNESS;> FOOD SECURITY & DISTRIBUTION;> EMPLOYMENT & WORKFORCE DEVELOPMENT;> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;> LGBTQ COMMUNITIES;> PEOPLE WITH DISABILITIES;> MINORITY AND IMMIGRANT POPULATIONS.TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK. EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

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

Form and Line Reference	Explanation
WHITE OAK MEDICAL CENTER	PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2019:A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAM PLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERIN G WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.PARTNERSHIP W ITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY H OSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMEN T COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SY STEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNI TY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. T HE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PR IORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRI ORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPAS SES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMIN ANTS.ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF HE ALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENTI ST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECTI ON FOR THE GROUP.IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY MONTGO MERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNIT Y BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS. COMMU NITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED COMMUNITY HEALTH NEEDS AND STRENG THS. AVAILABLE IN ENGLISH AND SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND TH ROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION, THREE PRIZES WERE OFFERED AS INCENTIVE. ALL SURVEY PARTICIPANTS WERE PROVIDED WITH THE OPTION TO ENTER THE V OLUNTARY RAFFLE UPON COMPLETING THE SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE R AFFLE ENTRY WAS STORED SEPARATELY FROM, AND NOT ASSOCIATED WITH SURVEY RESPONSES TO MAINTA IN CONFIDENTIALITY.KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO TH E DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE CONDUCTED WIT H COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE INTERESTS OF DIVERSE AND OFTEN HA RD TO REACH POPULATIONS. STAKE

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

Form and Line Reference	Explanation
WHITE OAK MEDICAL CENTER	HOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS: > COUNTY GOVERNMENT;> SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;> HEALTHCARE FOUNDATIONS;> HEALTH CARE PRACTITIONERS & CLINICS;> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;> SCHOOL & UNIVERSITY SYSTEMS;> BEHAVIORAL HEALTH ;> HOUSING & HOMELESSNESS;> FOOD SECURITY & DISTRIBUTION;> EMPLOYMENT & WORKFORCE DEVELOPMENT;> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;> LGBTQ COMMUNITIES;> PEOPLE WITH DISABILITIES;> MINORITY AND IMMIGRANT POPULATIONS.TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK. EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL ADDRESS (OUR COMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

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

Form and Line Reference	Explanation
AHC-REHABILITATION - ROCKVILLE	PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2019:A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAM PLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERIN G WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.PARTNERSHIP W ITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY H OSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMEN T COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SY STEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNI TY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. T HE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PR IORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRI ORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPAS SES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMIN ANTS. ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF H EALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENT IST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECT ION FOR THE GROUP.IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY MONTG OMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNI TY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS.COMMU NITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED COMMUNITY HEALTH NEEDS AND STRENG THS. AVAILABLE IN ENGLISH AND SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND TH ROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION, THREE PRIZES WERE OFFERED AS INCENTIVE. ALL SURVEY PARTICIPANTS WERE PROVIDED WITH THE OPTION TO ENTER THE V OLUNTARY RAFFLE UPON COMPLETING THE SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE R AFFLE ENTRY WAS STORED SEPARATELY FROM, AND NOT ASSOCIATED WITH SURVEY RESPONSES TO MAINTA IN CONFIDENTIALITY.KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO TH E DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE CONDUCTED WIT H COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE INTERESTS OF DIVERSE AND OFTEN HA RD TO REACH POPULATIONS. STAKE

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

Form and Line Reference	Explanation
AHC-REHABILITATION - ROCKVILLE	HOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS: > COUNTY GOVERNMENT; > SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;> HEALTHCARE FOUNDATIONS;> HEALTH CARE PRACTITIONERS & CLINICS;> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;> SCHOOL & UNIVERSITY SYSTEMS;> BEHAVIORAL HEALTH;> HOUSING & HOMELESSNESS;> FOOD SECURITY & DISTRIBUTION;> EMPLOYMENT & WORKFORCE DEVELOPMENT;> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;> LGBTQ COMMUNITIES;> PEOPLE WITH DISABILITIES;> MINORITY AND IMMIGRANT POPULATIONS.TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK. EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

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Form and Line Reference	Explanation
AHC-REHABILITATION - TAKOMA PARK	PART V, SECTION B, LINE 5: THE FOLLOWING NARRATIVE IS BASED ON THE LAST CONDUCTED CHNA IN 2019:A KEY PRIORITY OF THIS CHNA WAS TO GATHER INPUT FROM A DIVERSE AND REPRESENTATIVE SAM PLE OF THE COMMUNITY. SEVERAL STRATEGIES WERE EMPLOYED TO ACHIEVE THIS INCLUDING PARTNERIN G WITH THE LOCAL HEALTH IMPROVEMENT COALITION (HEALTHY MONTGOMERY), CONDUCTING A COMMUNITY SURVEY, AND COMPLETING KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS.PARTNERSHIP W ITH HEALTHY MONTGOMERY: ADVENTIST HEALTHCARE, IN ADDITION TO THE OTHER MONTGOMERY COUNTY H OSPITALS, COLLABORATES WITH HEALTHY MONTGOMERY WHICH SERVES AS THE LOCAL HEALTH IMPROVEMEN T COALITION. HEALTHY MONTGOMERY WORKS TO BRING TOGETHER THE COUNTY GOVERNMENT, HOSPITAL SY STEMS, MINORITY HEALTH PROGRAMS, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, AND OTHER COMMUNI TY-BASED STAKEHOLDERS TO ACHIEVE OPTIMAL HEALTH AND WELL-BEING FOR ALL COUNTY RESIDENTS. T HE GROUP WORKS TO SET A HEALTH PRIORITY AGENDA AS WELL AS AN ACTION PLAN TO ADDRESS THE PR IORITIZED NEEDS. IN DOING SO, THE GROUP HAS ESTABLISHED A CORE MEASURE SET FOR THE TOP PRI ORITY AREAS AS WELL AS A COMMUNITY HEALTH DASHBOARD FOR THE COUNTY. THE DASHBOARD ENCOMPAS SES INDICATORS THAT SPAN PHYSICAL AND MENTAL HEALTH, HEALTH BEHAVIORS, AND SOCIAL DETERMIN ANTS. ADVENTIST HEALTHCARE CONTRIBUTES \$50,000 ANNUALLY TO SUPPORT THE INFRASTRUCTURE OF H EALTHY MONTGOMERY. IN ADDITION TO PROVIDING FINANCIAL SUPPORT, REPRESENTATIVES FROM ADVENT IST HEALTHCARE (AHC) PLAY AN ACTIVE ROLE THROUGH REPRESENTATION ON MULTIPLE COMMITTEES AND PLANNING GROUPS INCLUDING THE HEALTHY MONTGOMERY STEERING COMMITTEE WHICH SETS THE DIRECT ION FOR THE GROUP.IN COMPLETING THIS CHNA, ADVENTIST HEALTHCARE UTILIZED THE HEALTHY MONTG OMERY PRIORITY AREAS NOT ONLY AS A STARTING POINT FOR IDENTIFYING THE NEEDS IN THE COMMUNI TY BUT ALSO AS A FACTOR FOR CONSIDERATION WHEN COMPLETING THE PRIORITIZATION PROCESS.COMMU NITY SURVEY: THE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONSISTED OF THIRTEEN QUESTIONS CENTERED ON HEALTH STATUS, ACCESS TO CARE, AND PERCEIVED COMMUNITY HEALTH NEEDS AND STRENG THS. AVAILABLE IN ENGLISH AND SPANISH, THE SURVEY WAS DISSEMINATED THROUGH SEVERAL AVENUES INCLUDING AT COMMUNITY EVENTS AND PROGRAMS, VIA EMAIL AND LISTSERVS, SOCIAL MEDIA, AND TH ROUGH COMMUNITY PARTNERS AND ORGANIZATIONS. TO ENCOURAGE PARTICIPATION, THREE PRIZES WERE OFFERED AS INCENTIVE. ALL SURVEY PARTICIPANTS WERE PROVIDED WITH THE OPTION TO ENTER THE V OLUNTARY RAFFLE UPON COMPLETING THE SURVEY FOR A CHANCE TO WIN A \$300 AMAZON GIFT CARD OR ONE OF TWO \$50 VISA GIFT CARDS. IDENTIFYING INFORMATION COLLECTED IN CONNECTION WITH THE R AFFLE ENTRY WAS STORED SEPARATELY FROM, AND NOT ASSOCIATED WITH SURVEY RESPONSES TO MAINTA IN CONFIDENTIALITY.KEY INFORMANT INTERVIEWS & COMMUNITY CONVERSATIONS: IN COMPLEMENT TO TH E DATA COLLECTED THROUGH THE COMMUNITY SURVEY, KEY INFORMANT INTERVIEWS WERE CONDUCTED WIT H COMMUNITY LEADERS AND ORGANIZATIONS THAT REPRESENT THE INTERESTS OF DIVERSE AND OFTEN HA RD TO REACH POPULATIONS. STAKE

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

Form and Line Reference	Explanation
AHC-REHABILITATION - TAKOMA PARK	HOLDERS ACROSS MONTGOMERY COUNTY WERE INTERVIEWED AND INCLUDED REPRESENTATIVES FROM MULTIPLE SECTORS AND POPULATIONS SUCH AS: > COUNTY GOVERNMENT; > SOCIAL SERVICE & ADVOCACY ORGANIZATIONS;> HEALTHCARE FOUNDATIONS;> HEALTH CARE PRACTITIONERS & CLINICS;> FIRE AND RESCUE, LAW ENFORCEMENT, AND CRISIS INTERVENTION;> SCHOOL & UNIVERSITY SYSTEMS;> BEHAVIORAL HEALTH;> HOUSING & HOMELESSNESS;> FOOD SECURITY & DISTRIBUTION;> EMPLOYMENT & WORKFORCE DEVELOPMENT;> MULTIPLE FAITH COMMUNITIES & DENOMINATIONS;> LGBTQ COMMUNITIES;> PEOPLE WITH DISABILITIES;> MINORITY AND IMMIGRANT POPULATIONS.TO ENSURE CONSISTENCY, A SCRIPT WAS DEVELOPED OUTLINING THE PURPOSE OF THE INTERVIEW, HOW THE DATA WOULD BE USED, AND THREE PRIMARY QUESTIONS TO ASK. EACH INTERVIEWEE WAS ASKED TO IDENTIFY WHAT THEY BELIEVED TO BE THE TOP ISSUES IMPACTING THE HEALTH OF THE COMMUNITY; WHAT STRENGTHS AND RESOURCES ARE AVAILABLE IN THE COMMUNITY; AND WHAT SERVICES OR RESOURCES THEY WOULD LIKE TO SEE TO ADDRESS THE HEALTH NEEDS OF THEIR COMMUNITY.PUBLIC COMMENT: ADVENTIST HEALTHCARE WELCOMES FEEDBACK FROM THE PUBLIC ON PAST AND CURRENT COMMUNITY HEALTH NEEDS ASSESSMENTS. A DEDICATED EMAIL ADDRESS (OURCOMMUNITY@ADVENTISTHEALTHCARE.COM) IS LISTED ON THE ADVENTIST HEALTHCARE WEBSITE ALONG WITH EACH HOSPITAL'S REPORT.

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

Form and Line Reference	Explanation
AHC FORT WASHINGTON MEDICAL CENTER INC.	PART V, SECTION B, LINE 5: IN 2015, THE PRINCE GEORGE'S COUNTY GOVERNMENT AND MARYLAND-NAT IONAL CAPITAL PARKS AND PLANNING COMMISSION CONDUCTED A SPECIAL STUDY TO DEVELOP A PRIMARY HEALTHCARE STRATEGIC PLAN IN PREPARATION FOR ENHANCING THE HEALTHCARE DELIVERY NETWORK. A KEY RECOMMENDATION FROM THE PLAN WAS TO "BUILD COLLABORATION AMONG PRINCE GEORGE'S COUNTY HOSPITALS" WHICH INCLUDED CONDUCTING A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WIT H THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT. FORT WASHINGTON MEDICAL CENTER INC., ALONG WITH THE OTHER FOUR HOSPITALS LOCATED IN PRINCE GEORGE'S COUNTY, TEAMED UP WITH THE PRINC E GEORGE'S COUNTY HEALTH DEPARTMENT TO CREATE A "CORE TEAM" TO FACILITATE THE 2019 CHNA PR OCESS. THE PROCESS WAS DEVELOPED TO 1) MAXIMIZE COMMUNITY INPUT, 2) LEARN FROM THE COMMUNI TY EXPERTS, 3) UTILIZE EXISTING DATA, AND 4) TO ENSURE A COMPREHENSIVE COMMUNITY PRIORITIZ ATION. THE PROCESS INCLUDED: 1) A COMMUNITY RESIDENT SURVEY IN BOTH ENGLISH AND SPANISH, 2) AN ANALYSIS OF DEMOGRAPHICS AND POPULATION DESCRIPTIONS THROUGH SOCIOECONOMIC INDICATORS AND COMPREHENSIVE HEALTH INDICATOR PROFILE, 3) HOSPITAL SERVICE PROFILES OF RESIDENTS SER VICED BY THE CORE TEAM, 4) A COMMUNITY-BASED ORGANIZATION SURVEY AND KEY INFORMANT INTERVI EWS, AND 5) A COMMUNITY PRIORITIZATIONS PROCESS THAT INCLUDED 40 REPRESENTATIVES FROM ACRO SS THE COUNTY WHO ARE IDENTIFIED BELOW.KLEINMAN, DDS, MSCD, DUSHANKA, UMD-PUBLIC HEALTH, D EPT. OF EPIDEMIOLOGY & BIostatISTICS;TERRY, MILLY, AFRICAN WOMEN'S CANCER AWARENESS ASSOCI ATION;GRANT, TERESA, PGC DEPARTMENT OF FAMILY SERVICES;CARVANA, ANTHONY, COMMUNITY COUNSEL ING AND MENTORING SERVICES, INC.;MCDONOUGH, MARY LOU, PGC DEPARTMENT OF CORRECTIONS;HOWELL , MICHELLE, THE ARC;SHIVER, SANDERS, PGC PUBLIC SCHOOLS;HOBAN, EVELYN, PGC HEALTH DEPARTME NT;HALL, PHD, MPH, CLARENCE, PACANET USA;BELON-BUTLER, ELANA, PGC DEPARTMENT OF FAMILY SER VICES;GOMEZ, MARIA, MARY'S CENTER;LOBRANO, MD, MARCIA, COMMUNITY CLINIC, INC.;MALLOY, COLE NTHIA, GREATER BADEN MEDICAL CENTER;MATTHEWS, SAUNDRA, COMMUNITY CLINIC, INC.;DEMUS, LESLI E, HEART TO HAND;SPANN, MONICA, PGC HEALTH DEPARTMENT HEALTH ENTERPRISE ZONE;ALDOORY, PHD, LINDA, UNIVERSITY OF MARYLAND, DEPARTMENT OF COMMUNICATION;WILSON, ALICIA, LA CLINICA DEL PUEBLO;MOORE, MAJOR ELAINE, PGC POLICE DEPARTMENT;COOPER, MD, CARNELL, DIMENSIONS HEALTHC ARE SYSTEM/PRINCE GEORGE'S HOSPITAL CENTER;HALL, MD, TRUDY, LAUREL REGIONAL HOSPITAL CENTE R;JOHNSON-THREAT, MD, YVETTE, MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER;MOORE, SHERRI, DOC TORS COMMUNITY HOSPITAL;SMITH, MD, SHARNELL, FORT WASHINGTON MEDICAL CENTER/NEXUS;SULLIVAN , TIFFANY, DIMENSIONS HEALTHCARE SYSTEM;WATERS, MD, JD, FCLM, VICTOR, FORT WASHINGTON MEDI CAL CENTER/NEXUS;PROCTOR, NATALIE STANDINGONTHEROCK, WILD TURKEY CLAN, CEDARVILLE BAND OF PISCATAWAY CONOY;DODO, KODJO, PGC HEALTH DEPARTMENT, WIC PROGRAM;HEWLETT, ELIZABETH, MARYL AND NATIONAL PARK AND PLANNING COMMISSION;BRYANT, TRACY, UNITED HEALTHCARE COMMUNITY PLAN; MOOREHEAD, CREIGHTON, NORVARTI

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

Form and Line Reference	Explanation
AHC FORT WASHINGTON MEDICAL CENTER INC.	S (FORMERLY WITH KAISER);AMIN, MENA, THE COMMUNITY FOUNDATION, PRINCE GEORGE'S COUNTY;BARR ON, EREK, HOUSE OF DELEGATES;OWUSU-ASCHEAW, POKUAA, FOR SENATOR JOANNE BENSON;CREEKMUR, PA MELA B., PGC HEALTH DEPARTMENT;HARRINGTON, DAVID, PGC CHAMBER OF COMMERCE;CARTER, MD, PHD, ERNEST, PGC HEALTH DEPARTMENT;BROWN, ERIC, PGC DEPARTMENT OF HOUSING AND COMMUNITY DEVELO PMENT;WOOD, DENNIS, PGC FIRE/EMS DEPARTMENT;BATES, RN, MS, KAREN, OFFICE OF SCHOOL HEALTH, PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS;BROWN, GLORIA, PGC DEPARTMENT OF SOCIAL SERVICES;BR UCE, GERALYN, PGC DEPT. PUBLIC WORKS & TRANSPORTATION;SNOWDEN, CAROL LYNN, PGC DEPARTMENT OF FAMILY SERVICES.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
AHC FORT WASHINGTON MEDICAL CENTER INC.	PART V, SECTION B, LINE 6A: DOCTORS COMMUNITY HOSPITAL; LAUREL REGIONAL HOSPITAL; MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER; AND PRINCE GEORGE'S HOSPITAL CENTER.

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

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

Form and Line Reference	Explanation
AHC FORT WASHINGTON MEDICAL CENTER INC.	PART V, SECTION B, LINE 6B: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT;SOUTHERN MARYLAND REGIONAL COALITION FOR CARE TRANSITIONS;PRINCE GEORGE'S COMMUNITY COLLEGE HEALTH BUSINESS SCHOOL;FRIENDLY HIGH SCHOOL, BEHAVIORAL HEALTH;RIVER JORDAN PROJECT, PRINCE GEORGE'S COUNTY DISTRICT 8 HEALTH;COMMUNITY COALITION;PRINCE GEORGE'S CHAMBER OF COMMERCE AND AMERICAN DIABETES ASSOCIATION.

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 7D: A HARD COPY OF THE CHNA IS ALSO AVAILABLE UPON REQUEST FROM THE ADVENTIST HEALTHCARE SUPPORT CENTER (CORPORATE OFFICE) WHICH IS LOCATED AT: 820 WEST DIAMOND AVENUE 4TH FLOOR, GAITHERSBURG, MD 20878;PART V, SECTION B, LINE 7A: THE CHNA REPORT IS FOUND ON THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS- ASSESSMENT/#SHADY-GROVE-MEDICAL-CENTER PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS- ASSESSMENT/#SHADY-GROVE-MEDICAL-CENTER

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

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Form and Line Reference	Explanation
WHITE OAK 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 IS FOUND ON THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS- ASSESSMENT/#WHITE-OAK-MEDICAL-CENTER PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS- ASSESSMENT/#WHITE-OAK-MEDICAL-CENTER

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

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

Form and Line Reference	Explanation
AHC-REHABILITATION - ROCKVILLE	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 IS FOUND OF THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#REHABILITATION PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#REHABILITATION

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

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Form and Line Reference	Explanation
AHC-REHABILITATION - TAKOMA PARK	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 IS FOUND ON THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#REHABILITATION PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT/#REHABILITATION

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

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

Form and Line Reference	Explanation
AHC FORT WASHINGTON MEDICAL CENTER INC.	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 IS FOUND ON THIS URL: HTTPS://WWW.FORTWASHINGTONMC.ORG/SERVICES/COMMUNITY-HEALTH/ PART V, SECTION B, LINE 10A: THE IMPLEMENTATION STRATEGY IS FOUND ON THIS URL: HTTPS://WWW.FORTWASHINGTONMC.ORG/SERVICES/COMMUNITY-HEALTH/

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS: CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CAF-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING, ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND PARTNERS. IN ADDITION TO THESE PROGRAMS, 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 & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS;CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, 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.ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

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

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

Form and Line Reference	Explanation
WHITE OAK MEDICAL CENTER	PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS: CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CAF-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING, ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND PARTNERS. IN ADDITION TO THESE PROGRAMS, 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 & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS;CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, 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.ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

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

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Form and Line Reference	Explanation
AHC-REHABILITATION - ROCKVILLE	PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS: CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CAF-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING, ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND PARTNERS. IN ADDITION TO THESE PROGRAMS, 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 & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS;CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, 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.ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

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

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

Form and Line Reference	Explanation
AHC-REHABILITATION - TAKOMA PARK	PART V, SECTION B, LINE 11: IN 2020 ADVENTIST HEALTHCARE ADOPTED A SYSTEM-LEVEL IMPLEMENTATION STRATEGY TO ADDRESS THE PRIORITY AREAS IDENTIFIED THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS: CHRONIC DISEASE, BEHAVIORAL HEALTH, DISABILITY AND REHABILITATION SERVICES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.A COMPLETE LIST OF ONGOING AND ANTICIPATED PROGRAMS ARE DETAILED HERE: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/APP/FILES/PUBLIC/AF087E4A-4571-420A-8CAF-C0B4166EA484/2020-CHNA-AHC-IMPLEMENTATIONSTRATEGY.PDF PROGRAMS ARE BROKEN DOWN BY MAIN PRIORITY BEING ADDRESSED AND INCLUDE A PROGRAM DESCRIPTION, THE ROLE ADVENTIST HEALTHCARE WILL BE PLAYING, ADDITIONAL PRIORITY AREAS BEING ADDRESSED, EVALUATION METRICS AND PARTNERS. IN ADDITION TO THESE PROGRAMS, 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 & WELLNESS SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS;CAPACITY BUILDING: IMPROVE COMMUNITY HEALTH THROUGH COLLABORATIVE PARTNERSHIPS, ECONOMIC AND WORKFORCE DEVELOPMENT, AND ADVOCACY.WHEN REVIEWING APPLICATIONS FOR GRANTS AND SPONSORSHIPS, 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.ADVENTIST HEALTHCARE WILL NOT DIRECTLY ADDRESS CANCER, ASTHMA, AND INFECTIOUS DISEASES (I.E. HIV/AIDS AND INFLUENZA) AS PRIORITY AREAS FOR THIS CHNA CYCLE. DUE TO THE WIDE RANGE OF HEALTH ISSUES IDENTIFIED AND LIMITED RESOURCES, ADVENTIST HEALTHCARE ELECTED TO FOCUS ON THE AREAS OF NEED IDENTIFIED AS HIGHER PRIORITY DURING THE CHNA PRIORITIZATION PROCESS.

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

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Form and Line Reference	Explanation
AHC FORT WASHINGTON MEDICAL CENTER INC.	PART V, SECTION B, LINE 11: THE HOSPITAL ALONE CANNOT ADDRESS ALL COMMUNITY NEEDS DUE TO BUDGET CONSTRAINTS. HOWEVER, TO ENSURE THAT ALL HEALTH NEEDS WERE MET, FWMC, ALONG WITH THE OTHER FOUR HOSPITALS IN PRINCE GEORGE'S COUNTY AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, IDENTIFIED AT LEAST ONE AND OFTEN MULTIPLE RESOURCES AVAILABLE TO MEET EACH IDENTIFIED COMMUNITY HEALTH NEED. WHILE THE CORE TEAM LEAD THE DATA GATHERING PROCESS OF THE CHNA, THERE WAS RECOGNITION THAT THERE MUST BE SHARED OWNERSHIP OF THE COUNTY'S COMMUNITY'S HEALTH. FWMC IS DIRECTLY ADDRESSING NEEDS RELATED TO DIABETES AND HEART DISEASE THROUGH DIABETIC EDUCATION AND TRAINING CLASSES, AN EXERCISE AND FITNESS PROGRAM, AND COMMUNITY OUTREACH SCREENING PROGRAMS. IN ADDITION, THE HOSPITAL ADDED INPATIENT DIALYSIS AND LITHOTRIPSY SERVICES. FWMC PARTNERS WITH PG COUNTY HEALTH DEPARTMENT AND GILEAD SCIENCES. INC., TO ADDRESS THE GROWING CONCERN OF HIV AND HEPATITIS C IN THE COMMUNITY THROUGH FREE HIV AND HEPATITIS C TESTING IN THE EMERGENCY ROOM DEPARTMENT. IN ORDER TO ASSURE THAT THE COMMUNITY HAS ACCESS TO ALL IDENTIFIED NEEDS, THOSE SERVICES THAT CANNOT BE DIRECTLY DONE BY FWMC ARE SERVICES THAT THE HOSPITAL HAS DEVELOPED A LINK TO CARE TO ASSURE THAT THEY CAN REFER ANY PATIENT TO THE SERVICES THAT ARE IDENTIFIED OR NEEDED.

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

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

Form and Line Reference	Explanation
SHADY GROVE MEDICAL CENTER	PART V, SECTION B, LINE 16J: THE POLICY IS ALSO STRATEGICALLY POSTED AT OUR PATIENT FINANCIAL SERVICES OFFICE.PART V, SECTION B, LINE 16A: HTTPS://WWW.ADVENTISTHEALTHCARE.COM/PATIENTS/BILLING/FINANCIAL-ASSISTANCE/ PART V, SECTION B, LINE 16B: SAME URL AS LISTED ON LINE 16APART V, SECTION B, LINE 16C: SAME URL AS LISTED ON LINE 16A

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

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

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Form and Line Reference	Explanation
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Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 40

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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:	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 SOCIO-ECONOMIC 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 WHO 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 GRANT RECIPIENTS (GRANTS TYPICALLY RANGE FROM \$10,000-\$100,000) 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: > NUMBER OF INDIVIDUALS WHO HAVE BEEN SERVED THUS FAR > OUTCOMES, TO DATE, OF THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION > DESCRIPTION OF THE WORK THAT HAS BEEN COMPLETED 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: > TOTAL NUMBER OF INDIVIDUALS SERVED WITH THE FUNDING THAT WAS PROVIDED > OUTCOMES FOR THE MEASURABLE OBJECTIVES SPECIFIED IN THE ORIGINAL APPLICATION AS WELL AS ANY OTHER OUTCOMES > DESCRIPTION OF THE WORK THAT WAS ACCOMPLISHED > CHANGES MADE TO THE PROGRAM/ACTIVITY AS ORIGINALLY DESCRIBED > CHALLENGES OR DELAYS THAT WERE ENCOUNTERED > EXPENDITURE OF GRANT FUNDS SPONSORSHIP MONITORING: ALL SPONSORSHIP RECIPIENTS (SPONSORSHIPS ARE UP TO \$5,000) ARE ASKED TO COMPLETE A FINAL REPORT AFTER THEIR EVENT TAKES PLACE. IN THE FINAL REPORT, SPONSORSHIP RECIPIENTS ARE ASKED TO DESCRIBE THE FOLLOWING: > NUMBER OF PARTICIPANTS > EVENT/PROGRAM OUTCOMES 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 REGARDING FUTURE FUNDING AND PARTNERSHIP ENDEAVORS WITH EACH GRANTEE.

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 COMMUNITY SERVICES OF GREATER WASHINGTON 501 SLIGO AVENUE SILVER SPRING, MD 20910	02-0592766	501(C)(3)	10,000				MAKING TRACKS ACADEMIC ENRICHMENT PROGRAM: THIS PROGRAM IS THE VITAL EDUCATION COMPONENT OF THE FOOD, FUN, FITNESS & FUNDAMENTALS SUMMER CAMP THAT ADVENTIST COMMUNITY SERVICES OF GREATER WASHINGTON (ACSGW) HOLDS, WHICH PROVIDES FREE BREAKFAST AND LUNCH TO HELP LOW-INCOME PARENTS PROVIDE QUALITY CARE, LIFE SKILLS, AND ACADEMIC ENRICHMENT FOR THEIR CHILDREN.
BIOHEALTH INNOVATION INC 1 CHURCH STREET 901 ROCKVILLE, MD 20850	45-3824067	501(C)(3)	25,000				TO PROVIDE CONTRIBUTION TOWARDS RESEARCH.

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 DE MARYLAND INC 8151 15TH AVENUE LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	110,000				ACCESS TO CARE HEALTH AND SOCIAL SERVICES PROGRAM.
CENTRE POINTE COUNSELING PO BOX 1278 LINCOLNTON, NC 28093	52-1288655	501(C)(3)	15,000				SUPPORT FOR COUNSELING WORK IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES.

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
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.
COMMITTEE FOR MONTGOMERY 622 DENHAM ROAD ROCKVILLE, MD 20851	90-0437327	501(C)(4)	6,000				LEGISLATIVE BREAKFAST PROVIDING OPPORTUNITIES FOR ADDITIONAL COLLABORATIONS BETWEEN INDUSTRY LEADERS AND PARTNER ORGANIZATIONS. ADDITIONALLY, THIS EVENT ENCOURAGES NETWORKING AND PROFESSIONAL DEVELOPMENT FOR BUSINESS OWNERS.

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
COMMUNITY CLINIC INC 8630 FENTON STREET SUITE 1204 SILVER SPRING, MD 20910	52-0988386	501(C)(3)	10,000				CENTERING PREGNANCY PROGRAMMING TO SUPPORT MOTHERS.
CROSSROADS COMMUNITY FOOD NETWORK INC 6930 CARROLL AVE SUITE 426 TAKOMA PARK, MD 20912	36-4635237	501(C)(3)	10,000				FARMERS' MARKET AND FRESH CHECKS, IN SUPPORT OF BUILDING A HEALTHIER, MORE INCLUSIVE FOOD SYSTEM IN MARYLAND'S TAKOMA/LANGLEY CROSSROADS.

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
DISABILITY PARTNERSHIPS PROJECT INC 14103 STANWOOD TERRACE 103 ROCKVILLE, MD 20850	47-2647318	501(C)(3)	5,000				ADAPTIVE AEROBIC FITNESS CLASSES FOR CHILDREN AND ADULTS WITH LIMITED TO NO MOBILITY.
DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION 1152 15TH ST NW 900 WASHINGTON, DC 20005	52-1135713	501(C)(6)	10,000				CELEBRATE AND SUPPORT LOCAL HEROES THAT IMPACT THE HEALTH AND WELLNESS OF THE D.C. COMMUNITY.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY SERVICES 610 E DIAMOND AVENUE SUITE 100 GAITHERSBURG, MD 20877	52-0730225	501(C)(3)	30,000				THRIVING GERMANTOWN HUB - A SOCIAL AND HEALTH SERVICES HUB CONNECTING VULNERABLE POPULATIONS IN THE GERMANTOWN AREA WITH NECESSARY SERVICES.
FOOD & FRIENDS 219 RIDGE ROAD NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	12,500				SPECIALIZED NUTRITION SERVICES FOR THE SERIOUSLY ILL.

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
GENERAL CONFERENCE CORP OF SDA PO BOX 204661 DALLAS, TX 753204661	52-0643036	501(C)(3)	55,676				DONATION MADE TOWARDS MEDICAL REFERENCE MATERIALS FOR PHYSICIANS AND TOWARDS THE HOPE CLINIC HEALTH FAIR TO SUPPORT COMMUNITY HEALTH SERVICES, EDUCATION, AND PREVENTION AND WELLNESS PROGRAMS.
GEORGE MASON UNIVERSITY FOUNDATION INC 4400 UNIVERSITY DRIVE MSN 1A3 FAIRFAX, VA 22030	54-1603842	501(C)(3)	5,000				FUNDS PROVIDED TO "THE STEPHEN S. FULLER INSTITUTE FOR RESEARCH ON THE WASHINGTON REGION'S ECONOMIC FUTURE", IN ORDER TO HELP PRODUCE HIGH-QUALITY AND POLICY-RELEVANT RESEARCH, SUCH AS HOUSING RESEARCH.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY BUSINESS HALL OF FAME 7401 WISCONSIN AVE SUITE 300 BETHESDA, MD 20814	52-0807134		10,000				HELP STUDENTS REALIZE THEIR DREAMS OF OBTAINING A COLLEGE EDUCATION BY SUPPORTING THE UNIVERSITIES AT SHADY GROVE SCHOLARSHIP FUND.
IDENTITY 414 EAST DIAMOND AVENUE GAITHERSBURG, MD 20877	52-2120012	501(C)(3)	17,500				"SOCIAL AND EMOTIONAL HEALTH FOR VULNERABLE YOUTH AND FAMILIES" PROGRAM - PROVIDE SOCIAL AND EMOTIONAL, ACADEMIC AND WORKFORCE DEVELOPMENT SKILL-BUILDING SUPPORTED BY WRAPAROUND SERVICES INCLUDING FAMILY CASE MANAGEMENT, BEHAVIORAL HEALTH (INDIVIDUAL, FAMILY AND GROUP THERAPY UTILIZING BOTH TRADITIONAL AND NON-TRADITIONAL TECHNIQUES), ACCESS TO HEALTHCARE AND FITNESS AND RECREATION.

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
IMPACT SILVER SPRING 8545 PINEY BRANCH ROAD SILVER SPRING, MD 20901	52-2164844	501(C)(3)	5,000				IMPACT NOW! - THIS EVENT BRINGS TOGETHER A DIVERSE CROSS-SECTION OF THE COMMUNITY TO INCREASE OUR COLLECTIVE AWARENESS AND UNDERSTANDING AROUND CRITICAL ISSUES AND THEMES AFFECTING COMMUNITY WELL-BEING.
INTERFAITH WORKS 114 W MONTGOMERY AVENUE ROCKVILLE, MD 208504213	52-1072684	501(C)(3)	5,000				INTERFAITH WORKS CARING BREAKFAST PROVIDING EMPLOYMENT ASSISTANCE SERVICES AND A SOCIAL FORUM TO DISCUSS SOCIAL ISSUES/CONCERNS WITHIN THE COMMUNITY.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JEWISH COMMUNAL FUND 575 MADISON AVE SUITE 703 NEW YORK, NY 10022	23-7174183	501(C)(3)	5,400				SUPPORTING CONTRIBUTION
MARYLAND PATIENT SAFETY CENTER 6820 DEERPATH ROAD ELKRIDGE, MD 21075	35-2200200	501(C)(3)	5,000				PATIENT SAFETY CONFERENCE FOCUSING ON ISSUES RELATED TO RESTORING PASSION AND PURPOSE IN HEALTHCARE PROFESSIONS AND REIGNITING THAT INNER FLAME TO COMMIT TO IMPROVING THE QUALITY AND SAFETY OF PATIENT CARE.

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 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	110,000				TO SUPPORT THE DEVELOPMENT OF NEW AND EXPANDED CLINIC SPACE FOR MARY'S CENTER IN MONTGOMERY COUNTY, AND TO ALLOW THE ORGANIZATION TO EXPAND HEALTH CARE SERVICES FOR ALL RESIDENTS.
MERCY HEALTH CLINIC 9913 KENTSDALE DRIVE POTOMAC, MD 20854	52-2230932	501(C)(3)	25,000				PROGRAM ENHANCEMENTS FOR ESSENTIAL HEALTH CARE FOR MERCY HEALTH CLINIC.

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
MOBILE MEDICAL CARE INC 9309 OLD GEORGETOWN ROAD BETHESDA, MD 208141620	23-7022588	501(C)(3)	150,000				SUPPORT FOR GENERAL OPERATIONS OF MOBILEMED IN MONTGOMERY COUNTY, AND THEIR ANNUAL BENEFIT.
MONTGOMERY COALITION FOR ADULT 9210 CORPORATE BLVD 480 ROCKVILLE, MD 20850	20-8015355	501(C)(3)	10,000				ADULT ENGLISH LITERACY CLASSES.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY COALITION 600-B EAST GUDE DRIVE ROCKVILLE, MD 20850	52-1735674	501(C)(3)	20,000				THE HOME CONFERENCE PROMOTES BEST PRACTICES TO END HOMELESSNESS BY CONVENING 250 LOCAL, STATE, AND FEDERAL STAKEHOLDERS FOR A DAY OF COLLABORATION AND OPEN DISCUSSION ON THE COMPLEXITIES OF HOMELESSNESS. ATTENDEES BENEFIT FROM EDUCATIONAL TRACKS TARGETING DIRECT SERVICE STAFF, PROGRAM MANAGERS, EXECUTIVE DIRECTORS, AND PUBLIC POLICY LEADERS. CONTINUING EDUCATION CREDITS ARE OFFERED TO ATTENDEES. THE HOME CONFERENCE AIMS TO EMPOWER SERVICE PROVIDERS WITH STRATEGIES AND RESOURCES TO BEST SERVE THOSE WHO HAVE EXPERIENCED HOMELESSNESS.
MONTGOMERY HOSPICE 1355 PICCARD DRIVE SUITE 100 ROCKVILLE, MD 20850	52-1114719	501(C)(3)	20,000				ACUTE CARE SERVICES FOR UNINSURED CASEY HOUSE PATIENTS.

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
NAAHHR 1000 THIRD STREET TILLAMOOK, OR 97141	93-0622075	501(C)(3)	6,000				2019 NATIONAL ASSOCIATION OF ADVENTIST HEALTHCARE HUMAN RESOURCES ANNUAL CONFERENCE SPONSORSHIP, TO HELP ENHANCE ADVENTIST HEALTHCARE EMPLOYEE ENGAGEMENT.
NATIONAL ASSOC OF HEALTH SERVICES EXECUTIVES PO BOX 759204 BALTIMORE, MD 212759204	62-1312239	501(C)(3)	15,000				2019 ANNUAL CONFERENCE TO SUPPORT EMPOWERING THE NEXT GENERATION OF HEALTH CARE LEADERS.

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
NATIONAL CAPITAL POISON CENTER 3201 NEW MEXICO AVE SUITE 310 WASHINGTON, DC 20016	52-1880478	501(C)(3)	20,000				ANNUAL MEMBERSHIP FEE TO THE NATIONAL CAPITAL POISON CENTER TO SUPPORT IN THE MISSION OF PREVENTING POISONINGS, SAVING LIVES, AND LIMITING INJURY FROM POISONING.
NEW HOPE SEVENTH DAY ADVENTIST CHURCH 12350 HALL SHOP ROAD FULTON, MD 20759	52-1706996	501(C)(3)	5,000				DONATION FOR NO CHILD HUNGRY PROGRAM.

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
NONPROFIT MONTGOMERY 6010 EXECUTIVE BLVD SUITE 200 ROCKVILLE, MD 20852	82-3602025	501(C)(3)	8,000				MONTGOMERY MOVING FORWARD: TO STRENGTHEN NONPROFITS IN MONTGOMERY COUNTY, ADVOCATE FOR THE SECTOR AND CATALYZE ACTION TO SOLVE THE COMMUNITY'S TOUGHEST CHALLENGES.
PINE FORGE ACADEMY PO BOX 338 PINE FORGE, PA 19548	23-6003304	501(C)(3)	50,000				DONATION FOR THE CHEMISTRY LAB, IN SUPPORT OF PINE FORGE'S MISSION TO PREPARE STUDENTS SPIRITUALLY, INTELLECTUALLY, PHYSICALLY, AND SOCIALLY FOR SERVICE TO GOD AND MAN.

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
SOUTH ATLANTIC CONFERENCE OF SDA 3978 MEMORIAL DRIVE DECATUR, GA 30032	58-6002263	501(C)(3)	7,500				SPONSORSHIP FOR THE 2019 CJC CONVENTION, SUPPORTING HEALTH DISPARITIES.
SPENCERVILLE ADVENTIST ACADEMY 15930 GOOD HOPE ROAD SILVER SPRING, MD 20904	52-1714576	501(C)(3)	36,300				DONATIONS TOWARDS: SCIENCE DIVISION, ANNUAL 5K & 10K RUN, BASEBALL LEAGUE TEAM SPONSOR, ATHLETIC PROGRAMS, DRAMA PROGRAM, AND A CHORUS FESTIVAL.

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 CHURCH 16325 NEW HAMPSHIRE AVE SILVER SPRING, MD 20905	52-1714576	501(C)(3)	201,000				DONATION TO THE CHURCH IN FURTHERING THEIR VALUES INCLUDING WORSHIP, GLOBAL COMMUNION, OUTREACH, EDUCATION, SERVICE, DISCIPLESHIP, CHILDREN, YOUTH, FAMILIES, MUSIC, COMPASSION, AND STEWARDSHIP.
STRATHMORE HALL FOUNDATION INC 5301 TUCKERMAN LANE NORTH BETHESDA, MD 20852	52-1714576	501(C)(3)	10,000				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.							
(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
THE SHEPHERD'S TABLE INC 8210 DIXON AVE SILVER SPRING, MD 20910	52-1381738	501(C)(3)	5,000				ANNUAL FUNDRAISER FOR FOOD ACCESS PROGRAMMING TO HELP PEOPLE EXPERIENCING HOMELESSNESS.
U S DREAM ACADEMY INC 5950 SYMPHONY WOODS ROAD COLUMBIA, MD 21044	59-3514841	501(C)(3)	40,000				DONATION TO THE DREAM ACADEMY TO HELP OUR NATION'S CHILDREN REACH FOR THEIR DREAMS. THROUGH ACADEMIC, SOCIAL, AND VALUES ENRICHMENT, THE DREAM ACADEMY EMPOWERS THOSE CHILDREN MOST AT RISK OF INCARCERATION TO BELIEVE IN THEMSELVES AND TO SUCCEED.

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
UNIVERSITY OF MD COLLEGE PARK FOUNDATION 4603 CALVERT ROAD COLLEGE PARK, MD 20740	52-2197313	501(C)(3)	5,000				COMMUNITY PARTNERSHIP FUND 2019 EVENT SPONSORSHIP - UMD MISSION OF MERCY AND HEALTH EQUITY FESTIVAL.
UNIVERSITY SYSTEM OF MARYLAND FOUNDATION 9640/9630 GUDELSKY DRIVE ROCKVILLE, MD 20850	52-1125663	501(C)(3)	10,000				SCHOLARSHIP FUNDING IN SUPPORT OF STUDENTS WHO ARE STUDYING IN PROGRAMS RELATED TO THE ALLIED HEALTH PROFESSIONS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON ADVENTIST UNIVERSITY 7600 FLOWER AVENUE TAKOMA PARK, MD 20912	52-0643528	501(C)(3)	34,500				SUPPORT OF THE WAU SCHOOL OF HEALTH PROFESSIONS, FOR SCIENCE AND WELLNESS.
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1216429	501(C)(3)	17,678				FUNDS GOING TOWARDS AREAS OF NEED AT SHADY GROVE MEDICAL CENTER.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC 820 W DIAMOND AVENUE STE 600 GAITHERSBURG, MD 20878	52-1692158	501(C)(3)	6,625				FUNDS GOING TOWARDS AREAS OF NEED AT WASHINGTON ADVENTIST HOSPITAL AND WHITE OAK MEDICAL CENTER.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
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.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☒ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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		1b Yes	
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 on Line 1a?		2 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.			
☒ Compensation committee	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
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?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
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?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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 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 SANCTIONS GUIDELINES.
PART I, LINE 3	PAY PRACTICE: ADVENTIST HEALTHCARE UTILIZES A SINGLE EMPLOYER ID FOR ALL 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 A DISTRIBUTION UNDER 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. CONTRIBUTIONS ACCUMULATED IN 2017 WERE GENERALLY DISTRIBUTED ON JANUARY 1, 2019 AND CONTRIBUTIONS ACCUMULATED IN 2018 WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2020. AMOUNTS LISTED UNDER PART II, COLUMN F INCLUDE PAYOUT AMOUNTS WHICH WERE CONSIDERED DEFERRED COMPENSATION FROM THE 457F PLAN IN OUR PRIOR YEAR RETURNS AND THESE AMOUNTS ARE NOW BEING SHOWN UNDER THE OTHER REPORTABLE INCOME, COLUMN B (III). THE FOLLOWING EMPLOYEES RECEIVED AN EARLY LUMP-SUM CASH PAYMENT ON THEIR 457F PLANS DUE TO HAVING REACHED NORMAL RETIREMENT AGE. MARTA BRITO PEREZ: \$90,665 - EARLY LUMP-SUM; JOHN SACKETT: \$103,703 - EARLY LUMP-SUM. THE FOLLOWING EMPLOYEE RECEIVED A PAYOUT FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), DUE TO HAVING COMPLETED THE NECESSARY YEARS OF SERVICE AND ATTAINING THE NECESSARY AGE FOR VESTING. THIS AMOUNT WAS INCLUDED IN PRIOR YEAR 990 DISCLOSURES WHEN THE AMOUNT ACCRUED. MARTA BRITO PEREZ: \$418,018.
PART I, LINE 7	THE ANNUAL INCENTIVE COMPENSATION INCLUDES PAYMENTS BASED ON SATISFACTION OF PRE-DETERMINED PERFORMANCE TARGETS SUCH AS QUALITY/PATIENT SAFETY GOALS, EMPLOYEE AND PATIENT ENGAGEMENT GOALS, ORGANIZATIONAL GROWTH, AND FINANCIAL PERFORMANCE, AMONG OTHER THINGS. THE ANNUAL INCENTIVE COMPENSATION APPLIES TO DIRECTORS AND ABOVE.
SUPPLEMENTAL INFORMATION:	OTHER REPORTABLE COMPENSATION INCLUDES DISTRIBUTION UNDER 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. CONTRIBUTIONS ACCUMULATED IN 2017 WERE GENERALLY DISTRIBUTED ON JANUARY 1, 2019 AND CONTRIBUTIONS ACCUMULATED IN 2018 WILL GENERALLY BE DISTRIBUTED ON JANUARY 1, 2020. IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES RETENTION PAYMENTS AND LUMP-SUM ADJUSTMENTS IN LIEU OF THE ACROSS-THE-BOARD INCREASE (FOR EMPLOYEES WHO ARE AT OR REACH THE RANGE MAXIMUM FOR THEIR POSITION). OTHER REPORTABLE COMPENSATION ALSO 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, 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. NON-TAXABLE BENEFITS INCLUDES PRE-TAX PAYROLL DEDUCTIONS (SUCH AS FLEXIBLE MEDICAL SPENDING, DEPENDENT CARE, AND EMPLOYEE HEALTH BENEFIT PREMIUMS), AND THE EMPLOYER PORTION OF CERTAIN EMPLOYEE BENEFITS SUCH AS HEALTH INSURANCE, DENTAL INSURANCE, VISION INSURANCE, AND LIFE INSURANCE, ETC.

Additional Data

Software ID:

Software Version:

EIN: 52-1532556

Name: ADVENTIST HEALTHCARE INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TERRY FORDE PRESIDENT & CEO,AHC; BOARD MEMBER	(i)	913,484	334,272	941,732	207,889	35,356	2,432,733	184,677
	(ii)	0	0	0	0	0	0	0
1MARTA BRITO PEREZ SVP,POP. HEALTH/POST- ACUTE CARE SVCS	(i)	415,240	130,787	523,061	25,000	17,578	1,111,666	0
	(ii)	0	0	0	0	0	0	0
2JOHN SACKETT EVP/COO, AHC; PRESIDENT, SGMC	(i)	580,510	171,882	231,939	25,000	44,288	1,053,619	105,209
	(ii)	0	0	0	0	0	0	0
3JAMES G LEE EVP & CFO, AHC	(i)	509,963	160,415	102,271	138,955	27,089	938,693	74,728
	(ii)	0	0	0	0	0	0	0
4DANIEL L COCHRAN PRESIDENT, SGMC; VP & CFO, SGMC	(i)	404,176	86,039	217,080	111,575	16,504	835,374	63,115
	(ii)	0	0	0	0	0	0	0
5EUNMEE SHIM PRESIDENT,FWMC; SVP,AMB NETWORKS,AHC	(i)	374,302	173,145	84,286	85,580	25,254	742,567	66,431
	(ii)	0	0	0	0	0	0	0
6JAMES ROST INTERIM PRESIDENT & CMO, WOMC	(i)	419,259	106,680	71,747	103,249	22,655	723,590	67,915
	(ii)	0	0	0	0	0	0	0
7KENNETH B DESTEFANO SVP, GENERAL COUNSEL, AHC	(i)	403,926	123,170	81,491	96,709	13,959	719,255	46,610
	(ii)	0	0	0	0	0	0	0
8ERIK WANGSNESS PRESIDENT, WOMC, PARTIAL YEAR	(i)	294,028	146,809	145,319	17,308	16,948	620,412	76,383
	(ii)	0	0	0	0	0	0	0
9BRENT REITZ PRESIDENT, POST-ACUTE CARE SVCS, AHC	(i)	321,262	98,658	51,700	77,297	21,952	570,869	50,648
	(ii)	0	0	0	0	0	0	0
10SUSAN L GLOVER SVP,CHIEF QUALITY&INTEGRITY OFFR,AHC	(i)	316,554	99,395	55,266	70,039	24,597	565,851	50,669
	(ii)	0	0	0	0	0	0	0
11TERRENCE SHEEHAN CHIEF MEDICAL OFFICER, AMG	(i)	360,495	88,812	71,889	25,000	313	546,509	0
	(ii)	0	0	0	0	0	0	0
12KEITH BALLENGER PRESIDENT, HOME HEALTH, PARTIAL YEAR	(i)	191,091	69,731	83,791	21,659	21,819	388,091	25,408
	(ii)	0	0	0	0	0	0	0
13MARISSA LESLIE MD BOARD; CHAIR OF PSYCHIATRY, SGMC	(i)	294,853	25,000	1,668	18,075	10,696	350,292	0
	(ii)	0	0	0	0	0	0	0
14 ROSEMARIE MELENDEZRNBSCNEN BOARD;DIR ED & NURSING ADMIN, WOMC	(i)	145,557	28,639	284	9,073	21,764	205,317	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
52-1532556

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (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			8,873,054		3,685,000		2,435,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	57,508,761		15,623,500		25,000,000		410,893,842	
4	Gross proceeds in reserve funds	5,971,400						22,849,888	
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		225,516,993	
11	Other spent proceeds	53,581,715		15,623,500				125,559,463	
12	Other unspent proceeds								
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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	1.250 %		0 %		0.030 %		3.070 %	
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	1.250 %		0 %		0.030 %		3.070 %	
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:	BONDS 1-5: 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 2003 B, 2004 AND 2005 ISSUED 2/27/2003, 9/14/04 AND 12/20/05. THE SERIES 2003B, 2004 AND 2005 WERE USED FOR CONSTRUCTION AND RENOVATIONS AT WASHINGTON ADVENTIST HOSPITAL (WAH), SG, ADVENTIST BEHAVIORAL HEALTH (ABH), AND SG NURSING AND REHABILITATION CENTER, EQUIPMENT AT WAH, SG, ABH, AND SG NURSING AND REHABILITATION CENTER, REFINANCE A LINE OF CREDIT; FINANCED AND REFINANCED, A PORTION OF THE EXISTING FACILITIES OF ADVENTIST REHABILITATION HOSPITAL OF MARYLAND (ARHM), ACQUISITION OF LIFE SCIENCES LAND, CONSTRUCTION, RENOVATIONS, PARKING LOTS, FENCES, WALKWAYS, AND LANDSCAPING FOR THE INSTITUTION, ARHM, AND SG NURSING, EQUIPMENT FOR ARHM AND SG NURSING, PLANNING AND DESIGN COSTS RELATED TO SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM; BOND B: COLUMN (A) ISSUER NAME: MHHEFA 2013 COLUMN (F) DESCRIPTION OF PURPOSE: REFUND OF 2003 A BONDS REFUND 1991 A FOR THE "1991 A-1 PROJECT" - PROJECTS FINANCED OR REFINANCED WITH THE PROCEEDS OF THE 1983 BONDS, INCLUDING CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES AT WAH; BOND C: COLUMN (A) ISSUE NAME: MHHEFA 2014A COLUMN (F) DESCRIPTION OF PURPOSE: ADVENTIST HEALTHCARE SHADY GROVE MEDICAL CENTER (SGMC) F/K/A SHADY GROVE ADVENTIST HOSPITAL - CAF AND KITCHEN SANITARY PIPING CHANGES, PIXUS EXPANSION, INTERIOR WAY/EXTERIOR WAY FINDING, SGMC BASED IT PROJECTS (GE VIEWPOINT, I-HEAL, AEROSCOUT), BUILD OUT OF EXISTING SHELL; RENOVATION IN PLACE OF EXISTING PHARMACY AND IV PREP ROOMS; ADVENTIST HEALTHCARE WASHINGTON ADVENTIST HOSPITAL (AHC-WAH) F/K/A WASHINGTON ADVENTIST HOSPITAL - ULTRASOUND EQUIPMENT, AHC-WAH CERTIFICATE OF NEED EXPENSES; BOND D: COLUMN (A) ISSUE NAME: MHHEFA 2016 COLUMN (F) DESCRIPTION OF PURPOSE: THE 2016 BONDS FINANCED THE CONSTRUCTION OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL. THE HOSPITAL WAS COMPLETED IN 2019 AND OPENED ON 8/25/2019. THE HOSPITAL IS APPROXIMATELY 440,000 SQUARE FEET AND 8 LEVELS. THE 2016 BONDS 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 NURSING, SURGICAL UNITS, EXPANDED EMERGENCY, OBSTETRICS, AND NEO NATAL INTENSIVE CARE UNIT; POWER PLANT, ROAD AND ENTRANCEWAY; SIGNAGE AND PARKING; OTHER ROUTINE CAPITAL PROJECTS; 2011 B - REFUNDING OF 2004 A AND 2005 B. FINANCED AND REFINANCED EXISTING FACILITIES AT ARHM, ACQUISITION OF LIFE SCIENCES LAND, FINANCED OR REFINANCED CONSTRUCTION, RENOVATION, PARKING LOTS, FENCES, WALKWAYS, LANDSCAPING, VARIOUS MAJOR MEDICAL EQUIPMENT, FINANCED OR REFINANCED CERTAIN PLANNING AND DESIGN COSTS RELATED TO THE CONSTRUCTION OF THE SG TOWER, COST OF ACQUISITION OF AN INTEREST IN ARHM; ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING

Return Reference	Explanation
PART I, II, & IV:	OF ARHM AND WAH, RENOVATION TO WAH AND SG. BOND E: COLUMN (A) ISSUE NAME: MHHEFA 2017 COLU MN (F) DESCRIPTION OF PURPOSE: THE 2017 BOND FINANCED THE CONSTRUCTION OF A CENTRAL UTILIT Y PLANT ON THE SITE OF THE WAH-WHITE OAK REPLACEMENT HOSPITAL. THE CENTRAL UTILITY PLANT W ILL PROVIDE CHILLED WATER, HEAT HOT WATER, PROVIDE DOMESTIC HOT WATER, EMERGENCY POWER AND A 1-MEGAWATT COGENERATION UNIT FOR WAH WHITE OAK DURING AND AFTER THE CONSTRUCTION OF THE NEW HOSPITAL. PART II, PROCEEDS, COLUMN A: 2011 A HAS A RESERVE FUND VALUED AT \$5,971,400 AS OF 12/31/19. THIS RESERVE FUND WAS RESIZED WITH RESPECT TO THE REFUNDING OF THE 2003A BONDS AND COMBINED WITH THE 2011 A RESERVE FUND. ROW 3 WILL NOT TIE TO THE SUM OF ROWS 4-1 2 FOR THIS BOND ISSUE. PART IV, ARBITRAGE, COLUMN A: THE ARBITRAGE CALCULATION DATE FOR TH E 2011 A BONDS WAS SEPTEMBER 1, 2016. PART IV, ARBITRAGE, COLUMN B: THE ARBITRAGE CALCULAT ION DATE FOR THE 2013 BONDS WAS JUNE 12, 2018. PART IV, ARBITRAGE, COLUMN C: THE ARBITRAGE CALCULATION DATE FOR THE 2014A BONDS WAS JULY 1, 2018.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA (2017)	52-0936091	NONEAVAIL	12-14-2017	40,000,000	SEE PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	1,175,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	43,100,935							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	1,719,763							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	308,809							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	41,072,363							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2019							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	3.070 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	3.070 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVENTIST HEALTHCARE INC

Employer identification number
52-1532556

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

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

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARIJANE FORDE	SEE PART V. WIFE OF TERRY FORDE.	50,702	SEE PART V. MARIJANE FORDE WAS EMPLOYED WITH ADVENTIST HEALTHCARE, INC. AS A NURSE RESIDENCY RECRUITER DURING 2019 AND RECEIVED A SALARY OF \$50,702. MARIJANE'S HUSBAND IS TERRY FORDE, WHO IS THE PRESIDENT & CEO OF ADVENTIST HEALTHCARE, INC. AND SECRETARY OF ADVENTIST HEALTHCARE, INC.'S BOARD. TERRY DOES NOT SUPERVISE MARIJANE AND TERRY HAS NO CONTROL OVER MARIJANE'S SALARY.		No
(2) DWAYNE LESLIE	SEE PART V. HUSBAND OF MARISSA LESLIE, MD.	208,044	SEE PART V. DWAYNE LESLIE WAS EMPLOYED WITH ADVENTIST HEALTHCARE, INC. AS VP AND CHIEF COMPLIANCE OFFICER DURING 2019 AND RECEIVED A SALARY OF \$208,044. DWAYNE'S WIFE IS MARISSA LESLIE, MD, WHO IS THE CHAIR OF PSYCHIATRY AT SHADY GROVE MEDICAL CENTER AND A BOARD TRUSTEE OF ADVENTIST HEALTHCARE, INC.'S BOARD. DWAYNE DOES NOT SUPERVISE MARISSA AND DWAYNE HAS NO CONTROL OVER MARISSA'S SALARY.		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization ADVENTIST HEALTHCARE INC		Employer identification number 52-1532556	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:	IN ADDITION TO PROVIDING THE COMMUNITY WITH HIGHLY REGARDED ACUTE-CARE SERVICES, ADVENTIST HEALTHCARE REMAINS ONE OF THE LEADING PROVIDERS OF MENTAL HEALTHCARE IN THE WASHINGTON, D. C., METROPOLITAN AREA. WE ESTABLISHED THE FIRST BEHAVIORAL HEALTH UNIT IN MONTGOMERY COUNTY IN 1949. WE PROVIDE A SPECTRUM OF SERVICES AND TREATMENT OPTIONS FOR CHILDREN, ADOLESCENTS, ADULTS AND SENIORS: HOSPITAL-BASED PROGRAMS, SCHOOL PROGRAMS, OUTPATIENT SERVICES AND COMMUNITY-BASED SERVICES. OUR FACILITIES EMPLOY HIGHLY SKILLED, MULTIDISCIPLINARY TEAMS OF PSYCHIATRISTS, SOCIAL WORKERS, CASE MANAGERS, PSYCHIATRIC NURSES, EXPRESSIVE THERAPISTS AND CHAPLAINS WHO PROVIDE COMPASSIONATE BEHAVIORAL HEALTHCARE. THE 2018 CONSOLIDATION OF OUR BEHAVIORAL HEALTH OPERATIONS UNDER SHADY GROVE MEDICAL CENTER ARE ALLOWING OUR CAREGIVERS TO EXPLORE GREATER SYNERGY AND INNOVATION IN THE SIMULTANEOUS DELIVERY OF PHYSICAL AND MENTAL CARE TO OUR PATIENTS. ADVENTIST HEALTHCARE ALSO OFFERS QUALITY POST-ACUTE CARE. ADVENTIST HEALTHCARE REHABILITATION IS THE FIRST AND ONLY HOSPITAL IN A FIVE-STATE AREA TO OBTAIN ACCREDITATIONS FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) INTERNATIONAL FOR CARE OF HOSPITALIZED PATIENTS IN FOUR SPECIALTY AREAS - BRAIN INJURY, SPINAL CORD INJURY, STROKE AND AMPUTATION. IN 2019, ADVENTIST HEALTHCARE'S HOME HEALTH DIVISION WAS NAMED A TOP AGENCY BY HOMECARE ELITE FOR THE NINTH YEAR IN A ROW. HERE IS A SNAPSHOT OF OUR ORGANIZATION IN 2019: 4 HOSPITALS (THREE ACUTE CARE AND ONE SPECIALTY), 1,878 PHYSICIANS AND MEDICAL STAFF MEMBERS, 6,555 EMPLOYEES (APPROXIMATE), 6,591 NEWBORNS DELIVERED, 8,300 SURGICAL ADMISSIONS, 14,154 OUTPATIENT SURGERIES, 23,995 MEDICAL ADMISSIONS, 105,293 HEALTH & WELLNESS ENCOUNTERS, 99,053 VOLUNTEER HOURS, 161,010 EMERGENCY VISITS, 125,768 HOME HEALTH VISITS, 446,616 OUTPATIENT VISITS, 766,906 OVERALL ENCOUNTERS, \$79.9M IN REPORTED COMMUNITY BENEFIT. 2. EXPAND HEALTH SERVICES/INCREASE ACCESS TO CARE: ADVENTIST HEALTHCARE JOINS WITH SEVERAL ORGANIZATIONS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:	T OF CLINICAL OPERATIONS TO SERVE THE UNINSURED OR UNDER-INSURED POPULATION OF MONTGOMERY COUNTY. THIS ALSO HELPS TO DECREASE INAPPROPRIATE EMERGENCY DEPARTMENT UTILIZATION BY THIS PORTION OF THE POPULATION. THESE CLINICS HAVE SERVED AS A VITAL HEALTH SAFETY NET TO PROVIDE IMPORTANT PRIMARY AND PREVENTIVE HEALTH SERVICES TO OVER 20,000 MEN, WOMEN AND CHILDREN IN NEED. MERCY HEALTH CLINIC IN GAITHERSBURG HAS BENEFITED FROM OUR SERVICES INCLUDING LABORATORY SUPPORT, BLOOD TESTS AND OTHER DIAGNOSTIC SERVICES. IN THE LONG BRANCH SECTION OF SILVER SPRING, OUR PARTNERSHIP WITH MARY'S CENTER PROVIDES A FULL RANGE OF SERVICES FROM PRENATAL CARE TO PEDIATRIC/ADOLESCENT HEALTH SERVICES TO WOMEN'S SERVICES TO SOCIAL-SERVICES PROGRAMS. OUR WORK WITH MOBILE MED ENABLES REGULAR MEDICAL CARE, SUCH AS ROUTINE PHYSICALS, FOR UNINSURED AND LOW-INCOME RESIDENTS. IN 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 WHITE OAK MEDICAL CENTER 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 13 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 OPENED, THE CENTER HAS TREATED AN AVERAGE OF 25,000 EMERGENCY PATIENTS EACH YEAR. OUR GERMANTOWN SERVICES ALSO FEATURE THE SHADY GROVE ADVENTIST RADIATION ONCOLOGY CENTER (LEGALLY KNOWN AS ADVENTIST CANCER CARE, LLC), AN INTEGRAL PART OF CARE FOR 60- 65% OF PATIENTS WITH CANCER. 3. PROMOTE HEALTH EQUITY AND WELLNESS: ADVENTIST HEALTHCARE IS THE LARGEST PROVIDER OF COMMUNITY BENEFIT IN MONTGOMERY COUNTY, MARYLAND, AND CONTRIBUTES TO SOCIETAL WELL-BEING THROUGH COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND COLLABORATIVE PARTNERSHIPS. OUR ORGANIZATION COLLABORATES WITH KEY PARTNERS SUCH AS MANNA FOOD CENTER, ID ENTITY, AND MONTGOMERY COUNTY COALITION FOR THE HOMELESS TO ADDRESS SOCIAL NEEDS SUCH AS HUNGER, HOMELESSNESS, LITERACY, AND ACCESS TO CARE. IN ADDITION, ADVENTIST HEALTHCARE PARTNERS WITH SAFETY-NET CLINICS LIKE CCI HEALTH AND WELLNESS SERVICES, MOBILE MED, MERCY HEALTH CLINIC AND MANSFIELD KASEMAN CLINIC, PROVIDING MATERIAL SUPPORT AND EXPERTISE IN HEALTH EDUCATION, IT AND HEALTH AWARENESS CAMPAIGNS. THE ADVENTIST HEALTHCARE COMMUNITY PARTNERSHIP FUND (CPF) PROVIDES FINANCIAL SUPPORT TO THESE AND OTHER ORGANIZATIONS ALIGNED WITH OUR COMMUNITY-BASED MISSION TO IM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS, CONTINUED:	PROVE HEALTH OUTCOMES. ADVENTIST HEALTHCARE FOCUSES SPECIFICALLY ON COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PRIORITY AREAS, OR POPULATIONS IN OUR SERVICE AREA THAT ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED OR MEDICALLY UNDERSERVED. SEVERAL TEAMS ACROSS OUR SYSTEM DEMONSTRATE OUR GOAL OF IMPROVING THE HEALTH AND WELL-BEING OF PEOPLE AND COMMUNITIES. OUR LIFEWORX STRATEGIES TEAM PROVIDES EMPLOYEE HEALTH AND WELLNESS PROGRAMS, EMPLOYEE ASSISTANCE PROGRAMS, OCCUPATIONAL SCREENINGS, AND ONGOING HEALTH ASSESSMENT AND WELLNESS-TRACKING SERVICES. ADVENTIST HEALTHCARE'S HEALTH AND WELLNESS TEAM PROVIDES COMMUNITY HEALTH EDUCATION, SCREENINGS, SUPPORT GROUPS AND OTHER PROGRAMMING AT NO COST TO PATIENTS AND COMMUNITY MEMBERS. PROGRAMMING IS DEVELOPED IN RESPONSE TO COMMUNITY NEEDS AND PRIORITIES AS DETERMINED BY THE CHNA PROCESS AND ACCOUNTS FOR ACCESS BARRIERS THAT PARTICIPANTS MAY ENCOUNTER. ADVENTIST HEALTHCARE'S POPULATION HEALTH MANAGEMENT TRANSITIONAL CARE NURSES AND EMPLOYEES ADDRESS PATIENTS IN NEED OF VARIOUS RESOURCES THROUGH THEIR WORK IN THE COMMUNITY AND IN PATIENTS' HOMES. THEY PROVIDE RESIDENTS WITH RESOURCES BY CONNECTING THEM WITH PRIMARY CARE PHYSICIANS AND OTHER CAREGIVERS TO ENSURE THEIR NUTRITIONAL NEEDS ARE MET AND THAT THEY HAVE ACCESS TO AND ARE TAKING MEDICATIONS APPROPRIATELY. ADVENTIST HEALTHCARE SPONSORS A CLINICALLY INTEGRATED NETWORK, A GROUP OF PHYSICIANS FOCUSED ON IMPROVING QUALITY OF CARE. ADDITIONALLY, ADVENTIST HEALTHCARE IS A MEMBER OF NEXUS MONTGOMERY, A COLLABORATIVE EFFORT AMONG THE SIX MONTGOMERY COUNTY HOSPITALS AND A NETWORK OF COMMUNITY-BASED ORGANIZATIONS, TO IMPLEMENT OR EXPAND INITIATIVES TO IMPROVE THE HEALTH STATUS OF THOSE MOST AT RISK OF A VOIDABLE HOSPITAL USE. THE TARGET POPULATION INCLUDES MEDICARE SENIORS, THE MEDICALLY FRAIL, THOSE WITH SEVERE BEHAVIORAL HEALTH CONDITIONS AND THOSE WITHOUT ELIGIBILITY FOR HEALTH INSURANCE.

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 IMPRACTICAL 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.

990 Schedule O, Supplemental Information

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 BYLAWS, 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, WITH A LINK 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. AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR THE PERCEPTION OR APPEARANCE OF A CONFLICT OF INTEREST, OCCURS WHEN A COVERED PERSON IS IN A POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR THAT EMPLOYEE, A RELATIVE, OR OTHER PERSON LIVING IN THE SAME HOUSEHOLD, AS A RESULT OF ADVENTIST HEALTHCARE'S BUSINESS ACTIVITIES. A RELATIVE IS DEFINED AS ANY PERSON WHO IS RELATED BY BLOOD OR MARRIAGE, OR WHOSE RELATIONSHIP WITH THE COVERED PERSON IS SIMILAR TO THAT OF PERSONS WHO ARE RELATED BY BLOOD OR MARRIAGE. NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP BETWEEN AN ADVENTIST HEALTHCARE EMPLOYEE AND AN OUTSIDE FIRM OR BUSINESS ENDEAVOR, OR OTHER POTENTIAL CONFLICT OF INTEREST. HOWEVER, IF A COVERED PERSON HAS ANY BUSINESS, FINANCIAL, OR OTHER RELATIONSHIP WITH ANY ORGANIZATION WHEREBY THE EXISTENCE OF THAT RELATIONSHIP EITHER CREATES A CONFLICT OF INTEREST OR IS PERCEIVED TO CREATE A CONFLICT OF INTEREST, THE COVERED PERSON MUST DISCLOSE THIS RELATIONSHIP TO THE DESIGNATED SENIOR MANAGER, OR GOVERNING BOARD, AS THE CASE MAY BE, AT THE LOCATION WHERE THE EMPLOYEE IS ASSIGNED. THE SENIOR MANAGER WILL REVIEW THE RELATIONSHIP, MAKE COMMENTS AND RECOMMENDATIONS, AND FORWARD ALL DOCUMENTATION TO THE ORGANIZATIONAL INTEGRITY COMMITTEE FOR A FINAL DECISION. COMPLIANCE WITH THE CONFLICT OF INTEREST 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	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 TO 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 IS 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 SAFEGUARDS 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.

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 34,378,784. MANAGEMENT AND GENERAL EXPENSES 383,997. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 34,762,781. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 46,709,011. MANAGEMENT AND GENERAL EXPENSES 3,947,046. FUNDRAISING EXPENSES 41,645. TOTAL EXPENSES 50,697,702. CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 2,287,721. MANAGEMENT AND GENERAL EXPENSES 2,295,894. FUNDRAISING EXPENSES 16,550. TOTAL EXPENSES 4,600,165.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	OTHER UNRESTRICTED NET ASSETS ACTIVITY 2,237,522. OTHER RESTRICTED NET ASSETS ACTIVITY -2,546,361. DEFERRED COMPENSATION PLAN LIABILITY ADJUSTMENT -789,431. CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS & CHARITABLE GIFT ANNUITY -216,575. NET ORGANIZATION TRANSFER -2,174,645. CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE -963,702. TRANSFER OF NET ASSETS THROUGH BUSINESS COMBINATION 7,045,520. DISCONTINUED OPERATIONS -14,841,272.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVENTIST HEALTHCARE INC

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

52-1532556

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

See Additional Data Table

(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

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	417,650	-2,363,964		No			No	50.000 %
(2) 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 %
(3) CORELIFE ADVENTIST LLC 821 WEST BENFIELD ROAD SUITE 5 SEVERNA PARK, MD 21146 84-1813204	PROVIDES WELLNESS AND WEIGHT MANAGEMENT	MD	N/A	RELATED	9,972	609,972		No			No	50.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) PREMIER MEDICAL NETWORK INC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1952469	JOINT PHYSICIAN CONT	MD	ADVENTIST HEALTHCARE INC	C		19,895	50.000 %		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

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

No

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

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) 2019

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

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
ADVENTIST CANCER CARE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 26-2515407	OUTPATIENT CANCER CARE	MD	1,791,342	1,006,346	ADVENTIST HEALTHCARE INC
ONE HEALTH QUALITY ALLIANCE LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	INTEGRATED PHYSICIAN GROUP	MD	157,548	0	ADVENTIST HEALTHCARE INC
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
ONE HEALTH QUALITY CTO LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	MEDICARE CARE MANAGEMENT TEAM	MD	0	0	ADVENTIST HEALTHCARE INC
BLACKWELL PHYSICIANS LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	AMBULATORY SERVICES	MD	0	0	ADVENTIST HEALTHCARE INC
BLACKWELL PARTNER LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	AMBULATORY SERVICES	MD	0	0	ADVENTIST HEALTHCARE INC
BLACKWELL AMBULATORY SURGERY CENTER LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	AMBULATORY SERVICES	MD	0	0	ADVENTIST HEALTHCARE INC
WHITE OAK TENANT LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	MANAGE REAL PROPERTY AT THE MEDICAL PAVILION OF WHITE OAK MEDICAL CENTER	MD	0	0	ADVENTIST HEALTHCARE INC
AHC WHITE OAK MEMBER LLC 820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1532556	MANAGE PARTICIPATION OF MEDICAL OFFICE BUILDING PARTNERSHIP	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
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 46-1577511	CLINIC - EMERGENCY CARE	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-0986808	HOME CARE SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-4600646	PHYSICIAN SERVICES	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 20-1486678	REHABILITATION HOSPITAL	MD	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
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	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1884153	HOLDING COMPANY	MD	501(C)(3)	LINE 10	N/A		No
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 84-2670875	ACUTE CARE HOSPITAL	MD	501(C)(3)	LINE 3	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1255870	BEHAVIORAL CARE	MD	501(C)(3)	LINE 10	ADVENTIST HEALTHCARE INC	Yes	
820 W DIAMOND AVE SUITE 600 GAITHERSBURG, MD 208781419 52-1216429	FUNDRAISING	MD	501(C)(3)	LINE 12A, I	N/A	Yes	
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
SHADY GROVE ADVENTIST HOSPITAL FOUNDATION INC	C	178,492	COST
WASHINGTON ADVENTIST HOSPITAL FOUNDATION INC	C	1,682,499	COST
ADVENTIST HOME HEALTH SERVICES INC	L	875,479	COST
ADVENTIST PHYSICIAN SERVICES INC	L	151,067	COST
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	L	1,417,193	COST
ADVENTIST HEALTHCARE URGENT CARE CENTERS INC	L	150,497	COST
REGINALD S LOURIE CENTER FOR INFANTS AND YOUNG CHILDREN INC	L	338,708	COST
ADVENTIST HOME HEALTH SERVICES INC	Q	770,789	COST
ADVENTIST PHYSICIAN SERVICES INC	Q	119,613	COST
ADVENTIST REHABILITATION HOSPITAL OF MARYLAND INC	Q	2,575,726	COST